Office of Homeless Services
215 N. D Street • San Bernardino, CA 92415
Phone: (909)501-0610 • Fax: (909)501-0622
Email: homelessrfp@hss.sbcounty.gov • Website: http://www.sbcounty.gov/dbh/sbchp/

Agenda: Meeting of the
Interagency Council on Homelessness (ICH)

Meeting date, time, and place

THIS MEETING WILL BE CONDUCTED PURSUANT TO THE PROVISIONS OF THE GOVERNOR'S EXECUTIVE ORDER N-29-20 DATED MARCH 17, 2020, WHICH SUSPENDS CERTAIN REQUIREMENTS OF THE RALPH M. BROWN ACT.

Date: **May 27, 2020**
Time: **9:00 am – 11:00 am**
Place: **WebEx Meeting – Council Members will be forwarded instructions**
Members of the public may call:

- **Access #: (877) 820-7831**
- **Participant Passcode: 470718#**

Note: Please remember to MUTE your phones. DO NOT place this call on hold should you get another call. Hang up and then rejoin the meeting.

		Time
Call to Order	Chair or Designee will call the meeting to order	9:00 – 9:05 am
Introductions	Chair or Designee will lead the Introductions of the ICH Members by roll call.	9:05 – 9:10 am

Agenda Items: The following items are presented for informational, consent, and discussion purposes.

Public Comment	Open to the public for comments via email only at homelessrfp@hss.sbcounty.gov In the subject line provide your full name and public comment next to it or item #. Your comments will be read up to 3 minutes for the record by the meeting secretary.	
	Consent	
1	Approve minutes of the May 13, 2020, Special ICH meeting *Pg 3-11*	9:30 – 9:35 am
2	Ratify the action of the Chair to approve the Letter of Support for A Community of Friends, Liberty Lane Project which is applying for the Housing for a Healthy California (HHC) program through California Department of Housing and Community Development (HHC) and a Letter of Support for Community Development and Housing (CDH) which applying for the ESG Administrative Entity for CARES Act COVID-19 Funding Application. *Pg 12-13*	

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	Updates	
3	COVID-19 Taskforce Update – CaSonya Thomas, Assistant Executive Officer *Pg 14-23*	9:35 – 9:55 am
	Presentation	
4	An Analysis of Chronic and Veteran Homeless Cohorts in San Bernardino County: Fiscal Impacts and Market Demand for Sustainable Housing Solutions – Gregory Shinn, MSW Creative Housing Solutions *Pg 24-95*	9:55 – 10:35 am
	Closing	**10:35 – 11:00 am**

Council Roundtable

Open to comments by the Council

Next ICH Meeting

The next regularly scheduled Interagency Council on Homelessness meeting is scheduled for:

June 10, 2020 (Special ICH Meeting)
9:00 am – 11:00 am
Via Webex

June 24, 2020
9:00 am – 11:00 am
Via Webex

Mission Statement
The mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at-risk of becoming homeless.

Minutes for San Bernardino County Homeless Partnership
Interagency Council on Homelessness (ICH) Special Meeting

May 13, 2020
9:00 a.m. – 11:00 a.m.
Via WebEx – Teleconference

Minutes Recorded and Transcribed by Amy Edwards, Secretary II, Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Maria Razo, Vice Chair	• The meeting was called to order at 9:03 a.m.
Introductions	Tom Hernandez	• Tom Hernandez took ICH Member roll call. Members of the public were not introduced but we had over 80 members of the public join us via telephone.
ICH Members Present		• The following ICH members were present for the meeting: • Kent Paxton, Susan Drake, Erika Lewis-Huntley, Bessine Richard, Debra Breidenback-Sterling, Janele Davidson, Lana Tomlin, Brenda Dowdy, Dena Fuentes, CaSonya Thomas, Veronica Kelley, Maria Razo, Sharon Green, Don Smith, Jessica Alexander, Wendell Wilson, Wayne Hamilton, Levi Deatherage, Richard Arnold • Supervisor Josie Gonzales, Chair, joined the end of the meeting
PUBLIC COMMENTS		
		• Due to the number of public comments that were submitted, only comments pertaining to an item on the agenda will be read at this time. All comments pertaining to items NOT on the agenda will be read before the council roundtable at the end of the meeting . • Eric Gavin (Item #4)
CONSENT	PRESENTER	CONSENT
Approve minutes of the April 22, 2020 ICH Meeting.	Maria Razo, Vice Chair	• Bessine Richard made a motion to accept the consent calendar as written. Levi Deatherage made the second. Roll call was taken and all members were in favor except for 1 abstain from Don Smith in protest. The motion was approved. • Don Smith made a motion to add a COVID-19 update to the agenda, since the council was under the impression that the added Special ICH Meeting each month was for that purpose. o County Counsel advised that the Brown Act doesn't allow adding items subsequent to the posting of the agenda unless there is an immediate need to address the matter. o Maria Razo, Vice Chair stated she will bring this to the attention of the chair for future meetings.
PRESENTATION	PRESENTER	PRESENTATION
Coming Soon - A Revolutionary New Way of Working Together to Help People, Including the Unhoused	Gary Madden, Inland Empire United Way and Kent Paxton,	• There are 984 agencies in the 211 database, operating 2,853 Programs. • Connect IE was created to bring service providers together on one platform, to share resources, referrals and client information.

	Homeless Policy Advisor	• Connect IE is easy to use, with multiple language options, has sophisticated search filters, makes it easy to send resource information by email, text, or Facebook sharing, allows you to create Favorites folders for super quick access to resources you use or send all the time or want to remember. It keeps track of referrals you send out and the people you're sending them to, and within an organization you can create Teams for joint access to client and referral history. • Connect IE has a personal assessment tool, asking a series of questions to determine areas of vulnerability and need, and then suggests specific resources based on the answers. And, it covers both San Bernardino and Riverside Counties. Connect IE is a great tool but it still doesn't go far enough to bridge sectors. • San Diego has an innovating platform called Community Information Exchange (CIE). The CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, resource database, and integrated technology platform to deliver enhanced community planning. • The four main components of the CIE are Network Partners, a Shared Language, a Comprehensive Resource Database allowing Bi-directional Referrals, and A technology Platform that integrates data from multiple sources. All this enables Community Care Planning. • The CIE merges data from Housing Services, including the Homeless Management Information Systems (HMIS), Healthcare Services, Food Services, and Income and Benefit Programs. • San Diego's CIE utilized shared language that includes 14 domains and a risk rating scale. Risk Rating Scale is a tool developed by 2-1-1 San Diego to determine the immediacy of a client's needs along 14 health and wellness domains, the client's knowledge and utilization of services, and what social supports and barriers are influencing whether those services are accessed. • Each domain's assessment uses an algorithm to gauge the client's status between crisis and thriving. This information is shared across all partners. And the client only needs to tell his or her story once because it is captured in depth in the longitudinal record. • The Resource Database is embedded in the CIE tool. Referrals and the tracking of referrals are easy and available to all partners. • Data integration is achieved by the use of a data integrator and can be achieved by either regular file uploads or directly through API's or Application Programming Interfaces, similar to what 211 does with Connect IE. Translation occurs as needed between the source data and the shared client record. • There is also an economic factor to this platform. In the pilot project alone, the CIE reduced EMS transports by 30% for a potential savings of $1.3 million. • The CIE works because in addition to the network partners, the shared language, the embedded data, the longitudinal record, it begins with Shared Governance, • HIPPA compliance and client permission to share information. Of the 220,000 callers to 211 San Diego every year, 50% of them agree to share their personal information. • IEHP is working on a Request for Proposals (RFP) with its Connect IE Partners to build upon Connect IE and achieve our own local Community Information Exchange. This will be a fantastic new tool that can change the way we work together and the effectiveness of that work. But a tool is only as good as its users. If we are willing

		to work together to agree on a shared language, if we are willing to share our information safely, if we are willing to see the vision of what's possible as written in the County Vision, we will achieve positive community impact that will help turn the County Vision into reality.
REPORTS	PRESENTER	REGIONAL STEERING COMMITTEE REPORTS
Central Valley Regional Steering Committee	Jessica Alexander, Operation Grace and Bessine Richard, City of San Bernardino	• The Central Valley Regional Steering Committee met on May 6th. We had 40+ attendees and 2 presentations, • Gary Madden shared 211 data on the emerging trends in the Central Valley. • We discussed the Point in Time Count Report and the County's response to Project Roomkey. Marisela Manzo presented a flowchart showing the COVID-19 Homeless Response Process. • We also discussed our HHAP priorities and how they may change due to the pandemic. • Workforce Development. Department (WDD0 received a grant for individuals laid off to no fault of their own and are eligible for unemployment and they must live in San Bernardino County. This grant is to help them with supportive services, such as: o Equipment for telecommuting (Computer, internet bill, etc.) o Utility assistance o Child Care o Transportation • WDD has also received funding for vocational training. So if individuals meeting the same criteria above want to learn a trade, there are funds to assist them. • For more information on either of these funds you can contact WDD at 909-382-0440.
Desert Regional Steering Committee	Sharon Green, Victor Valley Family Resource Center and Janele Davidson, City of Victorville	• The Desert Regional Steering Committee did not meet this month. • In March we met and discussed our regional priorities for the HHAP funds. Our top five priorities are: o Wellness & Recuperative Care Center in the city of Victorville o Barstow Shelter o Rental Assistance o Family Housing o Transportation
East Valley Regional Steering Committee	Wayne Hamilton, Morongo Unified School District and Debra Breidenbach-Sterling, Town of Yucca Valley	• The School District is collaborating with the Way Station food bank to distribute food to over 500 individuals and families the 1st and 3rd Thursday of the month at Joshua Tree Elementary school from 1:30-4:30 p.m. • We are seeing an increase for rental assistance as individuals exhaust their stimulus funds. • The East Valley Regional Steering Committee will meet on May 21st and we will be finishing our discussion and voting on our HHAP priorities.
Mountain Regional Steering Committee	Wendell Wilson, Mountain Homeless Coalition and Richard Arnold,	• At our last two meetings, April 6th and May 4th our primary discussion was regarding the COVID-19 pandemic and how it is affecting our mountain communities. • John Harris from the City of Big Bear Lake reported that businesses are suffering as we rely on tourism for revenue.

	Mountain City Representative	• We discussed all of the issues that come with the fall out, people not being able to work or pay bills. We discussed diversion programs to assist. • We also discussed our HHAP priorities and will continue the discussion at our June 1st meeting. A cold weather shelter is top on our priority list.
West Valley Regional Steering Committee	Don Smith, Creating Community Solutions and Erika Lewis-Huntley, City of Rancho Cucamonga	• The West Valley Regional Steering Committee is scheduled to meet today. We have rescheduled our meeting to 1:00 p.m. to accommodate this Special ICH meeting. • At our April 8th meeting we discussed the County's response to COVID-19 and Project Roomkey. • We received reports from each of the cities and what they are doing in response to COVID-19. Some identified they have connected with the Sheriff's HOPE Team to help connect to Project Roomkey. • Ontario discussed their aggressive response to the pandemic by immediately issuing vouchers to 88 people for hotels. Their focus was on seniors, individuals with underlying health conditions and families with children. They have been using general funds and some CBDG monies. • Montclair began putting at risk individuals in motels with HEAP funding and has requested addition HEAP funds to be able to continue that work. • Upland, Chino, and Rancho identified they were out on the streets educating people on how to be safe during this pandemic. • I would like to recognize the providers who have all stepped up when the news came out that the hotel the County secured for Project Roomkey fell through; as did the backup location and folks housed there had 48hrs to be relocated. The providers stepped in and asked how they could help and began housing those people that needed to be relocated. • The providers in the region met to see how they can collaborate with the cities and the county and continue to house individuals.
DISCUSSION	PRESENTER	DISCUSSION
Receive input from cities on the obstacles and progress tackling the homeless crisis within their jurisdictions and improving coordination with the homeless Continuum of Care	Maria Razo, Vice Chair of the ICH	• The Vice Chair opened the floor for discussion wanting to hear from the cities and partners to see how ICH can help form true collaborations with them and discuss any barriers they are finding when dealing with homeless issues and coordinating with the CoC. • Katryna Gonzalez from the City of Ontario stated Don Smith gave a good update as to what the City of Ontario was doing. In addition to local funds the city has reallocated federal funds to be able to house vulnerable populations in motels. Since March 9th the city has housed assisted 56 households, 93 unduplicated individuals. The city is currently working on exit strategies. Five families have successfully exited into housing solutions. 31 of the 35 families remaining families have an exit strategy in place. • The City of Ontario plans to use some of their HOME Programs including HOME funded tenant based rental assistance programs, which they estimate can assist a minimum of 16 households. • On May 5th, City Council approved several new programs with CARES Act funds. One is a homeless program and Rapid Rehousing (RRH) program which we estimate can help17 households to move out of hotels and into permanent housing. • The city is looking to use one of their existing Transitional Housing programs to move those households that are still in the hotels and don't have an immediate housing solution for.

		• Where the City of Ontario sees a great opportunity to partner with the County and provider agencies is with those households in the hotels that we know need County services like the Department of Behavioral Health (DBH). Prior to the pandemic, we established a provider group that met monthly and coordinated resources. We want to continue to do that and bring in those County agencies so we are able to have a robust response to these situations and turn those responses into solutions for these households. • Bessine Richards from the City of San Bernardino - The City of San Bernardino has been working with the County of San Bernardino to try and curve some of the homeless issues in the city. The City of San Bernardino also receives HOME funds and CARE Act funds and will be receiving a report on those funding streams at the next City Council Meeting on May 19th. • Councilwoman Richard also expressed her concern regarding the thought that San Bernardino has the highest population of homeless, so when the City opens its doors to help we become a dumping ground for other areas to place their homeless. We want to make sure that everyone is doing their fair share. The city is working on their relationships with the County and non-profits so we can do our part. • Don Smith applauded Mercy House, who has been coordinating most of the efforts Katryna mentioned in Ontario. Mercy House is utilizing HEAP funds, though they were identified as an agency that can potential lose some of their HEAP funding. The city of Montclair too has been using their HEAP funds to help house individuals as well as individuals identified for Project Roomkey and they have also been identified as any agency whose funds may be reduced. • Dena Fuentes – As part of the CARES Act funds, monies are being disbursed to entitlement entities and there are a number of cities receiving entitlement funds. The County receives funds on behalf of 13 cities that participate in the County Consortium. A proposal is going to the Board of Supervisors in relationship to the Emergency Solutions Grant (ESG) funds to focus on a population segment that we really haven't targeted as related to COVID-19, which is for rental assistance and utility assistance. The goal is to keep people in their homes that have lost their job or income relevant to the Covid-19 pandemic. We are looking to allocate 1.6 million towards this effort. • There is also a proposal for an additional $300,000 in fund to go towards providers to assist with case management and HMIS. With the pandemic there has been an additional administrative cost that hasn't necessarily been funded through HEAP. This will provide additional resources for the providers for the great work they are doing. • Sharon Green – Commends the City of Victorville for working so diligently with the non-profits to insure there is housing, whether it be shelter, transitional housing, or rapid re-housing. The efforts in bringing in other agencies to assure these needs are met are commendable. In spite of the threat of funding being reduced, Victorville is focused on making sure all housing needs are taken care of as well as focusing on their efforts on Covid-19. • Eric Gavin, City of Fontana – The willingness for County departments and providers to treat us local entities as a Tier 1 street outreach authority is something I recommend entirely. Nobody knows their own homeless population better than the cities themselves and especially the police departments in those cities. Being able to work with us in that way is one of my primary observations in making it easier to collaborate. • I want to support Councilwoman Richard's comment. No city wants to be treated as a dumping ground. San Bernardino is commonly viewed as that. In Fontana I am doing my best to not look at San Bernardino as the

		solution for our residents. • The cities need to be recognized at the primary source of data for their residents. We need to establish common residency criteria throughout the county. We need to drop the data sharing barriers. Get release of information's signed and MOU's signed so we can fully collaborate without blocking information. The cities could be the real boots on the ground in order to assist county providers in being more successful. • Janele Davidson, City of Victorville – Victorville has a long standing homeless solutions taskforce which brings together the city, the county, and various service providers throughout our jurisdiction. The city recognizes that we are not the experts when it comes to services, but what we can do is provide a forum for all of those resources to come together and help coordinate resources. That was the purpose of us hiring our Homeless Solutions Coordinator. Due to our efforts we were able to respond quickly when this pandemic began. We have established sanitation stations throughout the city for our homeless which include portable restrooms, hand washing stations, and trash dumpsters. We have distributed trash bags and information to the homeless around those areas. • Victorville uses code enforcement officers to provide outreach. We have also been supporting our shelters, the two operated by High Desert Homeless and Victor Valley Rescue Mission. We have provided PPE gear, various equipment requested, supplies, gathered volunteers, and identified over flow sites if needed. We are looking to make funding through CBDG and CARES Act available to service providers. • At this time our focus on the gap in service. We need to find permanent housing for those individuals in the hotels. This is where collaboration with the County and Non-Profits would be a benefit to us and our residents. • We also think having access to the HHAP funding for next steps would be very instrumental in establishing long term goals. Our Homeless and Recuperative Care Center has been our main focus in Victorville and that will require a lot of layers of funding to get that accomplished. • Eric Gavin suggested a city oriented meeting in order to discuss best practices and develop residency standards • Brenda Dowdy mentioned that the Regional Steering Committees were set up so that there doesn't have to be separate meetings for all the different entities. It's one meeting for all and to discuss and develop solutions. She suggested putting a standing item on the agendas so the cities have a spot on the agenda to discuss city issues. • Jessica Alexander invited any of the cities within the Central Valley to contact herself or Bessine Richard if they have an item they would like to include on the agenda.
Public Comment Cont.		• The following individuals submitted Public Comments that were NOT pertaining to items on the agenda: • Shanika Samuels • Achilles Burgess • Shatoya Samuels • Christina Armstrong • Amita Wilson • Sidney Dixon • James Jones • Eric Morales • Adolisca Murphy • Timothy Wormwood • Dorian Daniels • Derrick Darby • Ariana Tolliver • Ethan Carter • Adrienne Ramirez • Perry Brents • Savannah Huerta • Shareece Watkins • Jamie Lamb • Paul Fournier • ZaZette Scott

		• LaRieya Boyd • Keshawn Harris • Catera Bacon • David White • Meamarie Magana • Kwai Kelly • Anthony Dickerson • Tajanea Hayes • Cassandra Valbuena • Michelle Lee • Brooklyn Wicker • Ricky Silva • Na Tiesha Wilson • Jessie Leyva for James Ramos • Kami Grosvenor • Crystal Chung • Joshua Plitt • Robert Rodriguez • Delia Lopez • Katryna Gonzalez • Eloise Gomez • Alyce Belford • Mike Jones • A public comment was submitted by Debra Watkins regarding item #4, however it was submitted after public comment was closed for items on the agenda. It was requested that it be submitted into the minutes for the record. o In 2015, 2016, 2017, 2018 and 2019, I reported to Kent Paxton and members of the Homeless Emergency Preparedness Committee, this demographic housing shortage crisis. We have a shortage of housing for this specific population described in the presentation. What are we doing to create more assisted living beds? Many homeless individuals have early stage dementia and other diseases that are attributed to aging but we are seeing in a younger populating that state and federal benefits will not cover because they are not 65. What I see is you have created a system that is collecting data but not solving the shortage of beds for this vulnerable population. Debra Watkins, Executive Director National Emergency Communications organization network
Council Roundtable	CaSonya Thomas Sharon Green	• It was great to hear all of the good work that is occurring through the providers of HEAP funds. I want to clarify the letter that was sent out to our HEAP providers. One particular statement regarding a Board agenda item that has been submitted for the consent calendar for the May 19th meeting. That statement is false and if the author of the letter has evidence of the contrary I ask that they present it because it is inaccurate. I want the people that heard this information to know that the information is false. • At a time when the County of San Bernardino has received more funding than expected to respond to the COVID-19 crisis for people experiencing homelessness and with more funds still being awarded, it does not makes sense to reduce funding to currently contracted homeless service providers. Moreover, if the objective is to identify additional funding to apply toward the County's Project Roomkey operation, it would be more efficient to work collaboratively with existing contractors. Many of these hard-working providers are already using HEAP contract funds to address newly identified needs and have adjusted their current contract activities to help meet Project Roomkey goals and objectives, which county officials praised at a recent Board of Supervisors meeting. • Therefore, we are appealing to the two members of the Board of Supervisors serving on the Interagency Council on Homelessness to show your leadership and support for the community-based service providers who serve the constituents you represent. We believe the actions of Assistant Executive Officer will result in forcing families and children back into homelessness, the opposite of what each of you have pledged. We respectfully request that both the ICH Board and the Board of Supervisors reject the premature decision to reduce HEAP funds to contracted agencies. We urge the County and CoC leadership to work in partnership with the service provider community to

	Maria Razo, Vice Chair Don Smith Sophie Akins Levi Deatherage Don Smith	achieve our common and collective goals on behalf of the hundreds of San Bernardino County residents currently experiencing or at imminent risk of homelessness. • I request that an item regarding HEAP funding be placed on the agenda for a future meeting to further the discussion. • To prevent a violation of agenda items we need to stick to announcement s only and not items that can potentially start a discussion. • Can you please clarify what can and cannot be said during council member comments? • Typically council member comments are not intended to respond to public comments that were made. Usually this time is used for announcements, one way informational items. It's not intended to be used by council members to have a discussion on an item or to share their collective views on a matter. • If the reduction in HEAP funds continues as planned we will literally be putting TAY youth on the streets and there will a severe lack of housing and support for them. • Moving this item (HEAP funding) to another date would be past the deadline that was given for these funds to be identified and reduced.
Adjournment	Maria Razo, Vice Chair	• Being no further business the meeting was adjourned at 12:01 p.m. o Don Smith Voted No to adjournment in protest
Next Meeting		ICH Meeting Wednesday, May 27, 2020 at 9:00 a.m. – 11:00 a.m. Location: Webex

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Attendees at May 13, 2020 • Special Interagency Council on Homelessness - Teleconference				
AKINS	SOPHIE	County Counsel		
ALEXANDER	JESSICA	Operation Grace	909-382-8540	pastorjessicaalexander@gmail.com
ARNOLD	RICHARD	Mountain Representative		
BREIDENBACH-STERLING	DEBRA	Town of Yucca Valley		dbreidenbach@yucca-Valley.org
DAVIDSON	JANELLE	City of Victorville		
DEATHERAGE	LEVI	Family Assistance Program	909-571-5659	levi@familyassist.org
DOWDY	BRENDA	Superintendent of County Schools	909-386-2634	brenda_dowdy@sbcss.k12.ca.us
DRAKE	SUSAN	1st District		

EDWARDS	AMY	OHS	909-386-8297	AEdwards@dbh.sbcounty.gov
FRYMIRE	SCOT	San Bernardino County Probation		
FUENTES	DENA	Deputy Executive Officer - CDHA	909-387-9804	dfuentes@rda.sbcounty.gov
GAVIN	ERIC	City of Fontana		
GONZALES	JOSIE	Supervisor - Fifth District	909-387-4565	jgonzales@bos.sbcounty.gov
GREEN	SHARON	HPN Chair – Desert Region		
HAMILTON	WAYNE	Morongo Unified School District	760-401-0375	Wayne_Hamilton@morongo.k12.ca.us
HERNANDEZ	TOM	OHS	909-386-8208	thernandez@dbh.sbcounty.gov
KELLEY	VERONICA	Director	909-388-0820	vkelley@dbh.sbcounty.gov
LEWIS-HUNTLEY	ERIKA	City of Rancho Cucamonga		
MADDEN	GARY	United Way 211		
PAXTON	KENT	5th District – Homeless Policy Advisor		
RAZO	MARIA	Director of Housing Authority Of San Bernardino		mgrazo@hacsb.com
RICHARD	BESSINE	City of San Bernardino		
RODRIGUEZ	KATLYN	City of Colton		
SMITH	DON	Creating Community Solutions		donsmithsolutions@outlook.com
THOMAS	CASONYA	Assistant Executive Officer	909-387-4717	cthomas@hss.sbcounty.gov
TOMLIN	LANA	Assistant Sheriff	909-387-3636	ltomlin@sbcsd.org
WILSON	WENDELL	Mountain Homeless Coalition	360-350-8692	wendellcw200@gmail.com

*Please note we did not take attendance of members of the public that joined via tele-conference

San Bernardino County Homeless Partnership

Interagency Council on Homelessness
Administrative Office
215 North D Street, Suite 301, San Bernardino, CA 92415-0044
Office: (909) 501-0610

May 27, 2020

Alayna X. Santos
Project Manager
A Community of Friends
3701 Wilshire Blvd., Suite 700
Los Angeles, CA 90010

Re: Department of Housing and Community Development Housing for a Healthy California Program (HHC) Project: Liberty Lane

Dear Ms. Santos:

This letter is to support your application for funding for the Liberty Lane Project (Project), through the California Department of Housing and Community Development's Housing for a Healthy California Program (HHC) Funding Opportunity.

The Project will meet a high priority local need in San Bernardino County's Continuum of Care (CoC), and help address the unprecedented low vacancy rates throughout the County that make it difficult for homeless veterans to access housing.

Liberty Lane will be a new 80-unit affordable housing development for individuals and low-income families who are homeless and/or chronically homeless with a mental disability, and veterans. The Project will consist of six 2-story residential buildings and one single-story community building located on the west side of Texas Street and south side of West Lugonia Ave in the City of Redlands, San Bernardino County.

Ending veteran homelessness remains a priority for the CoC. According to 2020 Point In Time Count (PITC) completed on January 23, 2020, there are 3,125 individuals experiencing homelessness in the County of San Bernardino. The CoC affirms with this letter its commitment to supporting this application for Veterans Housing and Homeless Prevention funds for A Community of Friends for the benefit of completing the Liberty Lane Project.

Should you desire any further information, please email Tom Hernandez, Chief of Homeless Services at Tom.Hernandez@cdh.sbcounty.gov or call him at (909) 501-0611.

Sincerely,

Josie Gonzales, Chair
Interagency Council on Homelessness
San Bernardino County Continuum of Care

Members of the Interagency Council on Homelessness

Members of the Board of Supervisors
City of Victorville
Housing Authority of the County of San Bernardino
San Bernardino Law and Justice Group
San Bernardino County Superintendent of Schools
City of Rancho Cucamonga
Town of Yucca Valley
Community Development and Housing Agency
Mountain Regional City Representative
Members of the Homeless Provider Network
City of San Bernardino
Department of Behavioral Health
San Bernardino County Human Services
Homeless Representative

San Bernardino County Homeless Partnership

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215 North D Street, Suite 301, San Bernardino, CA 92415-0044
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May 27, 2020

Department of Housing and Community Development
State ESG CARE Act COVID-19 Funding Application
2020 W. El Camino Avenue, Suite 200
Sacramento, CA 95833

RE: Letter of Support for ESG Administrative Entity for CARES Act COVID-19 Funding Application

To Whom It May Concern:

As the governing body for the County of San Bernardino County Continuum of Care (CoC), the Interagency Council on Homelessness, recommends the Community Development and Housing Department (CDH), a County department, as the Administrative Entity for the implementation and management of the State of California- Housing and Community Development (HCD) Emergency Solutions Grant CARES Act program (ESG-CV) within San Bernardino County.

CDH has been an active partner in the management of and allocation of CoC funds, CoC activities, and the development of the Coordinated Entry System. CDH collaborated in the development and implementation of the CoC and ESG Program Written Standards for all CoC emergency shelters, transitional housing and permanent housing programs.

CDH provides guidance to ESG funded agencies to ensure they adhere to eligible activities and other criteria as a result of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. Local ESG funded agencies performance outcomes adhere to or exceed mandated program goals as noted in the ESG Consolidated Annual Performance and Evaluation Report.

Thank you for the opportunity to endorse a valuable member of the Interagency Council on Homelessness

Sincerely,

Josie Gonzales, Chair
Interagency Council on Homelessness
San Bernardino County Continuum of Care

Members of the Interagency Council on Homelessness

Members of the Board of Supervisors
City of Victorville
Housing Authority of the County of San Bernardino
San Bernardino Law and Justice Group
San Bernardino County Superintendent of Schools
City of Rancho Cucamonga
Town of Yucca Valley
Community Development and Housing Agency
Mountain Regional City Representative
Members of the Homeless Provider Network
City of San Bernardino
Department of Behavioral Health
San Bernardino County Human Services
Homeless Representative

County of San Bernardino Project Roomkey Update as of 5/19/20

Motel/Hotel COVID-19 Crisis Housing

In order to combat the spread of COVID-19 and address the needs of the most vulnerable individuals living within our communities, the County, local jurisdictions and housing service providers understand the importance of creating a hotel/motel program through the Project Roomkey model to provide temporary housing for persons experiencing homelessness who are most at-risk of contracting COVID-19. High-risk persons includes those who are 65 years of age and older, persons of any age with underlying health conditions (i.e. heart disease, lung disease, immunocompromised, diabetes, kidney and liver disease), as well as pregnant women.

The following is a list of services being provided by homeless service providers, cities and the County for the homeless COVID-19 shelter in place order.

Project Roomkey Locations	Total Rooms	Occupied
Glen Helen Regional Park Trailers	20	7
Total Rooms	**20**	**7**

Project Roomkey CoC Organizations Using HEAP Funds	Total Rooms Occupied
Catholic Charities	56
City of Montclair	8
Family Services Association of Redlands	5
Inland Valley Hope Partners	14
Knowledge, Education for Your Success	34
Lighthouse Social Service Center	9
Morongo Unified School District	8
St. Mary Medical Center	3
The Chance Project Pathways Network	15
Victor Valley Family Resource Center	5
Water of Life Community Church	21
Total Rooms	**178**

City of Ontario	Total Rooms	No. of Persons
COVID-19 Shelter in Place Response	57	93
Totals	**57**	**93**

1. Purpose And Scope

The purpose of this document is to describe the Unsheltered Homeless Emergency Response Plan by the County of San Bernardino in response to the coronavirus (COVID-19) statewide epidemic and to define the interactions, roles, and responsibilities for the coordination of services between county departments, hotel/motel operators, and homeless service providers.

In response to Executive Order (E.O.) N-32-20, the State of California has authorized new funding and has identified current funding to respond to the threat of COVID-19 among our homeless population. The E.O. identifies the Homeless Emergency Aid Program (HEAP) funding and the Homeless Housing, Assistance, and Prevention (HHAP) program funding as resources intended to provide programs and facilities to combat homelessness. As part of the order, emergency legislation created additional funding and resources to protect the safety of homeless populations, reduce the spread of COVID-19 among the homeless populations and provide safe beds as the virus continues to spread.

The E.O. provides suspension to Health and Safety Code section 50214, to allow local jurisdictions to expend HEAP and HHAP funds to prepare and address the impacts of COVID-19, which includes the expansion of shelter and housing services capacity. The order also suspends Division 13, commencing with section 21000, of the Public Resources Code and Regulations in relation to the previous directed funding.

2. References

2.1.Regulations

2.1.1. Federal Guidance

- CDC – Interim Guidance for Homeless Shelters
- CDC – Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019
- CDC – Cleaning and Disinfection Recommendations
- CDC – Environmental Cleaning and Disinfection Recommendations
- CDC – People Experiencing Unsheltered Homelessness
- EPA – Information on Disinfectants and Water/Wastewater
- HUD – Eligible ESG Program Costs for Infectious Disease Preparedness
- HUD – Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease for People Experiencing Homelessness

- HUD – Infectious Disease Toolkit for Continuums of Care: Preventing & Managing the Spread of Infectious Disease with Encampments
- HUD – Specific Considerations for Public Health Authorities to Limit Infection Risk Among People Experiencing Homelessness
- NIDA – COVID-19 Advice for Social Anxiety Disorders

2.1.2. State Guidance

- State of California Executive Order N-32-20
- State of California Executive Order N-33-20
- State of California Health & Safety Code Section 50214
- State of California Public Resources Code and Regulations, Division 13, Section 21000
- BCSA – Guidance for Homeless Assistance Providers on Novel Coronavirus (COVID-19)
- CDPH – Guidance Documents: Coronavirus Disease 2019 (COVID-19)
- CDPH – Use of Personal Protective Equipment during COVID-19 Outbreak

2.1.3. Local Guidance

- SBCDPH – Coronavirus Disease 2019 (COVID-19)
- LACDPH – Coronavirus Disease (COVID-19) Assessment Tool for Homeless Shelters
- LACDPH – Guidance for Homeless Shelters
- LACDPH – Infection Prevention Basics for Homeless Shelters
- LACDPH – People Experiencing Homelessness FAQ

2.2.Other Emergency Operation Plans

2.2.1. 2018/2019 DEOP Essential Functions

3. Definitions

- Emergency Operations Center (EOC) - Coordinates with the county's disaster response expenses for recovery from state and federal governments.

- Office of Emergency Services (OES) – Division of the San Bernardino County Fire Department responsible for countywide emergency planning, mitigation, response and recovery activities. The OES works with all county departments and 24 cities, and many non-government organizations

- Homeless Emergency Aid Program (HEAP) – Established by statute to provide localities with flexible block grant funds to address their immediate homelessness challenges, such as emergency housing vouchers, rapid rehousing, emergency shelter construction, and the provision of temporary shelter, among other activities

- Homeless Housing, Assistance, and Prevention (HHAP) - One-time block grant that provides local jurisdictions with funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.

4. Concept of Operations

The County of San Bernardino and the regional homeless Continuum of Care (CoC) are working together to address the needs of homeless individuals affected by the COVID-19 outbreak.

COVID-19 is particularly dangerous for those experiencing homelessness. Individuals without stable housing not only face greater difficulty taking preventative actions, but they are often in poorer health than other residents. For the past several years, the County, cities and members of the CoC have been working tirelessly to reduce and prevent homelessness; however, despite targeted efforts the number of homeless persons continues to rise throughout the region.

The goal of this plan is to identify at minimum 300 hotel/motel rooms throughout the region in multiple jurisdictions as quickly as possible to contain the spread of COVID-19 in the unsheltered community. The purpose of these facilities is to protect the community by limiting the community's exposure to populations that are generally at higher risk of transmitting the virus, not to put the community at risk.

One of the County's and CoC's top priorities since the COVID-19 outbreak has been to identify sites to house unsheltered homeless persons meeting high risk priorities and quarantine unsheltered homeless persons who are well but have been identified by medical doctors as being extremely at-risk, vulnerable to the virus or COVID-19 positive. This model aims to keep these individuals out of shelters and encampments and lower the risk of exposure to other members of the homeless population to slow the virus' spread.

Units have been prioritized for individuals/households who meet two or more of the following criteria:

- Unsheltered persons who are non-symptomatic and present healthy that meet the following high-risk criteria:
    - Persons aged 65 years and older
    - Persons of any age who have an underlying health condition such as:
        - Heart disease
        - Chronic lung disease or moderate to severe asthma
        - Immunocompromised
        - Underlying medical conditions that are not well controlled: diabetes, renal failure, or liver disease
    - Pregnant women
- Unsheltered persons meeting the above criteria who are exposed, but asymptomatic requiring isolation
- Unsheltered persons meeting the criteria under section 1 who are symptomatic awaiting test results requiring isolation
- Unsheltered persons meeting the criteria under section 1 who are positive for COVID-19 but do not require hospitalization
- Special accommodations will be made for members of unsheltered families meeting the criteria under section 1

5. Engagement of Services

High-risk unsheltered persons will be identified in part through the Homeless Coordinated Entry System (CES) and through the Sheriff's Homeless Outreach and Proactive Enforcement (HOPE) team. CES will provide referrals from community partners and the HOPE team will make contact with the unsheltered persons. In addition, the HOPE team will identify previously contacted high-risk unsheltered persons and navigate them to the appropriate location.

All referrals will have completed the CES assessment forms and appropriate documentation. Each client entered into a hotel/motel room will be connected with a case manager through one of our current HEAP or Homeless Partnership homeless service providers. On site food and security will be engaged to ensure comfort during the duration of their stay. Clients will be notified to not allow access to their rooms by others during their stay.

Persons meeting the requirements of the hotel/motel use, may contact CES through Inland Empire United Way at 2-1-1 or the Sheriff's HOPE team at 1-844-811-HOPE(4673).

6. Admission Agreement

Unsheltered homeless persons referred to the hotel/motel will be told to remain in their rooms during the duration of the COVID-19 stay in place order from the State. Each person will sign an admission agreement noting the following:

- They will take care of their room (no damages)
- Alcohol, substance use, weapons, or other illegal activity on the property is not permitted
- Unregistered guests in the room are not allowed
- They acknowledge that they will be a good neighbor and avoid upsetting their neighbors by engaging in loud or disruptive activities (loud TV/music, late night loud noise, etc.)
- They will maintain a clean room and allow housekeeping staff access as needed
- They will allow the County of San Bernardino and partnering homeless services provider staff and partners to meet them onsite or in their room
- They will remove all their personal items from their room prior to check out and agree to vacate the premises voluntarily upon the ending of the stay period or upon the rescinding of the Governor's Executive Order

7. Case Management Plan

Homeless individuals in lodging may have access to or may receive assistance in the following service areas:

- Checking in / out of lodging; aid in completing necessary paper work
- Resource packets that may contain the following information:
  - Centers for Disease Control and Prevention Instructions on preventing the spread of coronavirus (COVID-19),
  - Contact information for a case manager, and others, e.g., security
  - Instructions on how to access medical services from their managed care plan
  - How to access mental health services
  - A crisis and support line
- When appropriate, linkages to benefits as needed
- Daily wellness telephone checks by health care or other industry professionals,

- Regularly scheduled onsite visits by participating providers
- When appropriate, assistance in storing, organizing, disposing of personal belongings
- Assistance in arranging for onsite, offsite, fostering of personal pets
- If not provided with lodging, assistance with procuring, ordering, or arranging for delivery of food items, meals, or other nutrition
- Some managed care plans may offer/coordinate pharmacy services; assistance in procuring, ordering, or arranging for delivery of prescription medications
- Homeless requiring treatment for mental health issues or substance abuse will be assessed to determine specialized offsite services and housing
- Hygiene kits and/or supplies needed to maintain stability

8. Outreach Plan

The Sheriff's HOPE Team received comprehensive training on best practices to keep themselves safe and to ensure that people they encounter with flu-like symptoms get the right medical care. The County of San Bernardino Department of Behavioral Health (DBH) Homeless Outreach Support Team (HOST) has also received similar training.

Outreach teams that are currently working with the HOPE and HOST teams will continue to support those teams. In addition, they will pass along information regarding COVID-19 and how to reduce the chances of contracting the virus to the unsheltered homeless they encounter.

Other homeless service providers outside of HOPE and HOST are referring unsheltered homeless they engage through the Coordinated Entry System to ensure they receive information about COVID-19 and how to reduce their chances of catching the virus

9. Staffing Plan

- Off-site homeless services providers and DBH staff will call each person placed in the hotel/motel rooms for daily wellness checks
- Rotating staff will be on site 1-2 times per week to follow-up on client needs, such as access to mainstream services
- The Sheriff HOPE team will screen and transport homeless individual to lodging location
- DBH staff will assist in the transport of homeless individuals requiring medical isolation or quarantine services

- Homeless services providers and/or DBH staff will meet individuals and assist them in checking in, completing paperwork and settling in their rooms
- Staff will follow CDC safety guidelines

10. Food Plan

Meal services are being organized through County of San Bernardino Human Services in conjunction with Inland Empire Health Plan (IEHP) and Molina Healthcare. IEHP and Molina Healthcare will provide meals for persons identified as members and the County of San Bernardino will cover the cost for non-members.

Provision of Food Services:

- Up to a 14 day food package can be sent out in two separate deliveries (7 days of food in each delivery)
- Food order for each client may be able to be extended past 14 days or cancelled upon request as needed
- Food packages come in two forms:
    - Packages needing refrigeration (if the hotel/motel has a refrigerator this option will be utilized)
    - Packages of non-perishables (it is anticipated that these will be utilized at a faster rate than the refrigeration packages)
- Food packages may be customized if needed:
    - Diabetic
    - Low sodium
    - Vegetarian

11. Decommission Plan

The use of this facility for the unsheltered homeless and medically stable COVID-19 patients will be secured for three (3) months and will terminate upon the rescinding of the order. Once the State order has been lifted, those homeless individuals that have not been connected to permanent housing will be diverted to the appropriate homeless services provider and returned to where they were originally staying as identified by the outreach team.

Homeless Relocation Plan:

- The Sheriff's HOPE team will coordinate transportation services with the HOST team
- Transportation will be provided through groups or cohorts to the appropriate destinations

- It is anticipated that up to 50 persons will be transported per day with a scaling back of hotel/motel services

The rooms will be professionally cleaned prior to assuming regular business use and the hotel property will be returned to its previous condition at the end of the occupancy agreement term.

Tenancy rights will be waived by the client upon the admission agreement and language will be entered into the occupancy agreement noting weekly stays for tenants that will be renewable on an as needed basis. In addition, it will be expected that the hotel/motel in conjunction with County services and support will meet the following criteria which affords exception to the 30 day rule:

- The hotel/motel keeps a right of access and control of the room; and
- The hotel/motel has facilities to safeguard personal property; and
- The hotel/motel provides central telephone service; and
- The hotel/motel provides maid, mail, and room services; and
- Food service is in or adjacent to the premises of the hotel/motel.

12. Security Plan

Security will be provided 24/7 at the hotel/motel and on premises of the facility. Security will be designated to the lobby and will be continuously roaming the grounds of the facility. All food will be brought into the hotel/motel regularly and personnel will be isolated. The temporary residents will be encouraged to remain in their room and avoid accessing any of the residential or commercial service areas.

13. Informing Providers and Community

The Department of Public Health (DPH), has notified all its employees, partners, and providers about best practices to prevent and prepare for a COVID-19 outbreak. The County of San Bernardino has worked with DPH to develop and administer training specifically for support providers providing housekeeping services at these isolation locations.

DPH has launched a robust, comprehensive COVID-19 web portal (sbcovid19.com) aimed at providing key guidance for the residents of the county. It includes program guidance and tools from DPH and CDC, as well as infectious disease preparedness guidance for different communities/agencies.

14. Roles and Responsibilities

Roles and Responsibilities for the COVID-19 Homeless Emergency Response include:

I. Preparing Housing Inventory – Economic Development Department primary point of contact (POC)
   a) Develop an inventory of motel/hotel providers
      i) Locations, number of rooms, cost, etc.
      ii) Communicate intent to cities
      iii) Engage the motel/hotel providers for potential leasing/contract development
      iv) Develop motel/hotel provider messaging

II. COVID-19 Education – HS and OHS
   a) Prepare educational materials for motel/hotel providers
      i) Information and precautionary measures needed for employees in engaging the homeless
      ii) Appropriate sanitation
      iii) Development of materials and printing

III. Communication with Local Jurisdictions – DEO and Government and Legislative Affairs
   a) Develop messaging plan
   b) Determine main POC
   c) Provide CEO and AEO with details of city/town concerns

IV. Public Health Response
   a) Actions needed to secure the health and safety of the homeless population and/or priority populations
   b) Personal Protective Equipment

V. Provider Care Coordination – KEYS, DBH, and OHS
   a) Develop strategy for public health response with homeless services

VI. Engaging in an Immediate Response
   a) Engage a motel/hotel provider to acquire at minimum 50 rooms to start moving unsheltered individuals or families into rooms to shelter in place
   b) Engage a homeless service provider to provide case management for each client and provide access to mainstream resources, if available, food, hygiene products, etc.

An Analysis of Chronic and Veteran Homeless Cohorts in San Bernardino County: Fiscal Impacts and Market Demand for Sustainable Housing Solutions

Gregory A. Shinn, MSW
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This report was supported by San Bernardino County. Contributions by Sam Tsemberis, PhD, Reviewer; Keith Anderson, Data Quality Analyst; Tara Saylor, PhD, Editor.

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Executive Summary

For more than 25 years, a growing number of research projects have examined the economic impacts of homelessness in America, Canada, and Europe. This is an ongoing process. Despite the best efforts of homeless advocates, nonprofit leaders, faith communities, philanthropic organizations, multiple sectors of government, and the health and mental health industries, homelessness remains a persistent and systemic problem. Addressing the social issues surrounding homelessness has compelled the development of an entire industry. Evidence-based solutions to address homelessness have been documented, proven, and replicated. Some cities, and even countries, have shown that dramatic decreases in homelessness are possible, yet many cities across the United States are losing ground in their efforts to reduce or eliminate homelessness.

Creative Housing Solutions (CHS) documents the societal costs of chronic and veteran homelessness in San Bernardino County, California, and makes recommendations for sustainable housing solutions. For the time period of January 1, 2017 – June 25, 2018, CHS focused on the outcomes of two cohorts of San Bernardino County's most vulnerable homeless population—the chronically homeless (CH) cohort which includes veterans (n=355) and non-veterans (n=518). We conclude that expanded investment in models like Housing First, Permanent Supportive Housing (PSH), and Rapid-Rehousing (RRH) can reduce San Bernardino County's public spending and improve the quality of life for these two vulnerable groups.

This study found the annual average cost of serving each chronically homeless person in San Bernardino County to be $31,873 per person per year. This cost was determined by aggregating utilization and costs incurred in emergency services, health, mental health and substance use treatment, outreach services, arrest, and days of incarceration (see pages 41-53 in this report for more information). In contrast, the annual average cost of operating PSH programs was determined to be $17,652.17 per unit per year or $9,891.30 per bed. The annual average cost of operating Rapid-Rehousing programs was determined to be $5,132.20 per unit or $1,996.27 per bed. This established the cost differential between annual per person cost incurred by all CH individuals and PSH or RRH program beds to be $21,981 and $29,876, respectively (which is the difference between the cost of chronic homelessness and the operating cost by bed type).

By eliminating all chronic homelessness in San Bernardino County through Housing First, an annual net savings in costs is projected to be between $16.9M and $22.9M per year based on the 2019 CH Point in Time (PIT) Count (n=767). Please note, this does not include costs that cities may have incurred from the cohort. Unfortunately, the information from the cities is not readily available, hence the cost per person is a conservative figure. More detailed information about the cost differential can be found on pages 53 – 59.

We conclude that there is a wide range of service utilization within the chronically homeless population in San Bernardino County. There is a great disparity in the cost incurred while homeless within the cohort. Approximately 40 to 50% of the CH subpopulation are frequently arrested and incarcerated and are frequent users of emergency room and healthcare services. Equally as important, approximately 50 to 60% of the CH subpopulation are rarely arrested or incarcerated and use few or no emergency or healthcare services. Therefore, the greatest savings can be achieved by focusing efforts on housing the most frequent utilizers of the entire system. This also indicates that a large percentage of long-term disabled homeless

individuals either do not have access to the services they need or that existing services have been ineffective in engaging this cohort.

The study also found that there is a dramatic reduction in the rate of arrest and incarceration post-housing placement among those chronically homeless individuals that achieved housing during the study period. By focusing efforts on housing those individuals who have been incarcerated, we would expect an increased return on the investment in supportive housing. Pages 56 – 57 of this report give more detail.

By setting and meeting a PSH unit production target of 11% per year for five years dedicated to chronically homeless individuals, functional zero (when the number housed monthly exceeds the CH count) can be achieved in four years and exceeded by year five. This plan would create 1,047 new PSH units, assuring that production is outpacing inflow and additional capacity is available and sustainable. This includes the elimination of chronic homelessness among veterans.

Creative Housing Solutions has found that by simultaneously setting and meeting a Rapid-Rehousing unit production target for veterans of five percent per year, functional zero for homelessness among *all veterans* can be achieved within two years and exceeding the goal by year three so that production is outpacing inflow and functional zero is sustainable. This plan would create 492 new RRH units. More details on the unit production plans can be viewed on pages 37 – 42.

Key Findings

Population

- The San Bernardino County homeless veteran cohort (n=355) in the study was predominantly male. This study found that veteran females are at a statistically lower risk of homelessness than veteran males, which could be a point for further investigation.
- This study found that overall, VI-SPDAT scores are lower for homeless veterans (n=355) when compared to the CH cohort (n=518). This is another point for further investigation.
- During the study period of 18 months, 127 CH persons achieved housing. Those homeless for one year (n=46) were housed the most frequently. It may be that as the length of homelessness increases, it becomes increasingly difficult to house homeless individuals, or that the prevailing system is less responsive to the needs of longer-term homeless individuals.
- Out of the total number of Permanent Supportive Housing beds in 2018 (1,349), only 44% (593) were dedicated to CH persons. In 2019, only 43% (652 out of 1,528) of PSH beds were dedicated to CH persons. The PSH units dedicated for CH individuals decreased by four percent from 2018 – 2019, which is related to the 89% increase in CH individuals from 2018 – 2019, and 34% increase since 2015.

Services Utilization

- The utilization of substance use treatment as reported by the San Bernardino County Department of Behavioral Health (DBH) was relatively low among the CH cohort (n=518), with only three percent of the CH cohort receiving substance use treatment through DBH.

- Over half (52%) of the CH cohort did not use any healthcare services in the County during the five-year period, despite very lengthy periods of homelessness and disability status.
- The annual average adjusted cost of healthcare for the Inland Empire Health Plan members within the CH cohort was $53,605 per person per year.

Criminal Justice Involvement

- The study found that during a four-year period, 45% (n=231) of the individuals in the CH cohort of 518 had contact with the San Bernardino County Sheriff's Homeless Outreach and Proactive Enforcement (HOPE) Team. These 231 individuals had a total of 4,334 contacts between 2015 and 2018. Fifty-five percent of the CH cohort had no contact with the HOPE team.
- This study found that during a four-year period, 262 (51%) of the CH cohort were arrested a total of 1,469 times. Nearly half (49%) of the CH cohort had no contact with law enforcement.
- Among the group in the CH cohort who achieved housing during the study period (n=127) there was a 79% decrease in the post-housing rate of arrest.

Cost and Cost Offsets

- The greatest cost savings can be achieved by housing those CH individuals who utilize the most healthcare services or are the most frequently arrested and incarcerated.
- The total annual average cost incurred by the CH cohort (n=518) was $31,873 per person per year.
- The annual average combined cost of RRH and PSH was $7,595 per unit per year or $3,963 per bed per year.
- The annual average cost savings of providing permanent housing options for CH persons was 84% for RRH and 45% for PSH.
- The projected annual cost savings by housing every person in the CH cohort (n=518) is between $11.4M and $15.5M per year based on the per bed costs of permanent housing with services.
- The projected annual cost savings of ending chronic homelessness in San Bernardino County through Housing First, by providing permanent housing options with services, is between $16.9M and $22.9M per year based on the 2019 CH PIT Count (n=767).

Keywords: homelessness, San Bernardino County, evidence-based housing solutions

List of Acronyms

CES: Coordinated Entry System

CH: Chronically Homeless

CHS: Creative Housing Solutions

CoC: Continuums of Care

DBH: San Bernardino County Department of Behavioral Health

ES: Emergency Shelter

ESG: Emergency Solutions Grant

HIC: Housing Inventory Count

HMIS: San Bernardino County Homeless Management Information System

HOPE: San Bernardino County Sheriff's Homeless Outreach and Proactive Enforcement Team

HUD: U.S. Department of Housing and Urban Development

HUD-VASH: Department of Housing and Urban Development-Veterans Affairs Supportive Housing

IEHP: Inland Empire Health Plan

JIMS: Jail Information Management System

Medi-Cal: California's Medicaid

PIT: Point in Time Count

PSH: Permanent Supportive Housing

RRH: Rapid-Rehousing

SBC: San Bernardino County

SPM: System Performance Measures

SSVF: Supportive Services for Veteran Families

TH: Transitional Housing

VI-SPDAT: Vulnerability Index – Service Prioritization Decision Assistance Tool

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About the Author

Gregory A. Shinn, MSW began his social work career in the 1980s working in the homeless shelters and doing street outreach in the subways, parks, and flophouses on the Bowery in Manhattan. He received his MSW from New York University in 1993. From 1993 to 2001, he was Director of Social Services for the John Heuss House, a drop-in shelter for homeless adults with mental illnesses in New York's Financial District.

In 2001, Mr. Shinn relocated to Oklahoma to work for the Mental Health Association Oklahoma. As Associate Director and Chief Housing Officer, he is responsible for the development and implementation of affordable housing and services for people who are homeless with serious mental illnesses and co-occurring disorders. The Association's portfolio currently encompasses dozens of locations and over 1,500 units of affordable and supportive housing in Tulsa and Oklahoma City with an emphasis on fidelity to Housing First.

For the past fifteen years, Mr. Shinn has worked with communities across the country on access to housing and economic development. Since 2011, he has been a consultant for SAMSHA and Advocates for Human Potential as a Subject Matter Expert in the Homeless and Housing Resource Network. In 2013, Mr. Shinn formed Creative Housing Solutions, a consulting firm providing assistance with community planning for systems redesign and development of sustainable and affordable housing solutions for ending homelessness. Special areas of emphasis include community integration, job development, neighborhood stabilization, and return on investment. Creative Housing Solutions has published recognized economic impact studies, including *The Cost of Long-Term Homelessness in Central Florida* (2014) and *The Relative Cost of Homelessness in the Suncoast Region of Florida* (2015).

Forward

This report provides a carefully reasoned plan to end chronic homelessness in San Bernardino County. The plan has been developed after a comprehensive analysis of the County's chronically homeless population, its demographic characteristics, trends in annual PIT counts, and a multi-agency analysis of service utilization patterns and cost data. What emerged was a clear picture of the population's service use, performance outcomes, and the costs associated with the current services approach. Service utilization patterns indicated in broad terms that the current system is designed to react to homelessness as an emergency or to manage the problem of homelessness, rather than as a system that is coordinated to reduce or to end chronic homelessness. For example, about half of the chronically homeless population has some contact with the criminal justice system. These short-term arrests, typically a result of violations incurred while homeless, are not only a misuse of police and court resources but such practices may sentence a person to chronic homelessness. After release from jail, individuals typically return to shelter or homelessness and because of the record may be locked out of housing. This report describes other effective ways that these issues can be addressed that can both end homelessness and save money.

Recommendations are provided for developing alternative approaches to augment and improve the current systems. While these improvements would produce efficiencies in the management of current programs for those experiencing chronic homelessness, the goal here is to provide the County with a plan not only to improve current systems but to end chronic homelessness. The report relied on data sources that are credible, verifiable, and current. This report is data-based, not theoretical. The data was obtained from San Bernardino County and the interventions proposed here are informed by a careful analysis of the County's data and modelled after successful plans implemented in counties across the United States. The proposed plan calls for improving the system for the identification and prioritization of the most vulnerable, increasing inter-agency coordination, and planning for the development of the optimal number of affordable housing units needed to achieve the goal. The housing plan calls for taking several different approaches to increase the availability and to add to the inventory of affordable housing units including the repurposing of existing buildings, capitalizing on the existing rental market through landlord incentives, and developing new PSH units. The timelines presented are realistic and based on a deep knowledge of the industry.

What is not visible in the report's numbers and the charts is the wealth of knowledge and experience Mr. Shinn and the CHS team bring to the analysis of the data and the formulation of the plan. Collectively this team has decades of experience working with homeless services in cities and counties to end chronic homelessness. Mr. Shinn brings multiple perspectives to this work based on his first-hand experience as a provider, developer, agency leader, and community leader in ending homelessness. Mr. Shinn begins with a vision of how to end homelessness and then carefully explores the barriers that must be overcome and offers specific measures to be taken to achieve this goal.

While this may read as technical report it might be useful to point out that this plan to end homelessness is based on several value-based assumptions about individuals who experience chronic homelessness. First is the assumption that people experiencing homelessness with disabilities should not have to earn their way out of homelessness and into housing. Second, people's success in a program is more likely when they are active participants in developing the

plans for their recovery. And third, the support services provided by the program must be respectful, assertive, and recovery focused. The proposed program emphasizes capabilities, self-determination, and well-being.

There is abundant research to support the proposals in this report. Several randomized control trial studies of Housing First as permanent supportive housing report that it is highly effective in housing and engaging into services this chronically homeless cohort. Housing First has consistently shown an 80% (or better) rate of housing stability compared to 40% for the traditional Continuum of Care systems that do not incorporate this approach. The national HUD-VASH programs for veterans with disabilities experiencing chronic homelessness is based on Housing First and these programs have ended homelessness for veterans in more than 70 cities across the country (United States Interagency Council on Homelessness, 2020). Housing First has consistently proven to be an effective intervention and one that produces significant cost savings for those among the homeless that are high utilizers of acute care services. It is housing as health care, and by quickly and effectively ending homelessness individuals are on the road to their recovery.

The discussion of the relationship between housing, support, and recovery is not addressed in the report but it is the foundation upon which the recommendations in this report are based. In today's times, cost benefit analyses are a new definition of compassion. But saving money is just one more good reason to embark on recommendations of this well thought and feasible plan to end homelessness. It provides the County with a solution to homelessness and restores in its most vulnerable residents a sense of dignity.

Sam Tsemberis, PhD

Founder and CEO

Pathways Housing First Institute

An Analysis of Chronic and Veteran Homeless Cohorts in San Bernardino County: Fiscal Impacts and Market Demand for Sustainable Housing Solutions

Homelessness is an escalating problem that is draining on city, county, and state economies and labor forces (Flaming, Matsunaga and Burns, 2009; Flaming, Toros and Burns, 2015). Therefore, finding effective solutions to homelessness and controlling costs continues to be a priority. The government, nonprofit, private, and philanthropic sectors seek to determine the exact public cost of homelessness and implement evidence-based approaches for addressing homelessness. Several recent comprehensive studies have been completed in California, including Los Angeles (Hunter, Harvey, Briscombe, and Cefalu, 2017), Santa Clara (Flaming, Toros, and Burns, 2015) and Orange County (Snow & Goldberg, 2017). These exemplars document the escalating cost of homelessness on communities in California.

In general, it is now well established that allowing homelessness to exist in a community is more expensive than providing the solutions to the problem. Many communities across the country have significantly decreased homelessness among the longest-term and disabled homeless population—the chronically homeless (CH)—by investing in Housing First[1] and Permanent Supportive Housing (PSH)[2]. These solutions to homelessness combine access to housing that is affordable[3] for individuals with little or no income *plus* the provision of support and treatment services. Studies comparing the cost of public services used by CH individuals who remain homeless to the costs of providing housing plus services for the same population, show that providing affordable PSH and Rapid-Rehousing (RRH)[4] options reduces homelessness, saves millions of taxpayer dollars, and improves the quality of life for the community. Further examples (Shinn, 2014; Econosult, 2007; Econosult, 2009; Econosult, 2011; Oklahoma Department of Commerce Research and Economic Analysis Division, 2018) demonstrate that addressing affordable housing and homelessness through the development of housing options creates jobs, generates tax revenue, and leverages other funding for services and capital development back to the community. Such action can provide access to housing for long-term homeless individuals, shorter-term, or episodically homeless families, as well as extremely low-income households that are at risk of being priced out of the market.

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[1] "Housing First" is an approach to ending homelessness that centers on providing permanent housing first and then providing services such as mental health assistance as needed. Housing First was pioneered by Dr. Sam Tsemberis from Pathways to Housing in New York City. More information available at the http://www.pathwayshousingfirst.org (National Alliance to End Homelessness, 2016).

[2] "Permanent Supportive Housing" is described by SAMHSA as "a decent, safe, and affordable community-based housing that provides residents the rights of tenancy under state and local landlord-tenant laws. The housing is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences." Visit the Substance Abuse and Mental Health Services Administration (n.d). for more information.

[3] The definition of "affordable housing" is that which costs no more than 30% of a household's gross monthly income (U.S. Department of Housing and Urban Development, 2018).

[4] "Rapid-Rehousing" (RRH) provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. More information available at the National Alliance to End Homelessness (2020a).

Purpose of the Study

The purpose of this report is to analyze recent data regarding chronic and veteran homeless subpopulations in San Bernardino County and its municipalities, and to determine the supply and demand of affordable and supportive housing for these vulnerable populations. Creative Housing Solutions (CHS) studied the current housing supply and ongoing coordinated efforts to house homeless families and individuals. CHS then compared the trends in increase of the chronic and veteran homeless population over time to establish targets for unit and bed production over the next five years. The purpose of these analyses is to allow San Bernardino County to meet and even exceed the sub-population's housing needs and create a path toward eliminating chronic and veteran homelessness.

For purposes of this report, the term "unit production" is used to describe all activities which increase the access to and supply of affordable and supportive housing with services for CH and veteran subpopulations. Unit production includes expanding access to units in the existing market as well as potential reprioritization of existing subsidies and resources of affordable and supportive housing. Also included in this term are development activities, such as acquisition and rehabilitation of existing housing, repurposing or adaptive reuse of existing structures not previously used for housing, or new construction. The methodology for determining an allocation production plan using various modalities is beyond the scope of this current report but has been detailed in a technical paper by Shinn (2014).

This report analyzes the County's cost of chronic homelessness to determine the public and private sector costs incurred, which could be eliminated or greatly reduced if the supply of housing were increased to meet the market demand of the CH subpopulation. A cost differential is established by comparing current homelessness costs that could be avoided to the historical cost of supportive housing provided in the County. This cost differential projects the potential future savings that could be achieved by reducing or eliminating chronic homelessness.

This data can be used for planning purposes to leverage large scale investments to meet unit production demand, which is a requirement of all California counties (County of San Bernardino Land Use Services Division, Advance Planning Division, 2014). This data is intended to assist in determining goals for the new San Bernardino County 10-Year Plan to End Homelessness (San Bernardino County Homeless Partnership, 2009) and to update the 5-Year Consolidated Plan (County of San Bernardino, 2015), as well as to track progress, development, and investment toward subpopulation affordable housing goals (Corwith, 2019).

Sources of Data and Methodology

Creative Housing Solutions, with the assistance of the County of San Bernardino Office of Homeless Services and the Department of Housing and Community Development, studied the single adult and veteran subpopulations experiencing homelessness in San Bernardino County to determine the utilization rate and availability of supportive housing beds to these vulnerable populations. The number of units and beds readily available for the two subpopulations was compared to the Annual PIT Counts provided by the county and reported to the U.S. Department of Housing and Urban Development to project the number of units needed to end and prevent homelessness among these populations.

Cohort Determination

CHS and the County further conducted a cost study by soliciting data from homeless service providers in the San Bernardino County Continuum of Care (SBC CoC) to obtain the actual cost of providing housing and services to homeless populations. Utilization rates and costs incurred by a CH cohort (n=518) derived from the Homeless Management Information System (HMIS) were obtained from local law enforcement, the court system, and multiple mental health, primary care, and substance abuse treatment providers. The utilization rates established the average annualized community cost of chronic homelessness. The annualized estimated cost of the CH cohort across multiple systems was then compared to the cost of the supportive and affordable housing solutions to determine the net difference and to project the annual yearly savings that could be realized by ending chronic homelessness. These housing demands and cost differentials were then projected over a five- and 10-year period to assist with local planning efforts.

County Partners and Funding

The County of San Bernardino retained Creative Housing Solutions to conduct this study through planning grants that were provided by HUD's Continuum of Care Planning Project funds in 2017 and 2018 and the State No Place Like Home Program Technical Assistance funds in 2019 and 2020. The County also designated key staff in the San Bernardino County Community Development and Housing Agency to assist in the gathering of data and information.

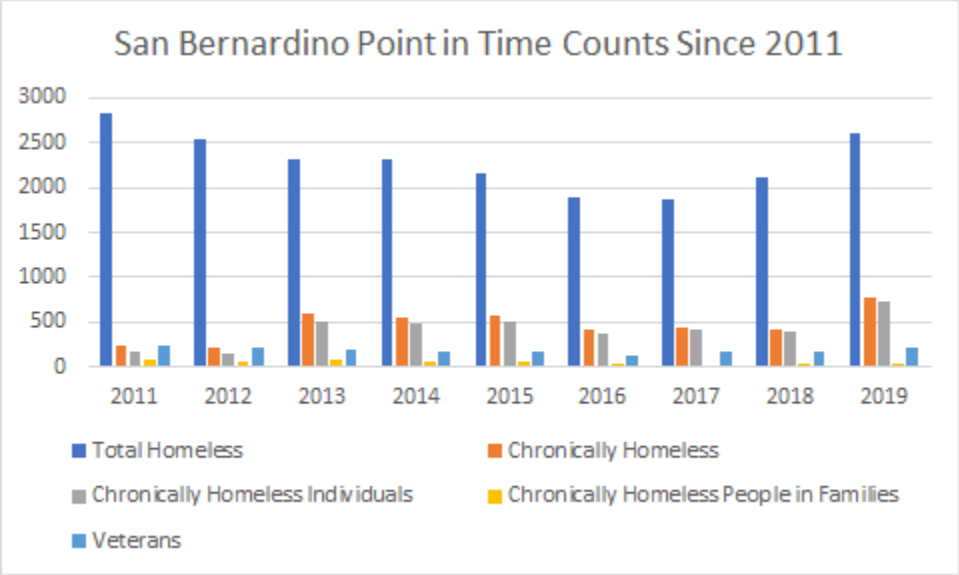
Description of Geography and Population of San Bernardino County

San Bernardino County is the largest county in the United States covering an area of 20,108 square miles. It is also the fifth most populated county in the U.S., with an estimated population of 2,152,499 in 2020 (esri, 2016; worldatlas.com, 2020). The County is divided into three distinct regions: Valley, Mountain, and Desert. The Valley contains most of the population including the communities of San Bernardino, Riverside, and Ontario (San Bernardino County, 2015).

Homeless, Chronically Homeless and Veteran Homeless Trends in San Bernardino County

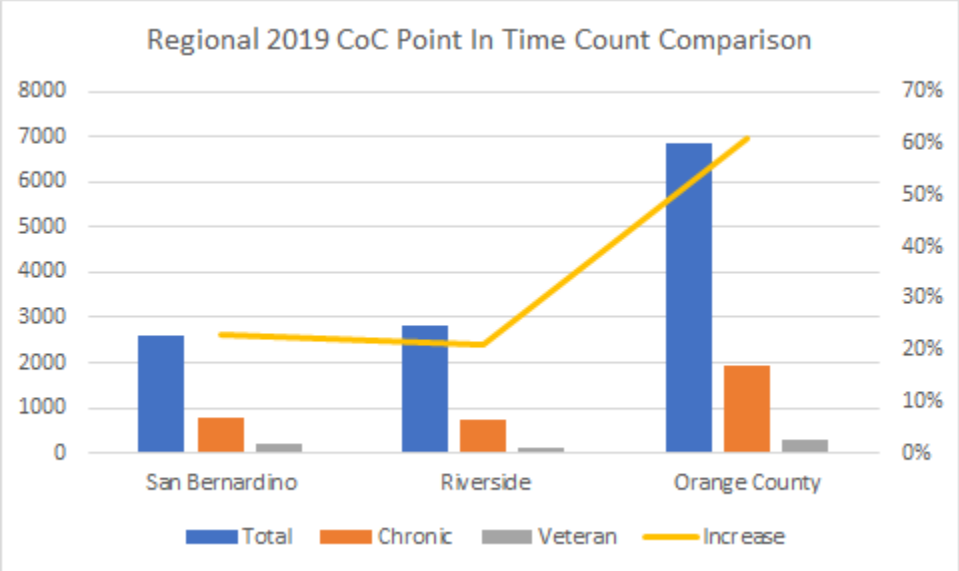
Since 2011, the homeless population in San Bernardino County has fluctuated greatly. A peak for persons experiencing homelessness was recorded in 2011 at 2,825. In 2019, the homeless population was recorded as 2,607 persons, which was a 40% increase over the prior two years. Significantly, the increase in chronic homelessness—the longest-term and most disabled homeless population—has increased 81% from 2018 to 2019 and now sits at 767 CH individuals. In 2019, chronic homelessness among individuals increased by 89%, and seven percent among CH families. Veteran homelessness has also seen an increase of 22% in each of the last three years (see Figure 1).

Figure 1. Homeless, Chronically Homeless and Veteran PIT Counts in San Bernardino County Since 2011



Regionally, Riverside and Orange County have their own Continuum of Care (CoC) and saw similar increases in the most recent Point in Time Counts, with Orange County seeing the largest increase in 2019 (61%). Riverside and San Bernardino CoCs were comparable at 21% and 23% respectively, as shown in Figure 2. Overall, it is a significantly negative trend for the entire state, causing Governor Newsom, at the urging of state leaders, to provide access to over $1 billion in emergency state funds that have been allocated by the legislature (Office of Governor Gavin Newsom, 2020).

Figure 2. Regional 2019 CoC PIT Count Comparison

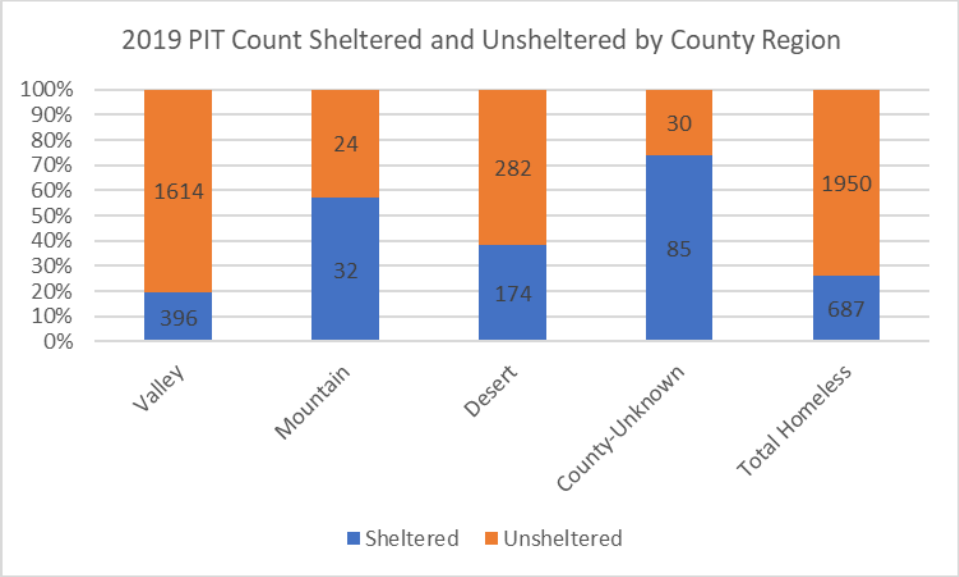


Nationally, the 2020 Annual Homeless Assessment Report to Congress (AHAR) states that homelessness increased three percent in 2019, largely driven by a 16% increase in the state of California with a total count of 151,278 or 27% of all people experiencing homelessness in the country (U.S. Department of Housing and Urban Development Office of Community Planning and Development, 2020).

Some of the increase in homelessness records in San Bernardino County may be attributed to a "change in methodology as a result of implementing the esri survey 123 app," according to the Homeless Count and Survey Report published by the San Bernardino County Homeless Partnership (2019). This report is published annually, and the new methodology is one of the reasons for a larger unsheltered count as compared to previous years. A more thorough count is very helpful for purposes of this report which intends to set unit production targets and timelines to decrease homelessness in the County.

The sheltered and unsheltered counts by region show that while the unsheltered count makes up 75% of the total 2019 PIT count in San Bernardino County, the Mountain and Unknown (Unincorporated) County regions actually have more people in shelter beds or Transitional Housing, than those who are unsheltered. The homeless counts for 2019 by region in the County are shown in Figure 3.

Figure 3. 2019 PIT Count Sheltered and Unsheltered by County Region



Description of Available Affordable Housing and Regional Market

The Southern California Association of Governments (SCAG) produces the Regional Housing Needs Assessment (RHNA) for the six county areas of Southern California, including Imperial, Los Angeles, Orange, Riverside, San Bernardino, Ventura, and 191 cities in an area covering more than 38,000 square miles (SCAG, 2020). The sixth cycle RHNA period is between July 1, 2021 and October 1, 2029. The methodology for projected need uses household

growth within jurisdictions between the RHNA projection period. This includes a calculated "future vacancy need and replacement need." Based on these components, the regional projected need is 504,970 units over the time period. The projections adjust projected need by household income for four categories. They are Very Low Income (below 50% of Area Median Income (AMI)), Low Income (50 – 80%), Moderate (80 – 120%), and Above Moderate (120% and above). The Area Median Income for San Bernardino County is $57,156 (SCAG, 2019). Currently, the largest single subsidy for producing affordable housing, the Low-Income Housing Tax Credit (LIHTC), has produced 11,240 units in San Bernardino County, but only two percent of those units are targeted toward households below 30% of AMI (California State Treasurer Fiona Ma, CPA, 2020).

This is very relevant to the purpose of this study because lagging unit production, especially for households below 50% and below 30% of AMI in San Bernardino County (and the region) is a primary contributor to families and individuals being priced out of the housing market and at risk for homelessness. In fact, the Housing Need Report (HNR) for 2019 shows that there is a need of 65,382 more affordable rental homes in San Bernardino to meet current demand and that 89% of Extremely Low Income (ELI, below 30% of AMI) and 83% of Very Low Income households pay more than 50% of their monthly income for housing (Corwith, 2019). In addition, workers earning the state minimum wage of $12.00 an hour must work 63 hours per week to afford a one-bedroom apartment at the current Fair Market Rent (FMR) of $986 a month in San Bernardino County (National Low-Income Housing Coalition, 2019).

In this challenging environment, it is critical that unit production demand includes a focus on homeless subpopulations. Chronically homeless and veteran homeless subpopulations, which are at the very bottom income levels, must be understood and community planning efforts must find ways for planned unit production to re-include these subpopulations in the housing market to reverse the escalating homeless counts in California.

This report is focused on the costs of chronic homelessness and meeting unit production demand for supportive housing with services and does not address other critical factors related to increasing homelessness in San Bernardino County, including diversion strategies or addressing eviction rates that contribute to homelessness. For instance, in just one year, the number of evictions (unlawful detainer) filings in San Bernardino was 10,911 resulting in 4,658 actual evictions from July 2018 to June 2019 (C. Roman, personal communication, 2020). Legal representation for eviction prevention is a best practice that deserves more attention and funding. Reviews of homelessness prevention strategies are available elsewhere (Shinn & Cohen, 2019).

Description of Cohorts and Methodology

The sample of the chronically homeless (n=518) and veteran homeless (n=355) cohorts for this study were identified in the San Bernardino County Homeless Management Information System[5] (HMIS), known as "ClientTrack" with two different methods. These methods are described below.

[5] The "Homeless Management Information System" (HMIS) is a local information technology system used to "collect client-level data and data on the provision of housing and services to homeless

Chronic Homeless Cohort Methodology and Demographics

An HMIS query was produced by the Inland Empire United Way and the San Bernardino County Office of Homeless Solutions which oversees its continual maintenance and operation. The query covered a span of 18 months beginning January 1, 2017 and ending June 25, 2018. The HMIS query resulted in 2,085 unique individuals in the database at that time. Four guiding characteristics were identified in order to establish a cohort of clients who would likely be prioritized for PSH or RRH through the Coordinated Entry System[6] (CES) in the SBC CoC.[7] These four characteristics were:

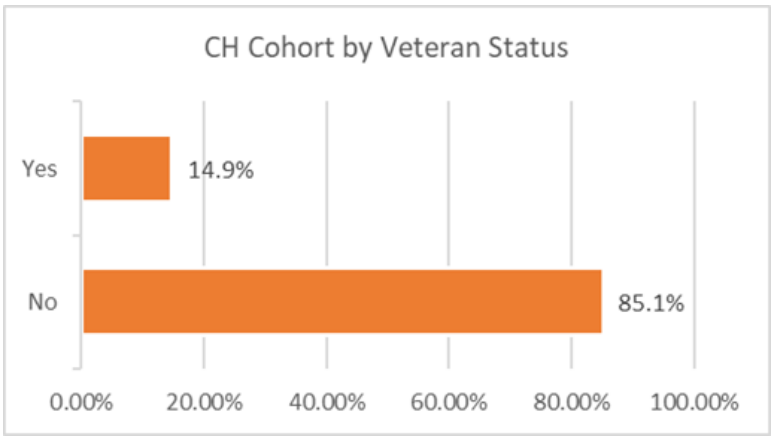
1) A single adult;
2) Homeless at least one year;
3) Reporting a disability; and
4) A VI-SPDAT[8] score of at least 9.

When the HMIS query was filtered using the four characteristics above, a cohort of 518 CH adult individuals was established. Other than selecting for the four characteristics described, no process was used for removing or changing the unique identifiers of the cohorts.

The demographics of the cohort are described below:

- Veteran Status: 85% were non-veterans and 15% were veterans, as shown in Figure 4.

Figure 4. CH Cohort by Veteran Status



individuals and families and persons at risk of homelessness" (U.S. Department of Housing and Urban Development, 2020a).

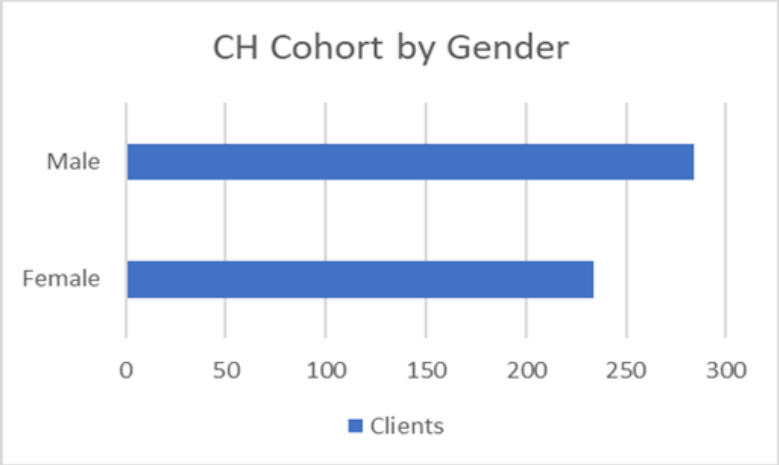
[6] Coordinated Entry System (CES) "is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness" (Pathways Home Housing Coordination Program, 2018, p. 3).

[7] Continuums of Care (CoC) are local planning bodies that coordinate the full range of homeless services in a geographic area, which may cover a city, county, metropolitan area or an entire state.

[8] Vulnerability Index – Service Prioritization Decision Assistance Tool (VI SPDAT) (De Jong, 2011).

- Gender: 284 were male (54.8%) and 234 were female (45.2%) as shown in Figure 5. This varies from the larger adult PIT Count (San Bernardino County Homeless Partnership, 2019) wherein women made up 26.3% in the 2018 sample, and 26.9% in the 2019 sample. This significant margin may indicate that longer durations of homelessness, higher disability rates, and higher vulnerability scores tend to include more women in the homeless population. This finding should be studied further.

Figure 5. CH Cohort by Gender



- Race: 354 (68%) of the cohort were White, 108 (20.8%) were Black or African American, 20 (3.9%) were American Indian or Alaska Native and 23 (4.4%) were multiracial, as shown in Table 1.

Table 1. CH Cohort Racial Demographics

Race	Clients	Percentage
American Indian or Alaska Native	20	3.9%
Asian	3	0.6%
Black or African American	108	20.8%
Client refused	4	0.8%
Data not collected	2	0.4%
Multi-Racial	23	4.4%
Native Hawaiian or Other Pacific Islander	4	0.8%
White	354	68.3%

Nationally, and in California, it is common for persons of color or Native American status to be significantly overrepresented in the homeless population as compared to the general population. This is also true in San Bernardino County. According to the esri Community Profile

(2016), the total population of San Bernardino County was 2,096,123. The African American population represented 8.7% of the total population yet, as shown above, they make up 20.8% of the CH cohort. Native Americans make up only 0.46% of the total population yet make up 3.9% of the cohort.

Interestingly, the reverse is true when looking at ethnicity. The Hispanic population is underrepresented in the CH cohort (20.8%) as shown in Table 2 below, compared to the general population where Hispanics make up 55.5% of the total population in San Bernardino County (ersi, 2016).

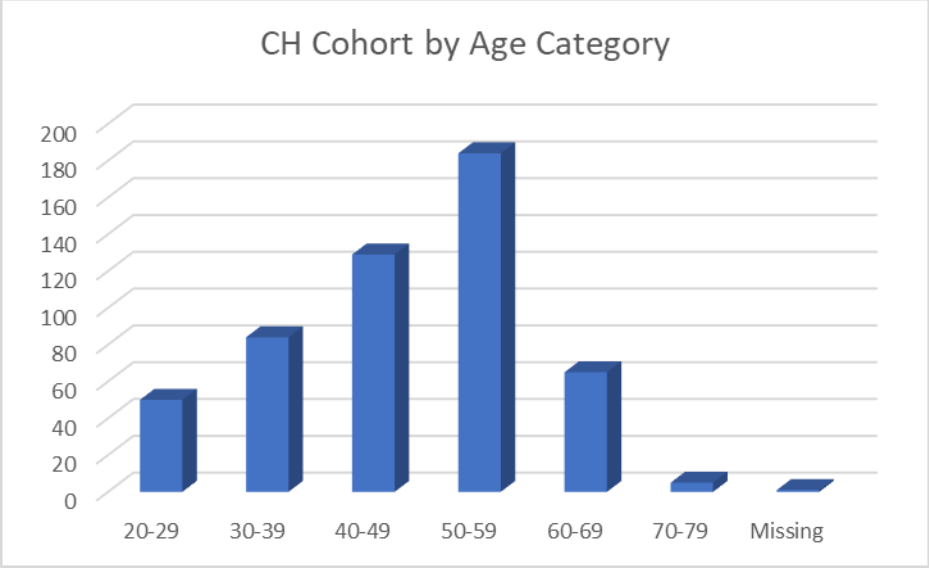
Table 2. Ethnicity in CH Cohort

Ethnicity	Clients	Percentage
Client refused	1	0.2%
Data not collected	1	0.2%
Hispanic/Latino	108	20.8%
Non-Hispanic/Latino	408	78.8%

Chronically Homeless Cohort by Age Category

The age distribution of the CH cohort also reflects both national and statewide trends in California, with the largest group being between 50 and 59 years of age, representing 35.5% of the cohort as shown in Figure 6 (U.S. Department of Housing and Urban Development Office of Community Planning and Development, 2019).

Figure 6. CH Cohort by Age Category



Chronically Homeless Cohort Length of Time Homeless and Housing Status

For the entire cohort, the mean length of time homeless was 4.98 years with three years being the median number of years and one year being the mode, or the most frequently appearing

number. The range was from the minimum of one year with the longest reported period of homelessness being 20 years.

For those achieving housing placement during the study period (n=127) the mean was 5.15 years. For those still unhoused (n=391) the mean length of time homeless was 4.92 years. This indicates that the priority is on housing those homeless the longest in PSH but that those homeless one year are being housing the most frequently (see Figures 7 and 8).

Figure 7. Housed CH Cohort Length of Time Homeless

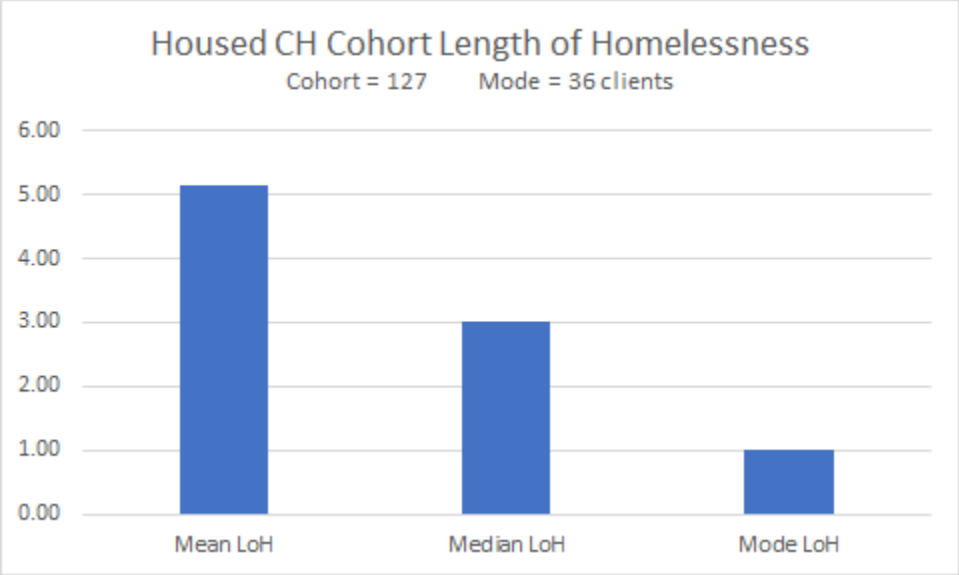
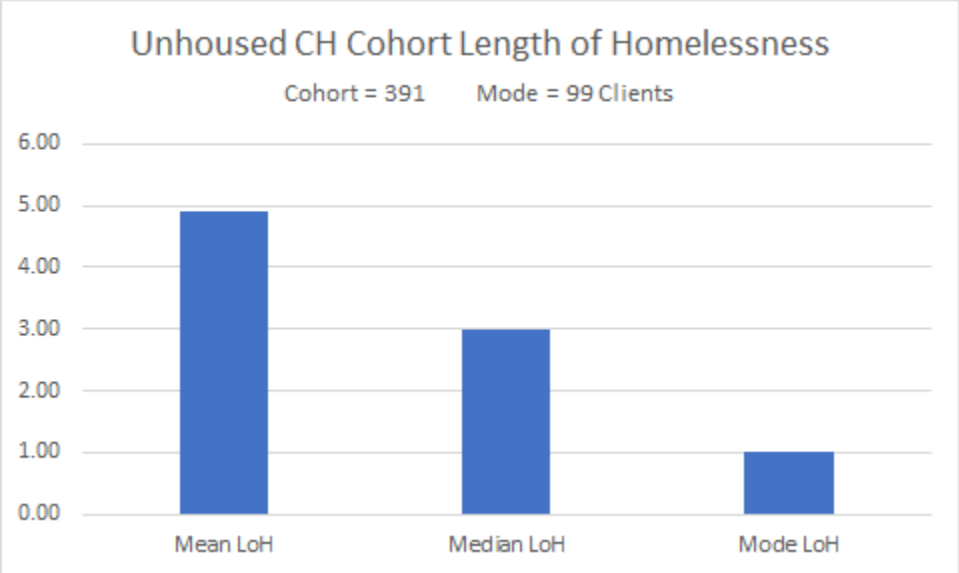


Figure 8. Unhoused CH Cohort Length of Time Homeless



Chronically Homeless Cohort VI-SPDAT Scores

Though the modality is variable and the experience level of those administering the VI-SPDAT to homeless populations is not consistent, it is the main mechanism for establishing acuity, eligibility, and prioritization for access to housing in San Bernardino County and many other communities. In the aggregate, the workforce assisting homeless persons in San Bernardino County has been trained and have completed many thousands of VI-SPDATs which are then entered into HMIS. The scores are largely based on the self-report of homeless persons regarding their history of homelessness, daily living skills, physical and mental health, and substance use, among other factors. A higher score indicates more vulnerability.

For the entire cohort of CH adults, there was no significant difference for VI-SPDAT score by gender. For the CH female cohort (n=234), the mean VI-SPDAT score was 11.9, the median score was 12, and the mode was 12. For the CH male cohort (n=284) the mean score was 11.6, and the median and mode were both 12, while the range was from nine to 19 as seen below.

Table 3. VI-SPDAT Scores and Gender Among the CH Cohort

Female	**# Clients**	**234**
	Mean	11.9
	Median	12
	Mode	12
Male	# Clients	284
	Mean	11.6
	Median	12
	Mode	12

Table 4. Range of VI-SPDAT Scores and Gender Among the CH Cohort

Gender	**VI-SPDAT Score**	**Client Count**
Female	9	30
Female	10	30
Female	11	40
Female	12	55
Female	13	36
Female	14	22
Female	15	8
Female	16	7
Female	17	3
Female	18	2
Female	19	1
Male	9	44
Male	10	43

Gender	VI-SPDAT Score	Client Count
Male	11	49
Male	12	73
Male	13	33
Male	14	21
Male	15	14
Male	16	5
Male	17	1
Male	18	1

Chronic and Veteran Homeless Housing Demand and Placement Rates by Type

As noted above, the rates of chronic and veteran homelessness in San Bernardino County have increased during the study period. In order to make data driven projections for making progress toward functional zero[9], the cohorts were studied to better understand:

1) Who is being prioritized to receive housing;
2) How quickly individuals move from homeless to housed;
3) Type of housing homeless clients are receiving; and
4) The rates of return to homelessness.

By analyzing the need and performance patterns of the chronic and veteran cohorts in HMIS during the study period, we project the need among the current CH and veteran homeless subpopulations being served by the SBC CoC. Using the available historic PIT Counts, Housing Inventory Counts (HIC)[10] (U.S. Department of Housing and Urban Development, 2020b) and System Performance Measures, (U.S. Department of Housing and Urban Development, 2020c) we estimated the needs of the current and future chronic and veteran homeless subpopulations. From this, we forecasted the current and future demand for unit production for persons with similar characteristics in the County. This is projected in an annual and monthly placement rate which can be used as a benchmark to track progress toward the goals of ending chronic and veteran homelessness.

Chronically Homeless Cohort Housing Placement by Demographics and VI-SPDAT Score

Among the CH cohort, the total number of persons achieving housing during the 18-month HMIS query was 127 (24.5%). Although three-fourths (n=391) remained unhoused, some were in the process of being referred, enrolled, or accepted into housing. Of the CH persons

[9] "Functional zero" is a term used to designate that a community has ended veteran homelessness when the number of veterans experiencing homelessness is less than the number of veterans a community has proven it can house in a month (Community Solutions, 2019).

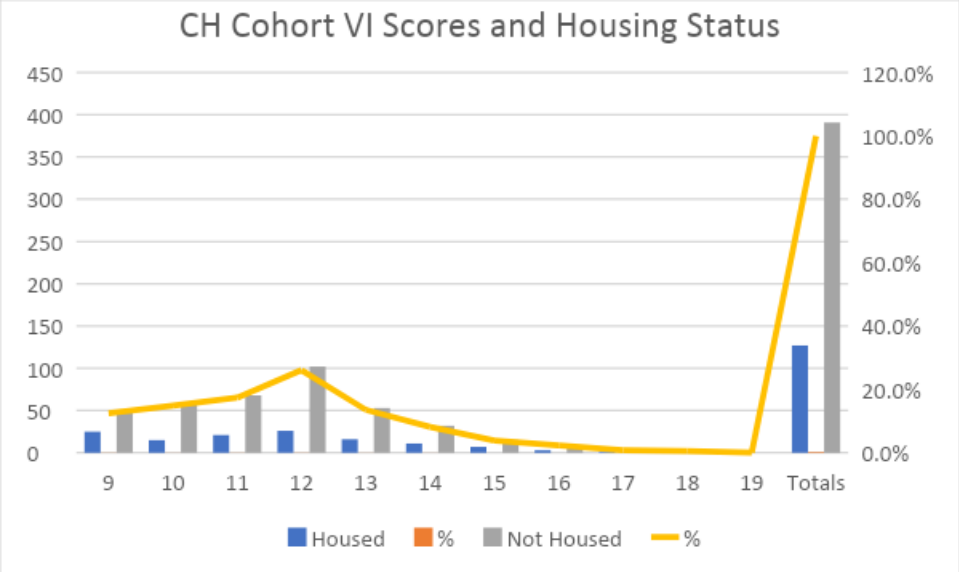
[10] The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care (CoC) that provide beds and units dedicated to serve people experiencing homelessness (and, for permanent housing projects, were homeless at entry) (U.S. Department of Housing and Urban Development, 2020b).

achieving housing, 76% (n=96) were placed in PSH programs. Eighteen percent (n=23) were housed in RRH Programs, and six percent (n=8) were housed in other permanent housing. These calculations reveal an average monthly housing placement rate of 7.1 individuals placed during the 18-month research period. The mean VI-SPDAT score for those being housed was 11.71 and the mean score for those still unhoused was 11.73, the range being from nine to 19, as shown in Table 5 and Figure 9.

Table 5. VI-SPDAT Scores Among the CH Cohort

VI-SPDAT Score	Housed	%	Not Housed	%
9	25	19.7%	49	12.5%
10	15	11.8%	58	14.8%
11	21	16.5%	68	17.4%
12	26	20.5%	102	26.1%
13	16	12.6%	53	13.6%
14	11	8.7%	32	8.2%
15	7	5.5%	15	3.8%
16	3	2.4%	9	2.3%
17	1	0.8%	3	0.8%
18	1	0.8%	2	0.5%
19	1	0.8%	0	0.0%
Totals	127	100.0%	391	100.0%

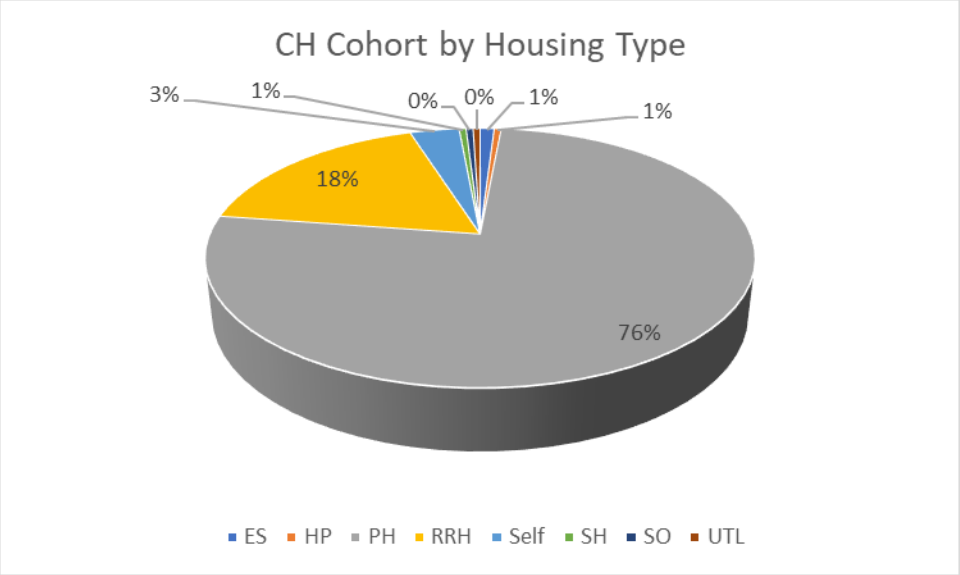
Figure 9. CH Cohort VI-SPDAT Scores and Housing Status



Among the entire cohort achieving housing placement, nine different PSH programs were utilized and seven different Rapid-Rehousing programs were utilized. This demonstrates the variety of program choices in accordance with a Housing First approach to ending homelessness based on client choice.

Among the chronically homeless cohort (n=518), 203 individuals (39%) were already moving through the Coordinated Entry System toward permanent housing. Of these individuals, 76% (n=154) were prioritized for Permanent Supportive Housing, including those who were referred, accepted, or enrolled, and those already housed. Another 18% (n=36) of the CH cohort were prioritized for Rapid-Rehousing. including those referred, accepted, or housed. This includes 19 CH Veterans which is 56% of the CH veteran cohort. This is irrespective of length of time homeless or VI-SPDAT Score because the individuals in this group meet chronic homeless eligibility for PSH. An additional eight individuals (5%) self-resolved to other permanent housing during this study, with seven achieving housing placement and one enrolled in housing (see Figure 10).

Figure 10. CH Cohort by Housing Type



Note. ES = Emergency Shelter, HP = Homeless Prevention, PH = Permanent Housing, RRH = Rapid-Rehousing, SH =Safe Haven, SO = Street Outreach, UTL = Unable to Locate

Housing Category by Client Types

Among the chronically homeless cohort, the veterans were much more likely than non-veterans to be on a path toward Rapid-Rehousing. This is likely due to availability of units through the Support Services for Veterans Families (SSVF) program[11] and points out the

[11] The Supportive Services for Veteran Families (SSVF) program was established in 2011 to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis (U.S. Department of Veterans Affairs, 2019, August 13).

importance of continued expansion of the RRH model of permanent housing for veterans. The non-veterans were much more likely to be on a path toward PSH. Figures 11 and 12 detail housing placements by veteran status:

Figure 11. CH Veterans by Housing Type

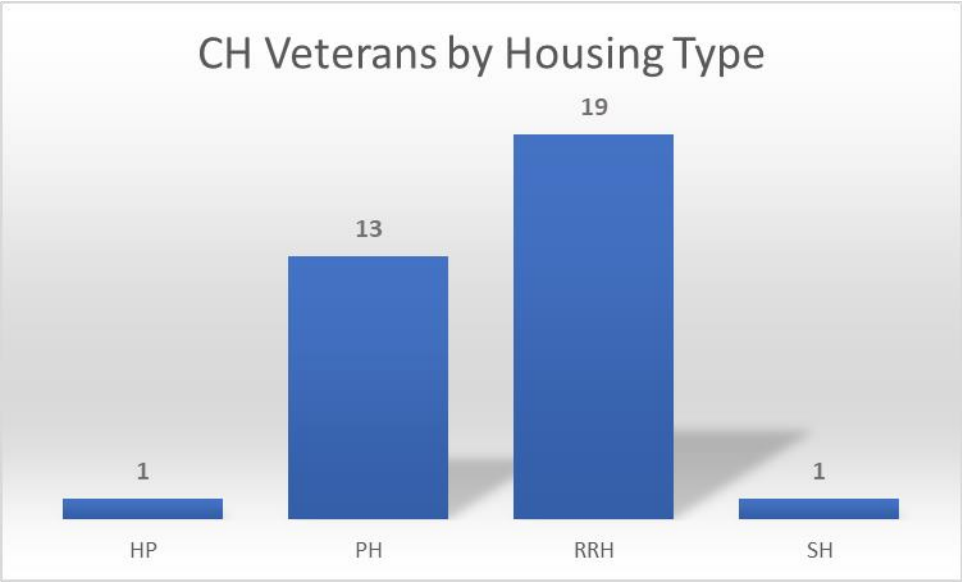
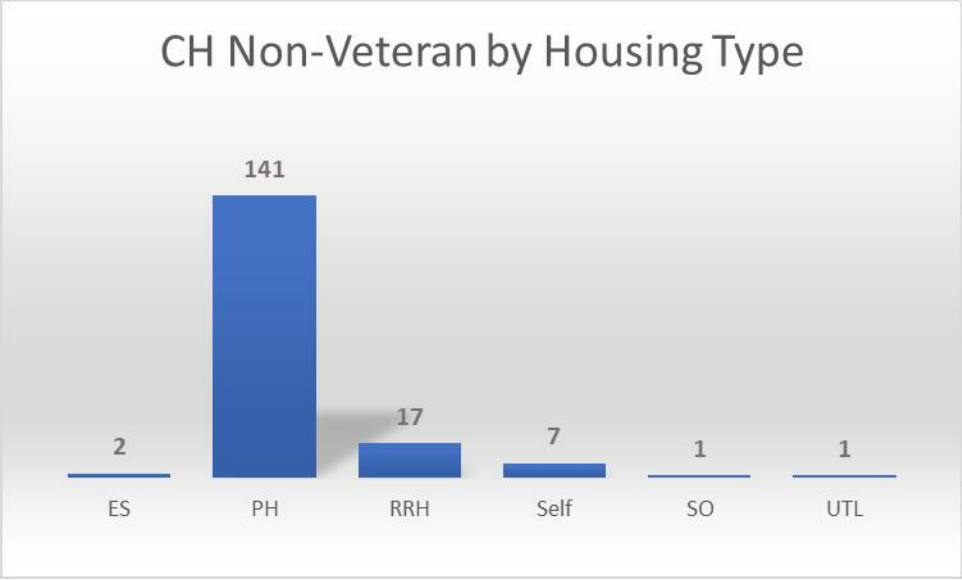


Figure 12. CH Non-Veterans by Housing Type



Age is also a determining factor in the type of referred housing. As seen in Figures 13 and 14, the CH cohort being referred to PSH is older than the CH cohort being referred to RRH. This could simply be a matter of greater access to RRH through the Veterans Administration or

could point to the fact that older veterans need longer-term subsidies and services. This is a point for further investigation.

Figure 13. CH Entering PSH – CH Cohort by Age

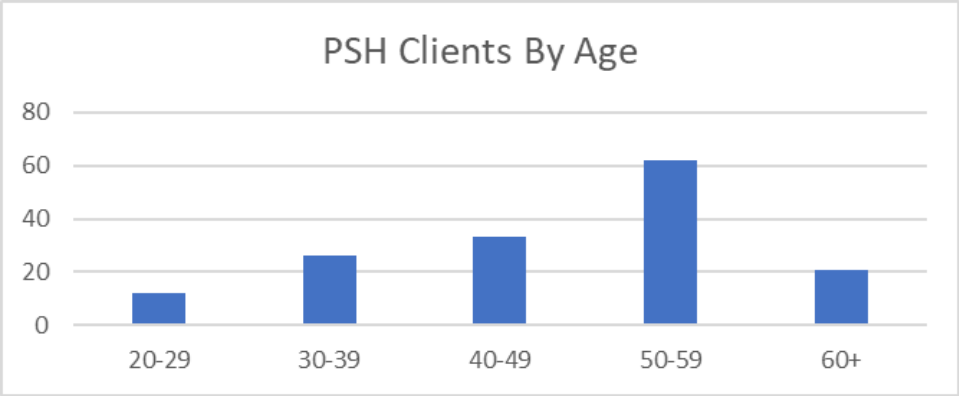
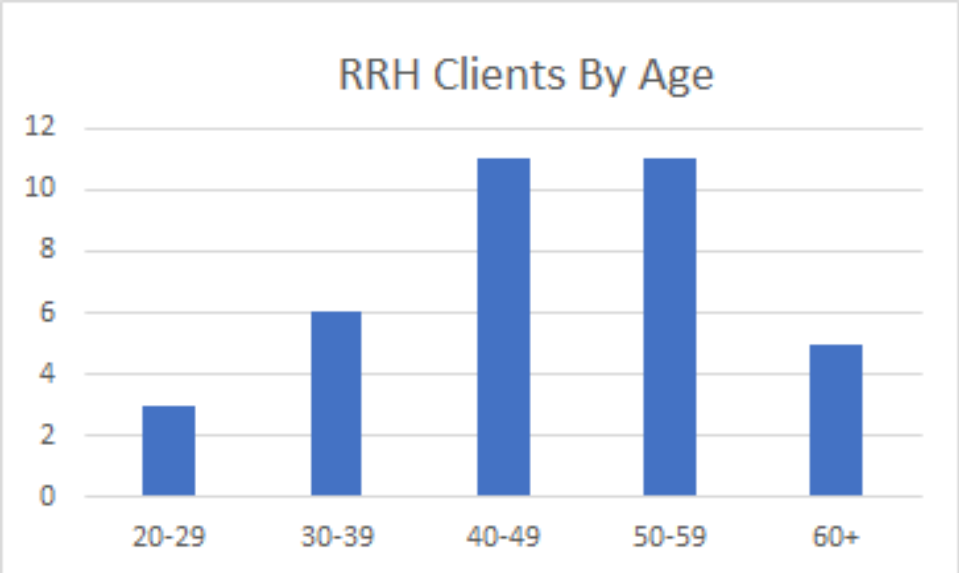


Figure 14. CH Entering RRH - CH Cohort by Age

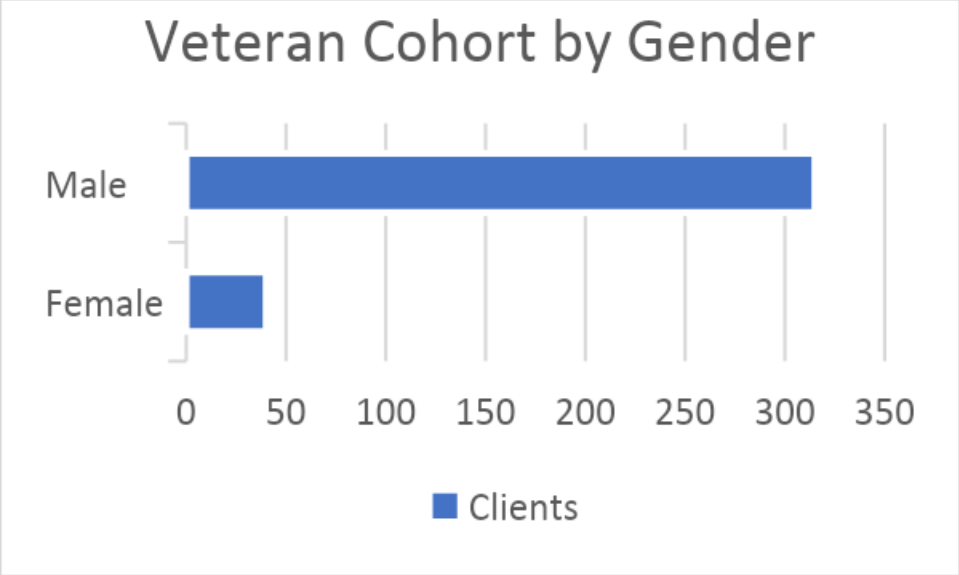


Veteran Homeless Cohort Methodology and Demographics

Using the HMIS query from January 1, 2017 to June 25, 2018, there were 355 total unduplicated veterans identified. The veteran cohort was 89% male (n= 315) and 11% female (n= 40). This is a marked difference from the CH cohort. This is close to the national homeless veteran trend which determined that ten percent of homeless veterans nationally were female in 2019 (U.S. Department of Housing and Urban Development Office of Community Planning and

Development, 2019). However, women in the homeless veteran cohort produced by the HMIS query were substantially lower than the overall participation rate for women in the U.S. Armed Forces which is 84% male and 16% female (Reynolds & Shedruk, 2018). While the San Bernardino County homeless veteran cohort is predominantly male, this finding does indicate that veteran females are at a statistically lower risk of homelessness than veteran males and could be a point for further investigation (see Figure 15).

Figure 15. Veteran Cohort by Gender



Veteran Homeless Cohort – Racial and Ethnic Diversity

Among the cohort of homeless veterans, analysis of the racial and ethnic demographic responses showed that the veteran cohort was substantially different racially from the chronically homeless cohort. In the veteran cohort (n=355), 200 (56%) individuals identified as white, while 133 (37%) identified as Black or African American. This indicates that African American veterans are especially at-risk for experiencing homelessness as compared to the larger veteran population. This is also four percent higher than the national trend, where 33% of veterans are African American.

However, 21% of the veteran cohort identified as Hispanic/Latino, as documented in Table 6. This is a prevalence rate very consistent with the CH cohort and once again substantially below the general population prevalence rates for those who identified as Hispanic in San Bernardino County (ersi, 2016).

Table 6. Race and Ethnicity Among the Homeless Veteran Cohort

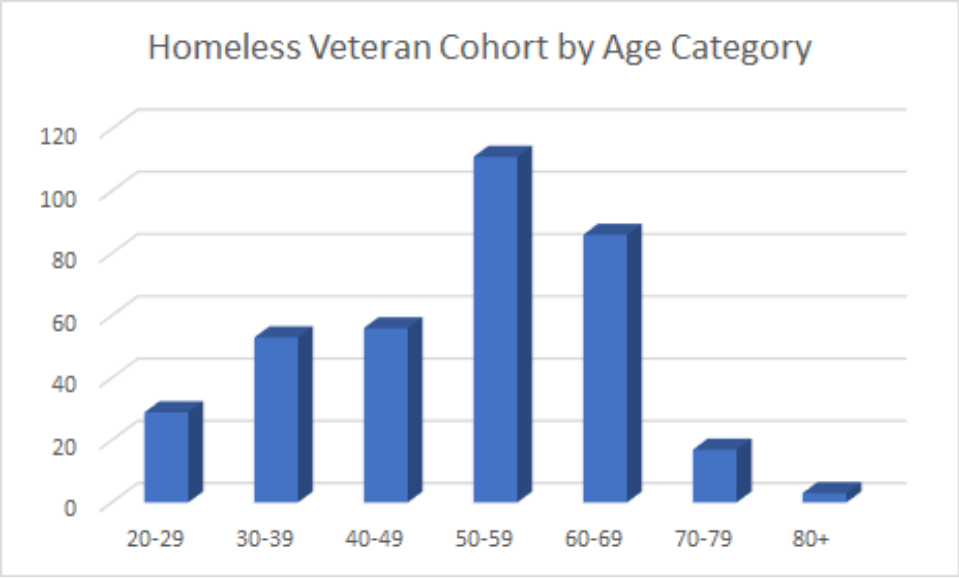
Race	Clients	Percentage
American Indian or Alaska Native	5	1.4%
Asian	1	0.3%
Black or African American	133	37.5%

Race	**Clients**	**Percentage**
Client refused	2	0.6%
Data not collected	1	0.3%
Multi-Racial	10	2.8%
Native Hawaiian or Other Pacific Islander	3	0.8%
White	200	56.3%
Ethnicity	**Clients**	**Percentage**
Hispanic/Latino	75	21.1%
Non-Hispanic/Latino	280	78.9%

Homeless Veteran Cohort by Age Category

Similar to the chronically homeless cohort, those veterans aged 50 – 59 (31.3%) comprised the largest age group. In contrast to the CH cohort, the second largest age group in the veteran cohort was 60 – 69 years old, as illustrated in Figure 16. This follows the national trend that nearly half of all homeless veterans served in the Vietnam era (National Coalition for Homeless Veterans, 2019). Thus, the majority of homeless veterans in San Bernardino County fell between the ages of 50 – 69 years of age while most of the CH cohort fell between the ages of 40 – 59 years of age.

Figure 16. Homeless Veteran Cohort by Age



Veteran Cohort Length of Time Homeless

Though 355 individuals make up the veteran cohort, the length of time homeless measure is based on the 160 veterans in the cohort that had the length of homelessness documented in the HMIS database. For those 160 veterans, the mean length of time homeless was 4.19 years. The median was three years and the mode was one year. These numbers are not dissimilar to the chronic homeless cohort. Those homeless for only one year (n=46) comprise the largest group of veterans and are being housed the most frequently (28%). It may be that as the length of homelessness increases, it becomes increasingly difficult to house homeless individuals, as shown in Figures 17 and 18.

Figure 17. Veteran Cohort Length of Time Homeless (n= 160)

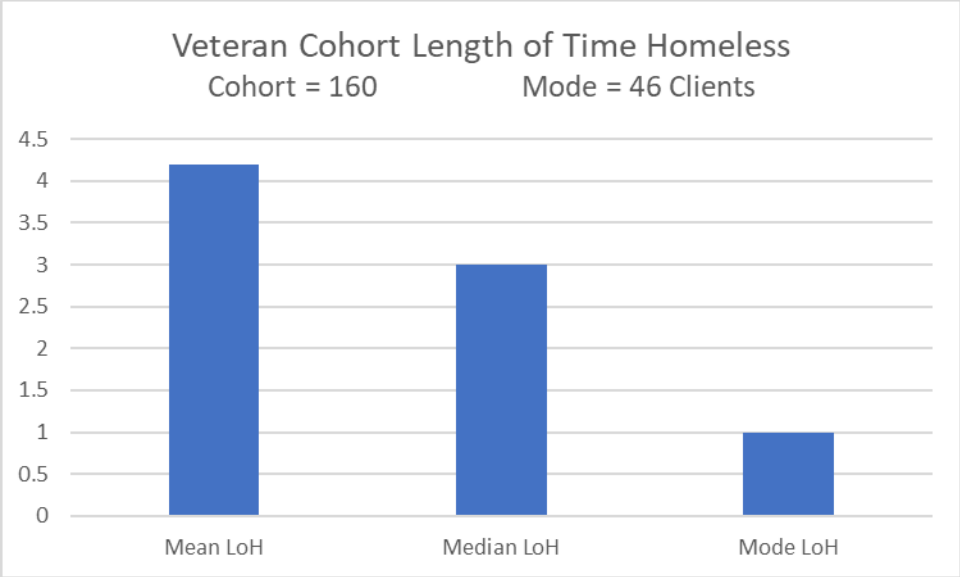
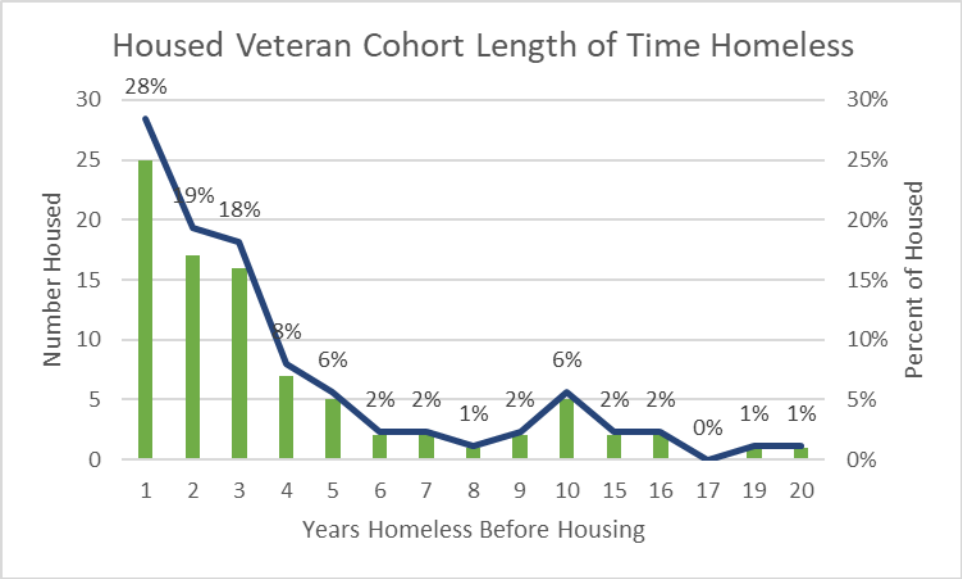


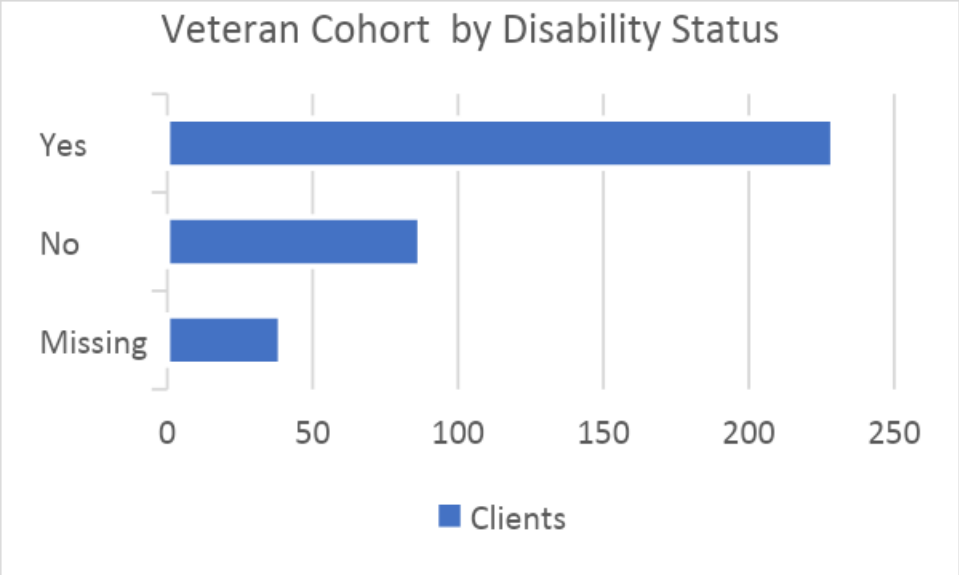
Figure 18. Housed Veteran Cohort Length of Time Homeless (n=88)



Disability in the Homeless Veteran Cohort

The rate of reported disability in the homeless veteran cohort was 64.5% (n=229) while 24.5% (n=87) reported no disability. Disability information was missing for 11% (n=39) of the cohort. This is substantially lower than in the CH cohort, where 95% reported disability. It is important to note that having a disability is a defining characteristic of having chronic homeless status. However, with a majority of homeless veterans reporting a disability, this indicates a strong demand for models of supportive housing with both a subsidy to guarantee affordability and continuing services tailored to the needs of the individual, including case management, health, and mental health care, all of which are consistent with RRH and PSH models (see Figure 19).

Figure 19. Veteran Cohort by Disability Status

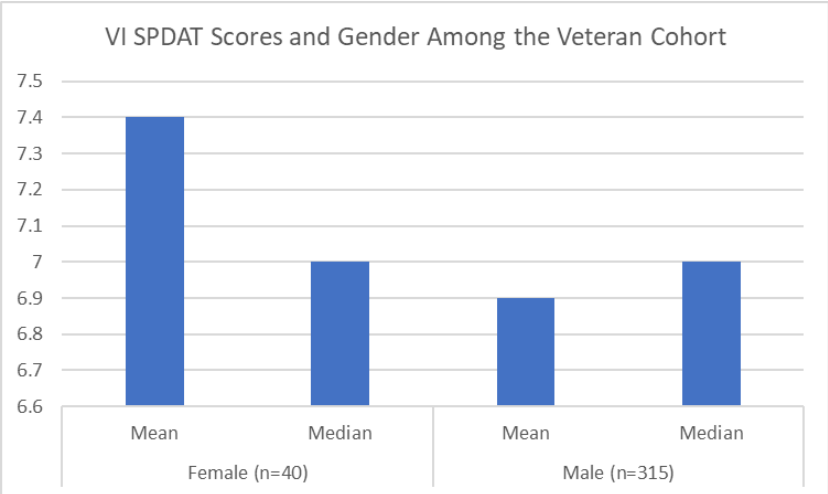


Veteran Homeless Cohort VI-SPDAT Scores

For the entire cohort of homeless veterans there was slightly higher mean VI-SPDAT score for female veterans (7.4) compared to male veterans, but statistically there were no significant VI-SPDAT differences between men and women. Notably, the overall VI-SPDAT scores are lower for homeless veterans when compared to the CH cohort.

For the homeless veteran female cohort (n=40), the mean VI-SPDAT score was 7.4 and the median score was seven. For the homeless veteran male cohort (n=315), the mean score was 6.9, and the median was seven, as shown in Figure 20.

Figure 20. VI-SPDAT Scores and Gender Among the Veteran Cohort



Veteran Homeless Cohort Housing Demand and Placement Rate by Type

Among the veteran homeless cohort (n=355), the total number of persons achieving housing during the 18-month HMIS query was 186 (52.4%). Although some were in the process of being referred, enrolled, or accepted into housing, 169 (47.6%) remained unhoused. Of the veteran homeless persons achieving housing, 65 (35%) were housed in PSH programs, 116 (62.3%) were housed in RRH Programs, and four (two percent) self-resolved. This equates to an average monthly housing placement rate of 10.3 veterans per month during the 18-month period covered. This is a significantly higher monthly placement rate over the 18-month period than with the CH cohort.

This is reflected in the lower number of homeless veterans in San Bernardino County when compared to the chronically homeless in the historical Point in Time Counts (San Bernardino County Homeless Partnership, 2015, 2016, 2017, 2018, 2019). It is also reflected in the total number of available RRH and PSH Beds available to veterans through the SSVF and HUD Veterans Affairs Supportive Housing (HUD-VASH).[12] The lower rates of homelessness among veterans are reflective of the scale of investment to end homelessness among those who have served our country (U.S. Department of Housing and Urban Development, 2020c; National Alliance to End Homelessness, 2020b).

The mean VI-SPDAT score for those veterans being housed was 6.55 and the mean score for those still unhoused was 7.43 with the range being from zero to 18 as shown in Table 7 and Figure 21.

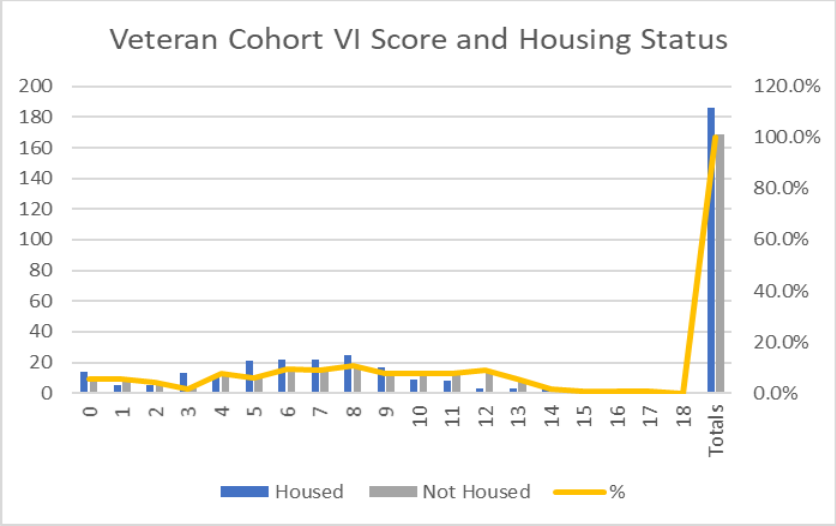
Table 7. VI-SPDAT Scores Among the Homeless Veteran Cohort

VI-SPDAT Score	Housed	%	Not Housed	%
0	14	7.5%	9	5.3%
1	5	2.7%	9	5.3%
2	5	2.7%	7	4.1%
3	13	7.0%	3	1.8%
4	11	5.9%	13	7.7%
5	21	11.3%	10	5.9%
6	22	11.8%	16	9.5%
7	22	11.8%	15	8.9%
8	25	13.4%	18	10.7%
9	17	9.1%	13	7.7%
10	9	4.8%	13	7.7%
11	8	4.3%	13	7.7%

[12]HUD-VASH is a collaborative program between HUD and the VA. It combines HUD housing vouchers with VA supportive services to help Veterans and their families who are homeless find and sustain permanent housing (U.S. Department of Veterans Affairs, 2019, December 6).

VI-SPDAT Score	Housed	%	Not Housed	%
12	3	1.6%	15	8.9%
13	3	1.6%	9	5.3%
14	2	1.1%	3	1.8%
15	3	1.6%	1	0.6%
16	1	0.5%	1	0.6%
17	1	0.5%	1	0.6%
18	1	0.5%	0	0.0%
Totals	186	100.0%	169	100.0%

Figure 21. Veteran Cohort VI-SPDAT Score and Housing



Methodology for Projecting Unit Production and Total Chronic Homeless PSH Need

Using the SBC CoC Point in Time Count, Housing Inventory Count (HIC) and System Performance Measures (SPM)[13] and other historical data sources from San Bernardino County, the following Unit Production need estimates are projected over five years to increase monthly housing placement rates to achieve functional zero.

Using the four identifiers (Single Adult, One Year Homeless, a Disabling Condition, and a VI-SPDAT Score of at least nine), a cohort of 518 chronically homeless individuals was established. As described above, over an 18-month period, 127 of the CH cohort achieved

[13] System Performance Measures are "criteria [used] to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD" (U.S. Department of Housing and Urban Development, 2020c).

housing, which is an average housing placement rate of 7.1 individuals per month or 85 per year as shown in Table 8.

Table 8. 2017 - 2019 Chronic Homeless PIT Count and Housing Rate

Year of PIT Count	Number	Increase/Decrease
2019 PIT Total CH Count	767	81.3%
2019 PIT CH Individuals	723	89%
2018 Total CH PIT Count	423	-4%
2017 Total CH PIT Count	441	9%
2019 PIT Count Growth Despite Housing	344	81.3%
CH Housed 2017 – 2018	85	7.1 per month

PSH Production and Dedicated Chronic Homeless Beds

Overall production of PSH is up 40.6% since 2015, however the percentage of PSH dedicated to chronically homeless individuals is not increasing. Out of the total number of PSH beds (1,349) in 2018, only 44% (593) were dedicated to CH persons. Similarly, 652 out of 1,528 beds (43%) were dedicated to CH persons in 2019. In fact, the PSH units dedicated for CH *individuals* decreased by 4% from 2018 - 2019, which is related to the increase in CH individuals of 89% from 2018 – 2019, and 34% since 2015 (see Table 9).

Table 9. Total Dedicated CH Beds from SBC CoC

Total Dedicated CH Beds from SBC CoC 609 HIC						**% of Total PSH**	**% of Total PSH**
HIC Year	w/ children	w/o children	Total CH beds	% of Total PSH	Total PSH	w/ children	w/o children
2018	210	383	593	44%	1349	16%	28%
2019	284	368	652	43%	1528	19%	24%
PSH Change	74	-15	59	-1%	179	3%	-4%

The emphasis on PSH production for CH families has had the impact of decreasing the CH count for households with children which rose seven percent (+3) from 2018 - 2019 but is down 33% (-22) since 2015, which is a remarkable achievement. See Tables 10 and 11 (U.S. Department of Housing and Urban Development, 2020b).

Table 10. PSH and RRH Beds Compared to CH Individuals and CH in Families

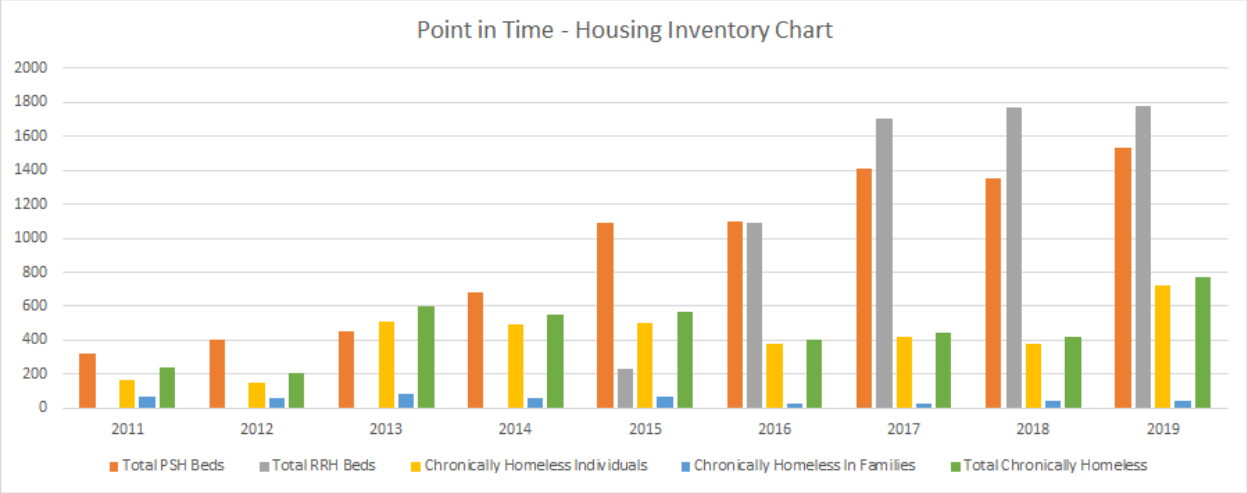
HIC Year	Total PSH Beds	Total RRH Beds	CH Individuals	CH in Families
2011	323	0	169	71
2012	401	0	148	62
2013	454	0	513	83
2014	684	0	490	61
2015	1087	228	498	66
2016	1098	1093	376	29
2017	1410	1702	418	23
2018	1349	1773	382	41
2019	1528	1779	723	44

Table 11. Percent of Change in PSH and RRH Beds Compared to CH Individuals and CH in Families

	PSH Change	%	RRH Change	%	CH-I Change	%	CH-F Change	%
2012	78	24%	0	0	-21	-12%	-9	-13%
2013	53	13%	0	0	365	247%	21	34%
2014	230	51%	0	0	-23	-4%	-22	-27%
2015	403	59%	228	0	8	2%	5	8%
2016	11	1%	865	379%	-122	-24%	-37	-56%
2017	312	28%	609	56%	42	11%	-6	-21%
2018	-61	-4%	71	4%	-36	-9%	18	78%
2019	179	13%	6	0%	341	89%	3	7%

During the cohort analysis, there were 1,528 PSH beds on the 2019 Housing Inventory Count (U.S. Department of Housing and Urban Development. 2020d). These beds absorbed an average of 7.1 housing placements per month. This equals 85 CH persons housed per year. Despite housing CH persons at a rate of 7.1 per month or 85 per year, the chronic homeless PIT Count went up by 326 individuals from 2017 to 2019 (from 441 to 767) as illustrated in Figure 22.

Figure 22. HIC vs. CH: PIT Count for Individual and Family CH SBC CoC 2011 - 2019



In order to project the number of new beds needed to absorb the current inflow, the current placement rate of 7.1 must be maintained and an additional 14 placements must be made each month through expanded access to achieve an average placement rate of 21.1 per month. This assumes successful departures are being replaced. This requires an increase of 11% or 168 beds in year one to absorb the increase. By adding 11% more beds each year, the number of PSH beds would increase from 1,528 in 2019 to 2,574 in 2024. This is an increase of 1,047 beds over five years as shown in Table 12, or an average production of 209 beds per year.

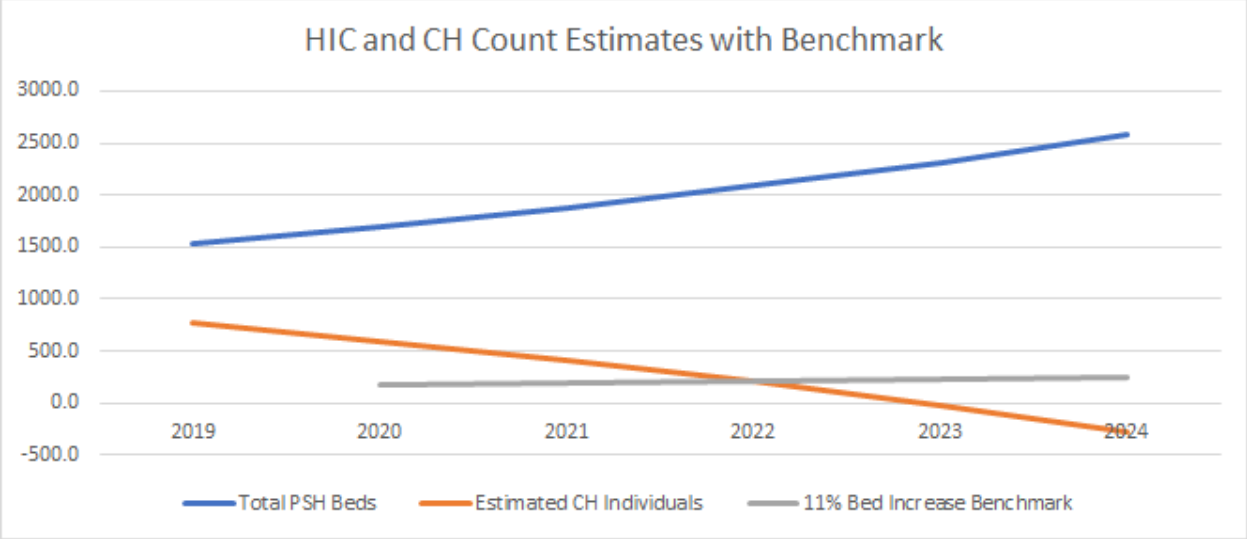
An 11% increase each year would be enough beds over time to absorb more than the inflow into chronic homelessness as the number of remaining chronically homeless persons decreases year after year. With the System Performance Measures indicating those who retained housing and those who left for other permanent housing at 96.7% (M. Bell, personal communication, 2019) the 11% increase in beds begins to decrease the chronic homeless count each year, achieving functional zero by year four and exceeding functional zero by year five (see Figure 23).

Adding 11% more PSH beds per year is a very realistic goal for the County since the average number of beds added per year since 2011 is 150.6 (an annual increase of 23%; see Figure 22 above). However, these new beds must be 100% dedicated to CH persons in order to achieve the desired outcome. The 11% increase for five years would add 1,047 new PSH beds to the current HIC of 1,528, reaching a total of 2,575 by 2024 as shown in Table 12. Using an 11% increase in PSH bed production as a benchmark over the next five years, the projected decrease will occur as housing placement (access) outpaces inflow over five years, as shown in Figure 23.

Table 12. Estimated Unit/Bed Production, CH Decrease and 11% Benchmarks

HIC Year	Total PSH Beds	Estimated CH Individuals	11% Bed Increase Benchmark
2019	1528.0	767	
2020	1696.1	598.9	168.1
2021	1882.6	412.4	186.6
2022	2089.7	205.3	207.1
2023	2319.6	-24.6	229.9
2024	2574.8	-279.8	255.2

Figure 23. Projected HIC and CH Count with Benchmarks



San Bernardino County is now tracking the number and type of units in production by developer, location, owner, funding sources, target population, and expected availability. The Current Production Pipeline Summary (County of San Bernardino, January 2020) provided to CHS by the County indicates that 139 units are dedicated to the CH and 145 PSH units for are dedicated to veterans. This could exceed production goals for year one, though the completion date is not known for all the projects in the pipeline at this time.

Unit Production Need Estimates to Achieve Functional Zero for Veterans

As described in the veteran cohort (n=355) analysis, 85% of the housed veteran cohort achieving housing entered Rapid-Rehousing programs. As previously stated, the mean VI-SPDAT score for those veterans being housed was 6.55 and the mean score for those veterans still unhoused was 7.43. Both scores are well below the level normally required for prioritization or entry into PSH. As described above, there are many units of PSH for veterans (n=145) in production. As the HUD-VASH program continues to expand in San Bernardino County, a relatively stable number of CH veterans can be absorbed, which has averaged 45.5 over the past

four years (see Figure 22). However, the focus should also be on continuing the expansion of RRH beds available to homeless veterans. With an average VI-SPDAT score of 7, the larger homeless veteran population is well-suited for the temporary subsidies and case management services available through SSVF and other RRH units prioritized for veterans (see Figures 24 and 25).

Figure 24. Veteran Homeless PIT Count with CH Veterans

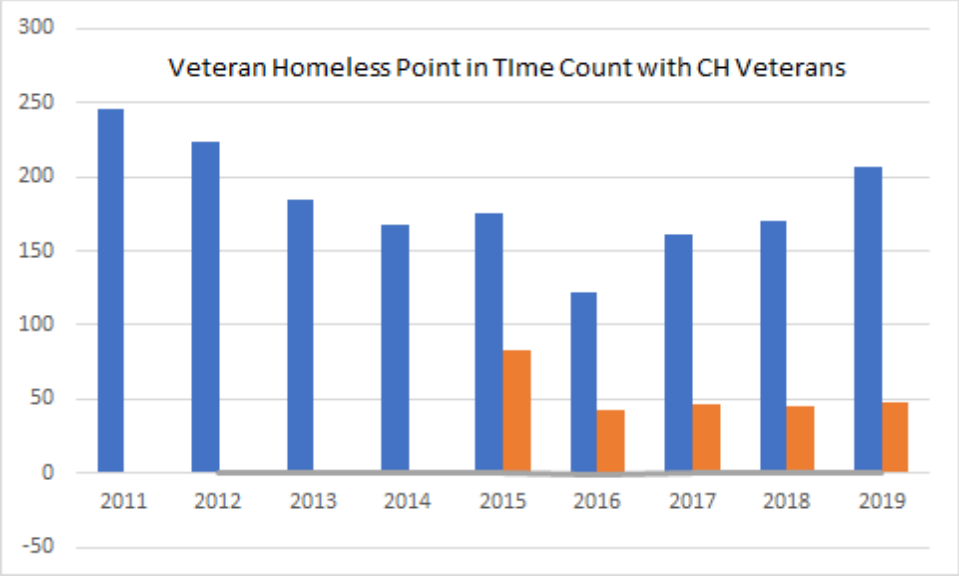
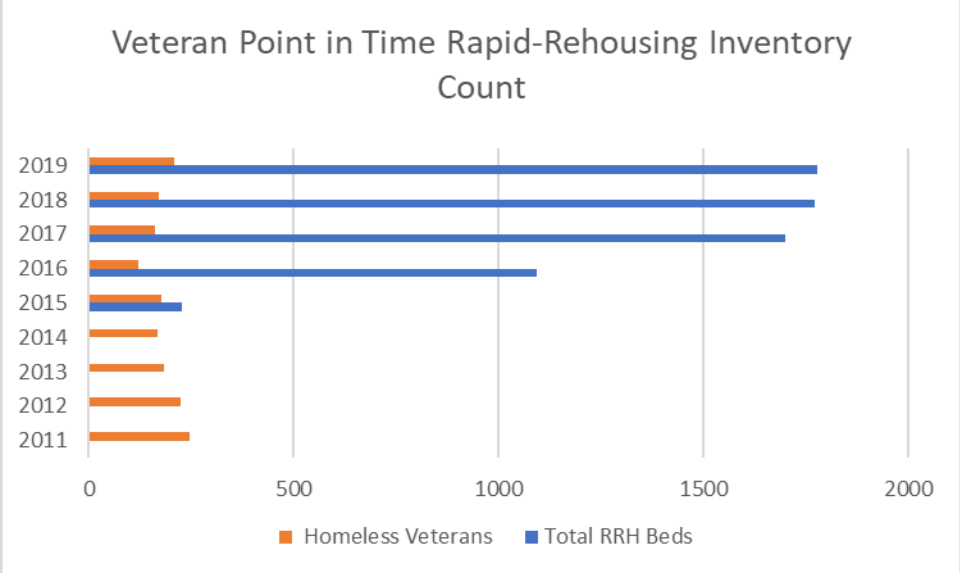


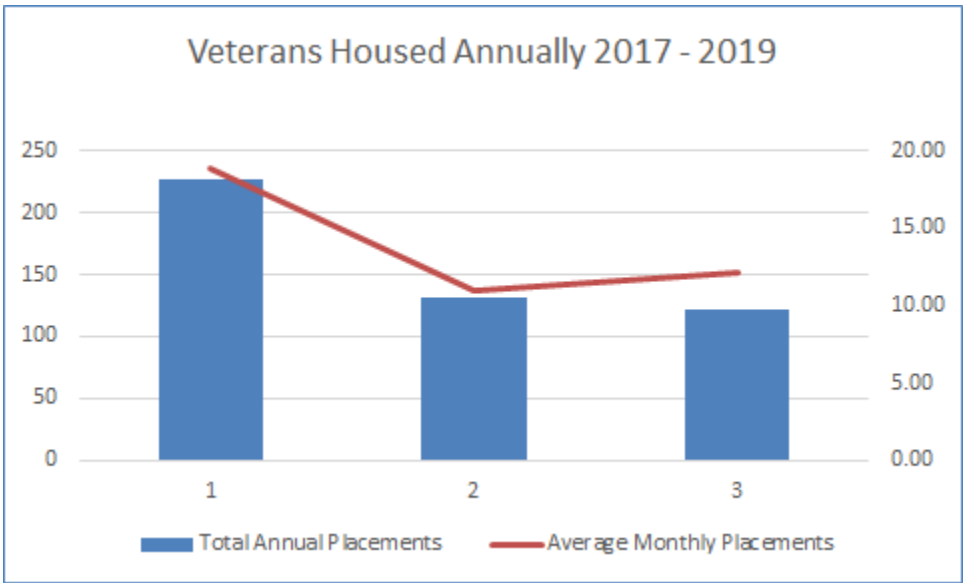
Figure 25. Veteran PIT and RRH Inventory Count



As described above, the total number of veterans achieving housing during the 18-month HMIS query was 186, or 10.3 per month with 65 (35%) housed in PSH programs. RRH programs housed 116 individuals (62.3%) (see page 32, "Veteran Homeless Cohort Housing Demand and Placement Rate by Type" of this report for greater detail).

Further data obtained from the Homeless Veterans Community Planning Group (HVCPG) over the same time period (2017 - 2019) shows 227 homeless veterans achieving housing in 2017, 131 in 2018, and 121 through the first 10 months of 2019 for a total of 479 veterans housed over 58 months (HVCPG, n.d.). The housing placement rate reported by the HVCPG was initially substantially higher than the placement rate from the same period in the HMIS query during 2017 at 18.92 per month. However, in 2018 the HVCPG reported placement rates nearly identical to the HMIS query during the same time period, at 10.92 per month versus the HMIS query at 10.3 per month, as shown in Figure 26.

Figure 26. Veterans Housed Annually as Reported by Homeless Veterans Community Planning Group 2017 – 2019

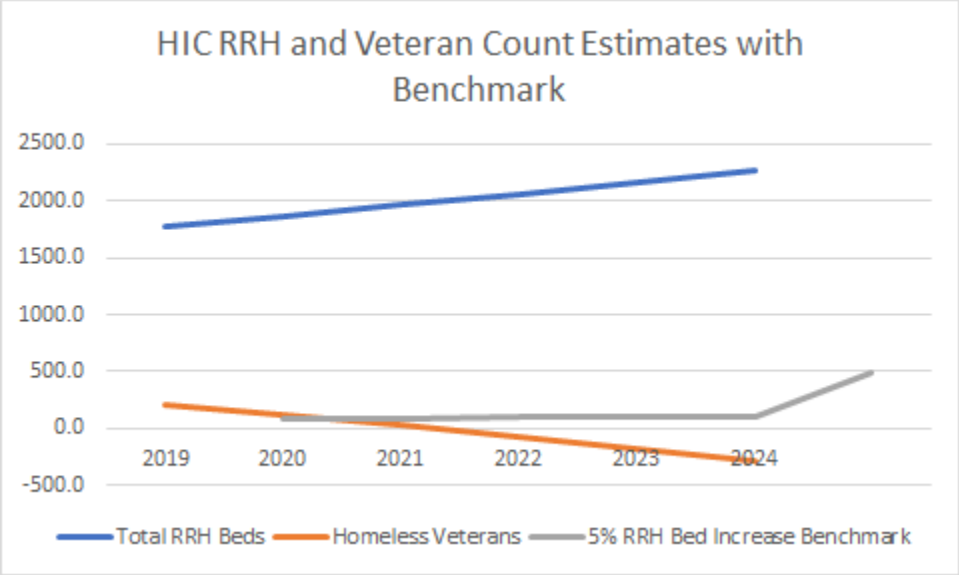


Despite the placement rate reported by the HMIS query (10.3 per month over 18 months) and the Homeless Veteran's Community Planning Group (13.98 per month over 34 months), the outflow into housing did not keep pace with veteran inflow into homelessness because veteran homelessness increased by 69% from 2016 to 2019 (from 122 to 207 individuals).

Setting the current PSH Production Pipeline targets at 11%, inclusive of chronically homeless veterans with HUD-VASH and other PSH subsidies will absorb the chronic homeless veteran counts, which has averaged approximately 45 individuals for the last four years. At the same time, increasing RRH by five percent over the next five years will create 492 additional units for those veteran families and individuals who are not yet chronically homeless. Increasing RRH bed production for veterans by five percent (n=89 in 2020) each year could be accomplished through the expansion of SSVF and RRH funding through the Veterans

Administration, HUD CoC and Emergency Solutions Grant (ESG).[14] Some CH veterans could still be prioritized for RRH as has been taking place historically. This is especially true for those veterans with slightly lower acuity and VI-SPDAT scores below nine. This approach would increase RRH production from 1,779 to 2,271 units over five years. Figure 27 shows the five percent RRH expansion of 492 new units and the decreasing veteran count over five years.

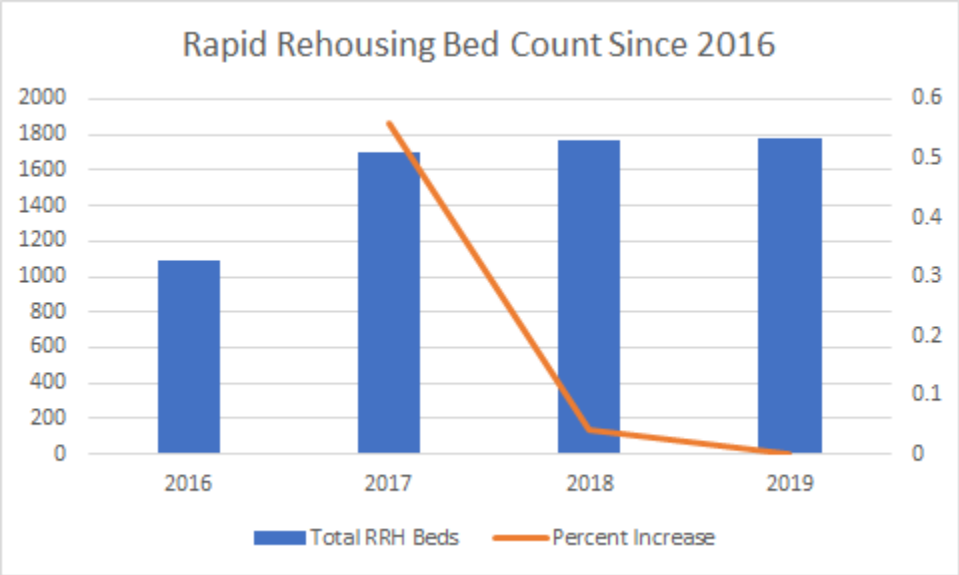
Figure 27. HIC RRH and Veteran Count Estimates with Benchmark



As described, the five percent expansion goal for Rapid-Rehousing is realistic given that the total RRH units increased 60% from 1,093 to 1,779 between 2016 and 2019. This is an average RRH production of 228 beds per year during that time, as shown in Figure 28. The lack of new RRH beds in 2019 (+ 6 beds) is another factor in the overall increase in homelessness in San Bernardino County (23%) in 2019, among veterans and non-veterans. For veteran homelessness to decrease, bed production must increase annually.

[14] The Emergency Solutions Grant program provides funding to: "(1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless" (U.S. Department of Housing and Urban Development, Office of Community Planning and Development Office of Special Needs Assistance Programs, n.d.).

Figure 28. RRH Bed Count Since 2016



Other factors contributing to veteran homelessness noted by the Homeless Veterans Community Planning Group (n.d.) include:

- Increasing rents in the San Bernardino County market are excluding not only homeless veterans but wage earners as well, making apartment acquisition a difficult challenge.
    - esri (2016) estimates the total 2020 units of housing in the County in 2020 at 733,901; just over half (52.6%) are owner occupied, and 34.9% are renter occupied. This leaves a vacancy rate of 12.5%.
- Veterans with zero or very low-income levels face additional barriers. With fidelity to a Housing First approach, income should not be an obstacle to housing placement. However, it is not unusual for zero income veterans to have longer waiting periods for access to units while in application for benefits and vouchers. This slows down placement from the list of known homeless veterans, also known as the "By Name List."
- Staffing challenges at the Veteran's Administration slows down the housing placement process and increases caseload size beyond the fidelity standards of Housing First and PSH. Caseload sizes for case managers should be below 20 for PSH.
- Low Fair Market Rent paid by vouchers is a cause of concern because veteran voucher holders have difficulty finding landlords to accept vouchers at HUD Fair Market Rent value when they can achieve higher rents from the market.

Chronic Homelessness Cost Study Methodology

With the assistance of San Bernardino County Office of Homeless Services, the Department of Behavioral Health, and the San Bernardino Community Housing Development Agency, Creative Housing Solutions requested data from multiple local sources to obtain actual

costs incurred by the chronically homeless cohort of 518 individuals while living homeless in the community. The period of time requested was 2015 through 2018. This was intended to capture costs incurred while homeless and to track any service utilization, arrests or incarceration post housing placement, for those in the CH cohort that achieved housing during the time period being studied (n=127 between January 1, 2017 and June 25, 2018).

Data was requested for all known contacts with the HOPE Team, the San Bernardino County Jail, the San Bernardino County Court, DBH, Molina Healthcare, and the Inland Empire Hospital Plan. These costs were then aggregated, annualized, and averaged into per person costs incurred while homeless. Creative Housing Solutions would like to thank the many people who assisted in this effort to gather data across public and private sectors. This included privacy protections in the form of Data Sharing Agreements that protected the confidential information of all persons in the cohorts.

By establishing the annual average cost incurred per person for the cohort of 518 chronically homeless persons, we were then able to compare that to the annualized cost of providing supportive housing for the same or similar characteristics and histories of homelessness, while residing in supportive housing. To do this, Creative Housing Solutions obtained the true cost of supportive housing programs, including the cost of services, the cost of providing over 65,000 nights of emergency shelter, 128 transitional housing beds, 4,116 RRH beds and 1,392 PSH beds.

Limitations of the Data Set

The costs analyzed in this report only reflect the known costs associated with persons experiencing long-term or chronic homelessness and are not intended to be representative of all persons experiencing homelessness. Nor are the costs incurred intended to be representative of all monies expended in the public and private sector to address homelessness. The costs also do not represent all efforts to end and prevent homelessness at a planning or advocacy level. While the costs in the study are true costs per service or per bed provided to people while homeless or while residing supportive housing, there are other costs that could have been considered, adding to the cost of homelessness, but are outside the scope of this report. Therefore, the costs of homelessness projected in this study should be considered conservative. These costs, if obtained, would only widen the differential between the cost of homelessness and the cost of PSH or RRH. Costs that could have been included but were not obtained, include:

1) The cost of probation or parole;
2) The cost of state or federal incarceration;
3) The cost of services through the Veterans Administration;
4) Loss of business enterprise or tourism;
5) The cost of City and County workers to clean streets, parks and other public venues inhabited by unsheltered homeless populations;
6) Street outreach provided by public or private entities other than the San Bernardino County Sheriff's Department; and
7) Any costs incurred by the cohort outside of the San Bernardino County area that were not captured.

Analysis of Costs Incurred by Cohort of 518 Chronically Homeless Persons

The Cost of Street Outreach

The number of street outreach contacts and the total cost of those contacts were provided by the Homeless Outreach Proactive Enforcement (HOPE) Team of the San Bernardino County Sheriff's Department. The unique identifiers of the individuals in the cohort of 518 CH persons were provided to the SBC Sheriff's Department, facilitating an extremely accurate appraisal of costs.

In all, 231 (45%) of the individuals in the CH cohort of 518 had contact with the HOPE Team. These 231 individuals had a total of 4,334 contacts between 2015 and 2018. The total estimated cost to the County, based on average Sheriff hours per contact, was $394,394.00. Cost for the 231 individuals amounted to $426.83 per person per year. As 287 (55%) members of the cohort (n = 518) did not have contact with the HOPE Team, the average cost per person in the entire cohort of 518 is decreased to be $190.34 per person per year. This is an annualized cost of $98,596.00 per year, or $492,981.00 over five years and $985,961.00 over ten years as shown in Figures 29 and 30.

Figure 29. Law Enforcement Outreach Contacts (HOPE Team)

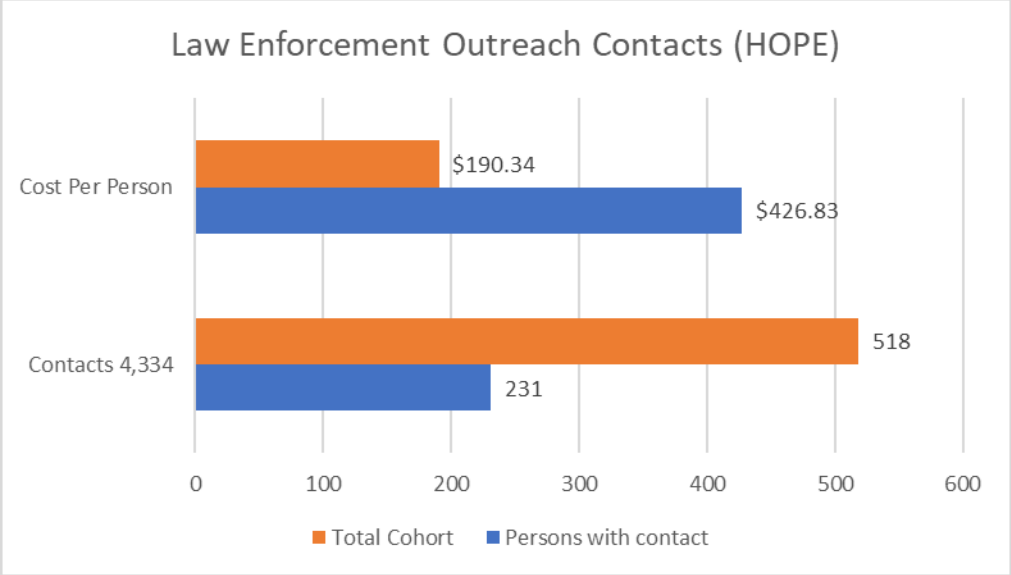
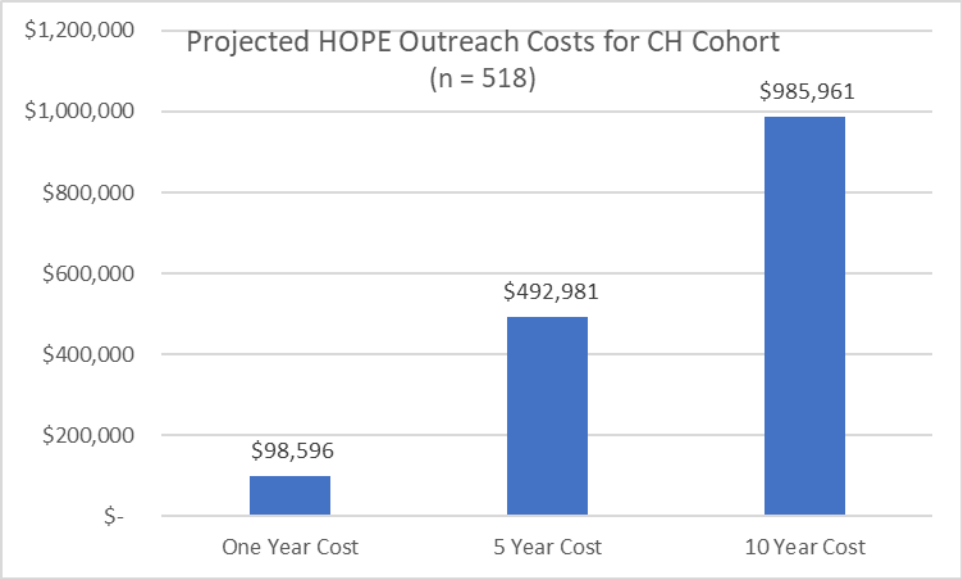


Figure 30. Projected HOPE Team Outreach Costs for CH Cohort



The Cost of Incarceration

The cost of incarcerating people experiencing homelessness has been a topic of national attention. Not only is it expensive and morally questionable to house the homeless in jails, but it overburdens the time and efforts of law enforcement personnel. Homeless are also subject to the worst outcomes after incarceration because too often people are discharged back to homelessness. The lack of discharge planning to available housing options means that a cyclical pattern of homelessness, arrest, incarceration, release, homelessness, re-arrest, and re-incarceration is established. Homelessness and incarceration beget homelessness and incarceration. Therefore, discharging into homelessness is not only the worst outcome for the individuals experiencing homelessness, but also the worst outcome for a community's efforts to end homelessness.

The San Bernardino County Sheriff's Department provided CHS with the total number of arrests, charges, classification, and days of incarceration with 79 facilities or departments reporting, including all locations within the San Bernardino County system. According to the San Bernardino County Sheriff's Department, the average daily jail population was 5,540 individuals and the total detention budget for 2018 - 2019 was $247,667,143. With an average daily homeless or "transient" census of 1,596 individuals, it is estimated that the total annual cost of homelessness on the detention budget is $71,349,569 or, 32.812% of the total budget. This equals an average daily homeless transient detention cost of $195,478.35 (San Bernardino County Sheriff's Department, 2018, August 16).

The average annual cost of detention in the jail is reported as $166.40 per day, or $60,738.00 per person per year. The data matched to the CH cohort of 518 individuals came from searching 494,697 records related to persons in the Jail Information Management System (JIMS) from 2015 through 2018. The records were filtered in an Access database to match every arrest, charge and period of incarceration associated with the individuals in the CH cohort of

518. During the four-year period, 262 (51%) members of the cohort were arrested a total of 1,469 times. The total days of incarceration for this cohort group was 16,247. At a daily cost of $166.40, this is total cost of $2,703,500 for the four-year period. For the 262 individuals, this is an average cost of $2,579.68 per person per year. Since 49% (or 256) of the individuals in the cohort did not have any arrests, the average cost of incarceration per person for the entire cohort of 518 decreases to $1,304.78 per person per year as shown in Figure 31. Projected over five years, the cost climbs to $3,379,376 for the cohort, and $6,758,752 over ten years, as shown in Figure 32.

Figure 31. Days and Cost of Incarceration Per Person

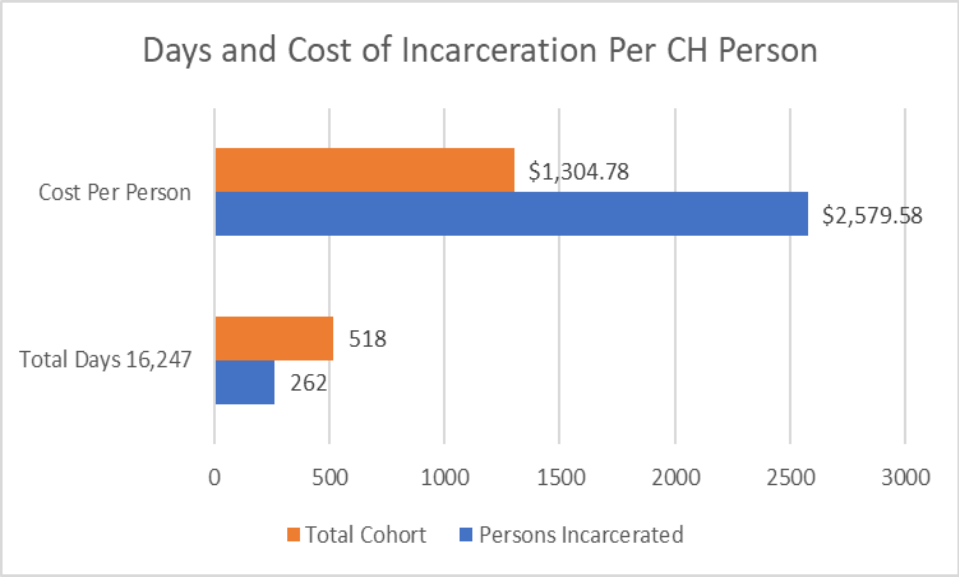
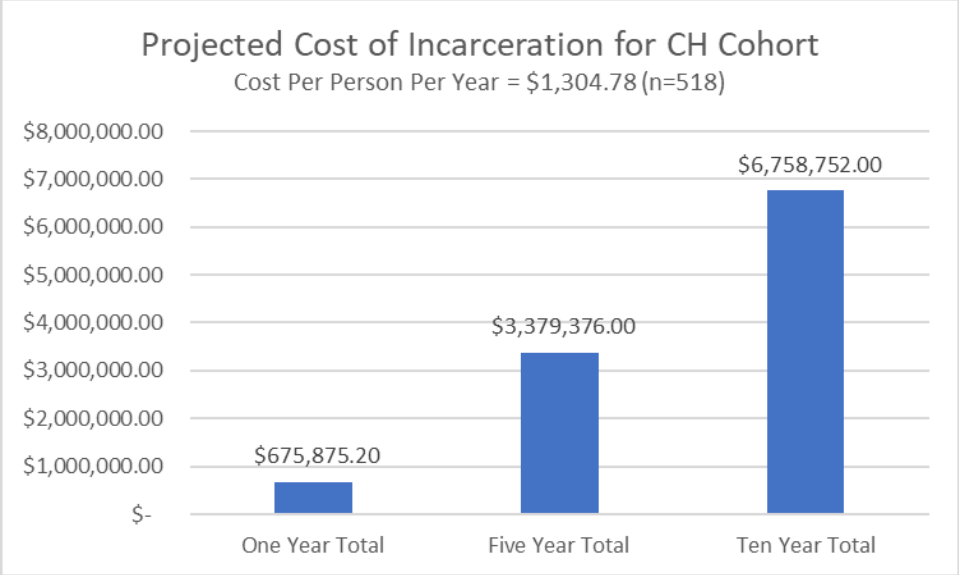


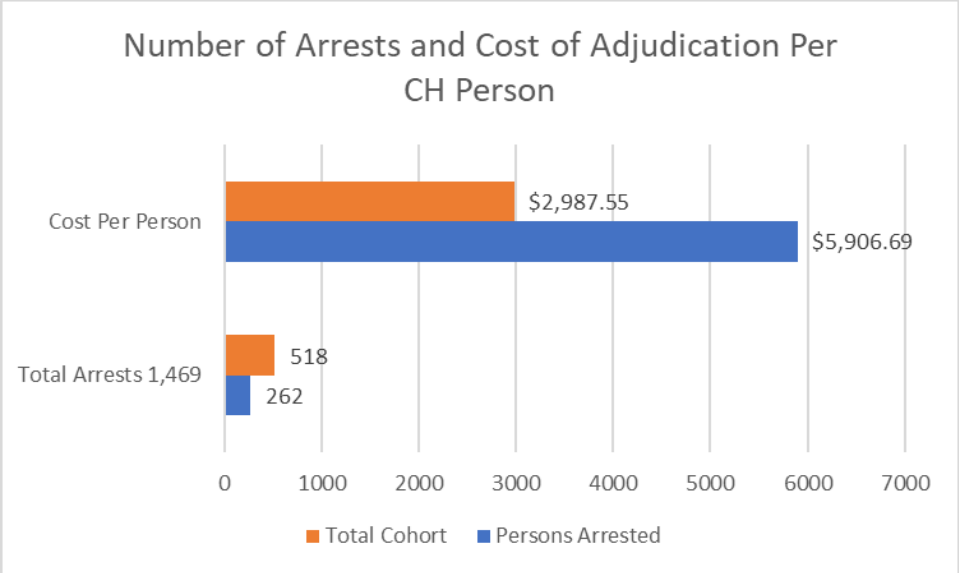
Figure 32. Projected Cost of Incarceration for CH Cohort (n=518)



Cost of Arrest/Adjudication

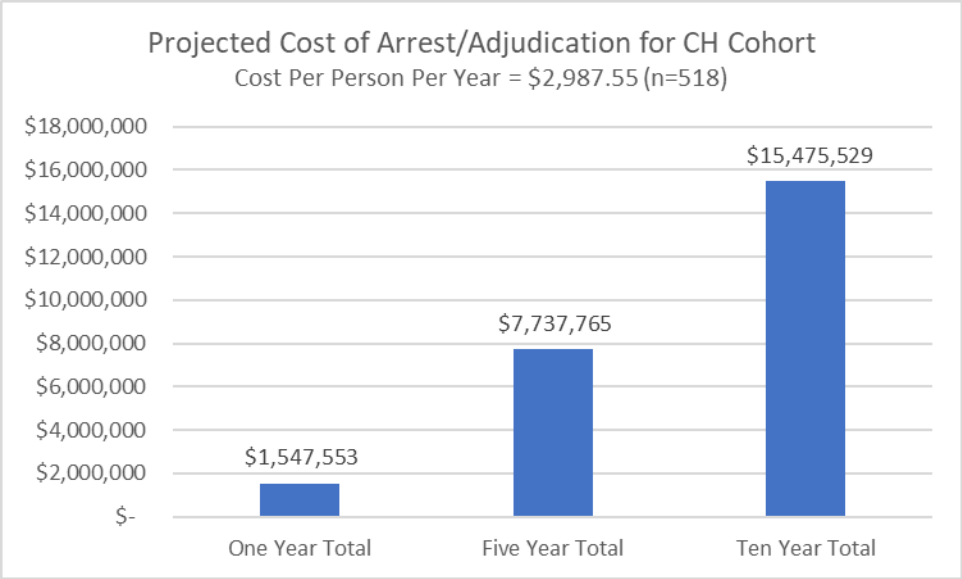
The cost of processing each arrest through the court system was provided by the San Bernardino County Sheriff's Department and the District Attorney's Office. The cost of adjudication[15] includes the time of the judges and other staff involved in processing each case. The total cost of processing a misdemeanor is $3,426.65 per arrest. The cost of processing a felony is $5,812.20. In San Bernardino County, misdemeanors accounted for 67% of all arrests in 2017 and felonies accounted for 33% of all arrests in 2017 (California State Records, n.d.). Thus, we can estimate that out of 1,469 arrests among the cohort, 984 were misdemeanors at a total cost of $3,372,631.41 and 485 were felonies at a total cost of $2,817,580.19. This is a total four-year cost of $6,190,211.61. For the arrested cohort of 262 this is $5,906.69 per person per year. For the entire cohort of 518, as 49% did not have arrests or go through adjudication, the figure is reduced to $2,987.55 per person per year, as shown in Figure 33. Continuing to arrest and adjudicate 518 CH persons at the same rate is estimated at $1,547,553 per year. Over five years that total would be $7,737,765 and over ten years costs would total $15,475,529 as shown in Figure 34.

Figure 33. Number of Arrests and Cost of Adjudication Per CH Person



[15] An adjudication is a legal ruling or judgment, usually final, but it can also refer to the process of settling a legal case or claim through the court or justice system.

Figure 34. Projected Cost of Arrest/Adjudication for CH Cohort (n=518)



Cost of Mental Health Treatment

The cost of mental health treatment and substance abuse treatment was provided by the San Bernardino County Department of Behavioral Health. Costs from any other providers are not captured here so this should be considered an incomplete but representative sample.

The utilization rates and costs incurred were provided by DBH for calendar years 2015 through 2019 on the chronically homeless cohort of 518 individuals. A total of 485 persons from the cohort received treatment over the five-year period. This includes duplications and the totals are aggregated for the cohort because individual level data could not be obtained for the study. The 485 individuals were provided 17,498 mental health services, totaling 11,522 total days of service. This includes both outpatient and inpatient services.

Out of the CH cohort of 518, 91 persons were admitted to inpatient services a total 169 times. This totals 1,012 inpatient days of hospitalization, with an average of 5.98 days per inpatient admission. The total cost of all services was $3,414,763 for the cohort of 485, or an average of $682,953 per year. Averaged across the cohort of 518, this is an average cost of $1,318 per person per year. Over five years that total would be $3,441,763 and the ten-year total would be $6,829,526. The lowest annual cost was 2015 at $278,636 and the highest annual cost was $1,023,447 in 2019 as shown in Figures 35 and 36.

Figure 35. Mental Health Services for CH Cohort

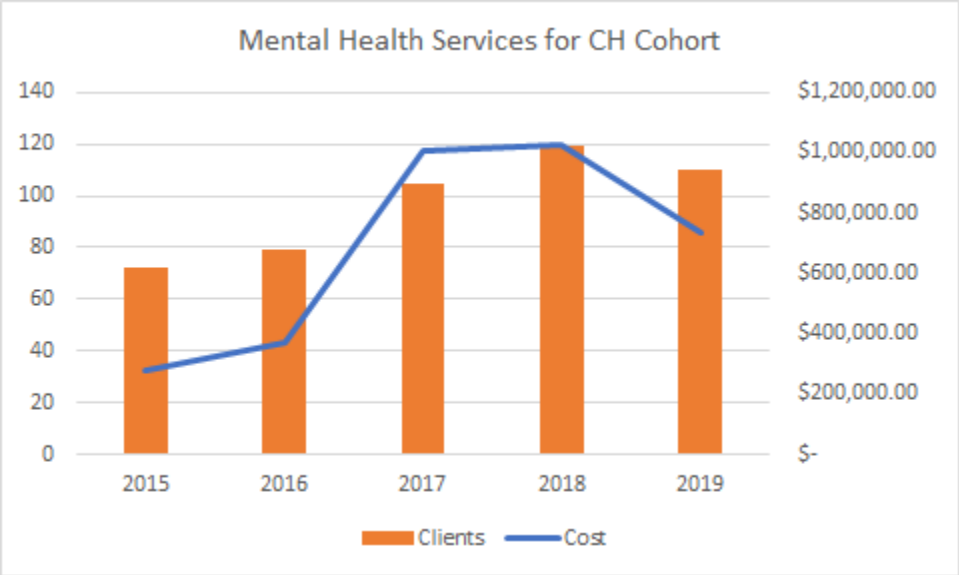
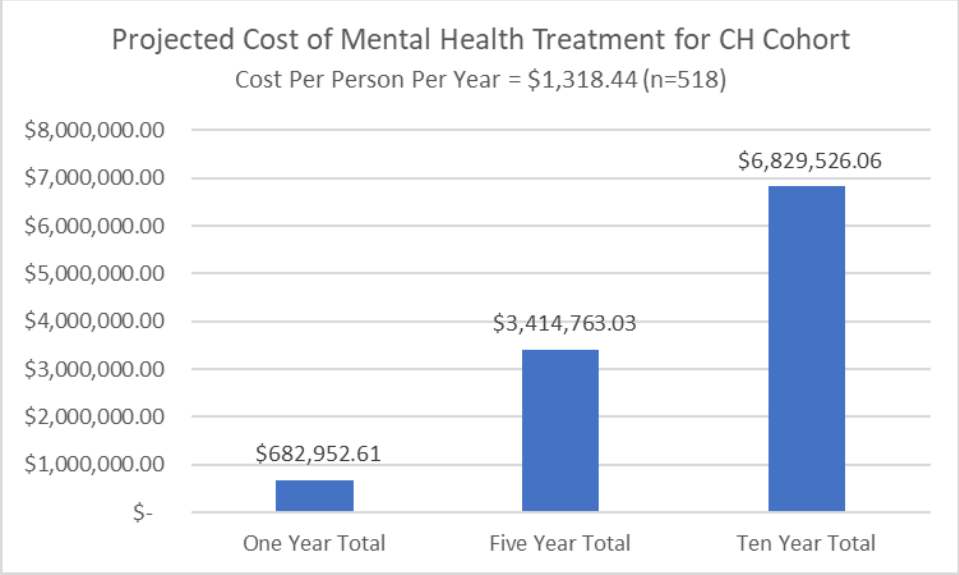


Figure 36. Projected Cost of Mental Health Treatment for CH Cohort



The Cost of Substance Use Treatment

The utilization of substance use treatment as reported by the San Bernardino County Department of Behavioral Health was relatively low among the cohort of 518. The number of clients each year ranged from a low of eight to a maximum of 24, averaging only three percent of the CH cohort over five years. Again, costs from any other providers are not captured here so this should be considered an incomplete and conservative sample.

The utilization rates and costs incurred were provided by DBH for calendar years 2015 through 2019 on the chronically homeless cohort of 518 individuals. A total of 73 persons from the cohort received treatment over the five-year period. This includes duplications and the totals are aggregated for the cohort because individual level data could not be obtained for the study. The 73 individuals had 2,036 outpatient substance use treatment units of service over 1,745 outpatient days. This incurred a total cost of $44,135.

Out of this group, 25 individuals were admitted to residential treatment for a total of 959 days. This is an average of 38.36 days per residential admission. The cost of residential treatment in California was estimated at $34 per day in 2006 (Ettner et al., 2006). Adjusted for inflation using the Consumer Price Index, the total cost of all residential services was $43,155 over five years. Including both outpatient and residential, the cost of substance use treatment was $87,290. For the 73 members of the CH cohort who utilized treatment services, this is a one-year average of $17,458 or $239 per person per year. Averaged across the cohort of 518 (as 97% of the CH cohort did not access any substance use treatment services through DBH) this is an average cost of only $34 per person per year. Over five years the projected total would be $87,290 and the ten-year total would be $174,580. The lowest annual cost was $15,189 in 2015; the highest annual cost was $19,320 in 2017, as shown in Figures 37 and 38.

Figure 37. Substance Use Services for CH Cohort

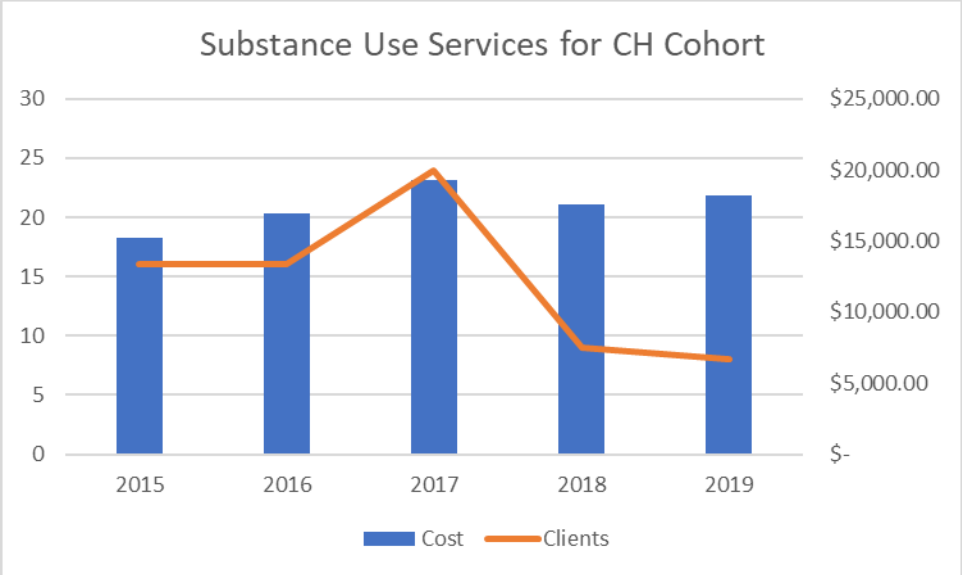
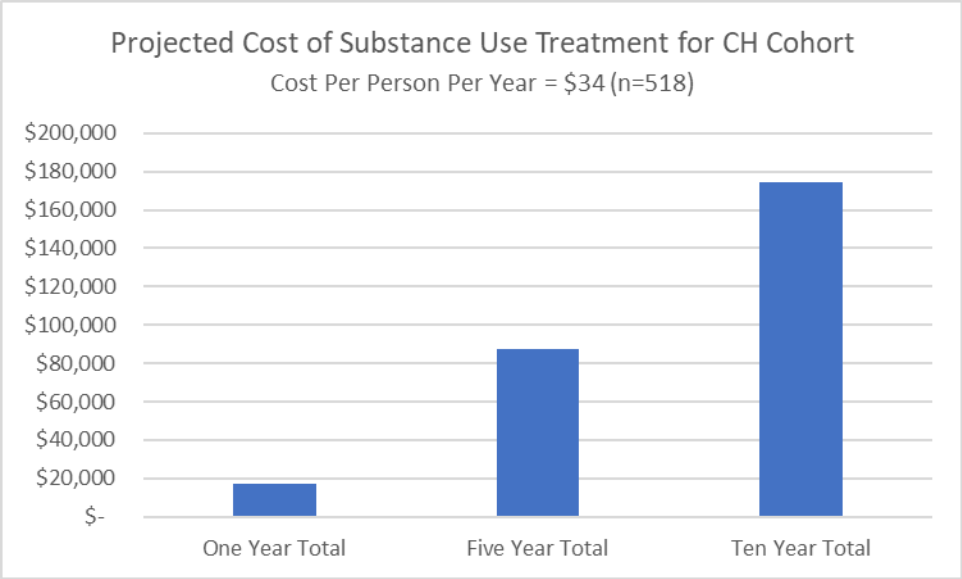


Figure 38. Projected Cost of Substance Use Treatment for CH Cohort



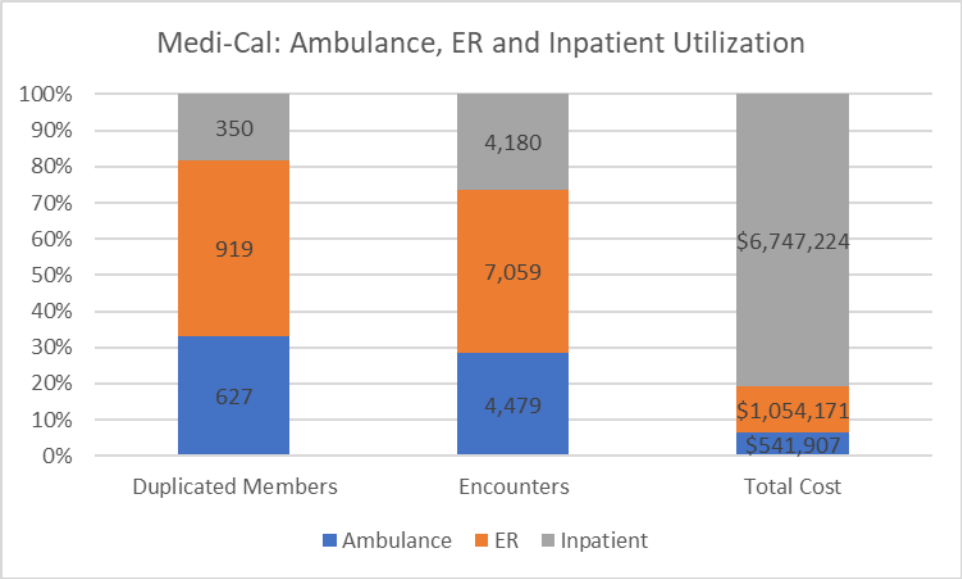
Healthcare Costs

The primary healthcare utilization among the chronically homeless cohort (n=518) was substantial with costs increasing in each of the five years reported by two major healthcare plan providers. Inland Empire Health Plan (IEHP) and Molina Healthcare both used the HMIS cohort identifiers to look up their member participation, reviewing more than 500,000 patient records. The percentage of the CH cohort using services was 43% for IEHP (4.8 years) and 23% for Molina (two years). The average number of unduplicated persons receiving services per year was 249 which is 48% of the CH cohort. IEHP accounted for 90% of the market among Medi-Cal recipients in 2018. However, this data reflects that 52% of the CH cohort did not use any healthcare services in the County that were reimbursed by either plan during the five-year period, despite very lengthy periods of homelessness and disability status.

The total reimbursement paid to healthcare providers for the combined members of these health plans was $11,638,311. Adjusted for complete fiscal years, the projected total was $13,146,349 and the annual average adjusted cost of healthcare for the Inland Empire Health Plan members (n=241) within the CH cohort was $53,605 per person per year.

The largest cost category was inpatient hospital admissions which totaled $6,747,224 for 4,479 hospital stays. This was followed by emergency room treatment at $1,054,171 for 7,059 ER visits, and ambulance service at $541,907 for 4,479 ambulance calls. These three services alone represented 72% of all healthcare costs, as illustrated in Figure 39.

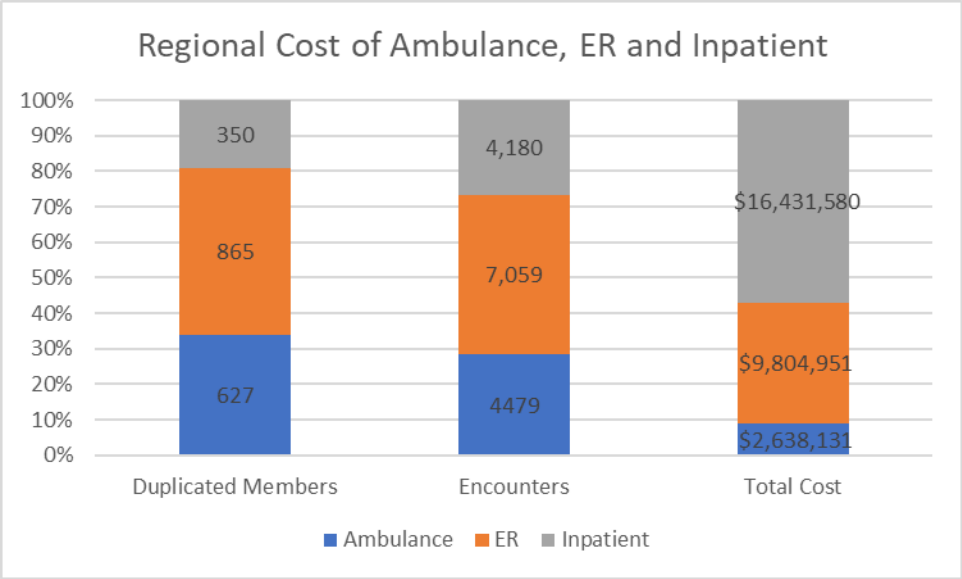
Figure 39. Medi-Cal Ambulance, ER and Inpatient Utilization and Cost



The reimbursements from Medi-Cal or Medicare patients in California through the health plans should be considered very conservative. The actual cost of service delivery is significantly higher. From 2001 through 2017, Medicare and Medi-Cal (California's Medicaid) payments to hospitals did not grow nearly as fast as hospital billing charges. In fact, Medicare and Medi-Cal paid just over 30% of what they were billed by California hospitals in 2001. In 2017 they paid less than 20% of these billing charges (Belk, 2020). The difference of billing charges can be estimated at least 80% higher than what was paid by the health plans to the providers.

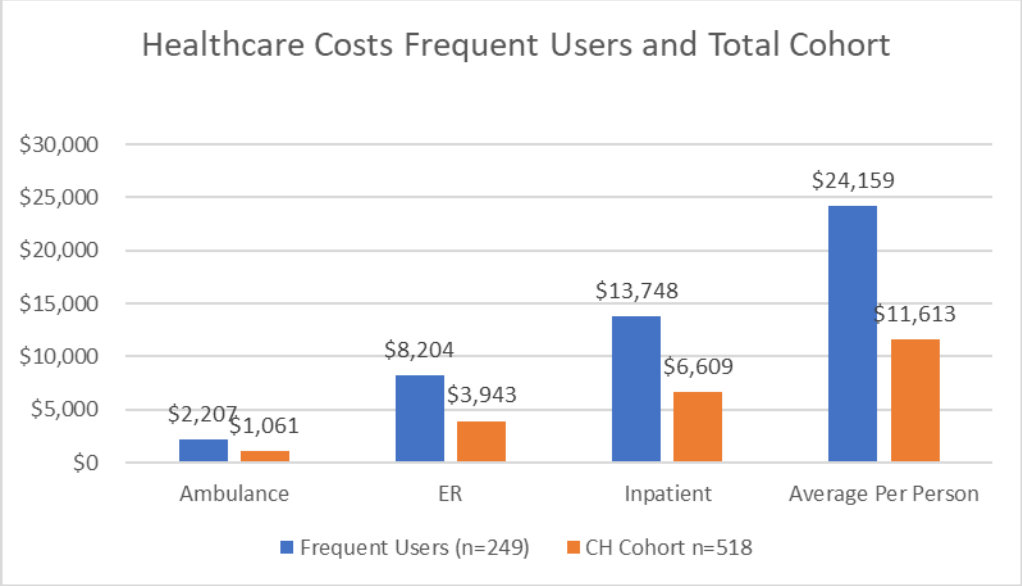
The average cost of ambulance service in California is reported as $589 and 21% of all transports are covered by Medi-Cal which pays an average of $150 per transport (California Ambulance Association, 2020). This is supported by the CH cohort data that showed an average payment of $121 per ambulance service, well below the average cost of $589. In California, the average cost of an emergency room visit in 2017 was $1,389, according to the Healthcare Cost Institute (Hargraves & Kennedy, 2018). The average cost of an inpatient bed in Southern California was estimated at $3,931 per day in 2011 (Helfand, 2011). Based on these regional averages, the total cost of ambulance services for CH cohort utilizers, including duplications, was $2,638,131 (n=627). The cost of emergency room use was $9,804,951 (n=7,059), and the cost of inpatient hospitalization was $16, 431.246 (n=4,180) as shown in Figure 40.

Figure 40. Regional Average Cost of Ambulance, ER and Inpatient



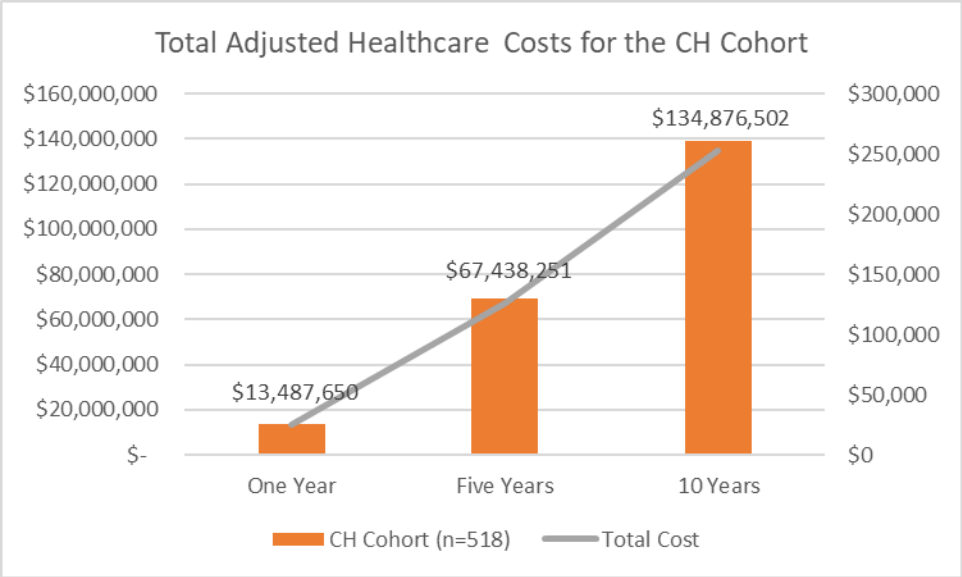
As seen in the previous figures, the payments made by Medi-Cal and the regional average cost of healthcare based on the actual number of services delivered to the CH cohort are dramatically different—reflecting a difference of 207% per person. The difference is even more dramatic when looking at the frequent utilizers of the select services (n=249) versus the cost averaged for the entire CH cohort (n=518) as shown in Figure 41.

Figure 41. Select Healthcare Costs Per Person: Frequent Users and Total CH Cohort



By evaluating utilization rates of all healthcare services provided to the CH cohort and reimbursed by the two health plans, we can conservatively estimate that the Medi-Cal Payments represent 20% of actual cost. Thus, the cost-adjusted annual average cost of all healthcare services used by the CH cohort would be $13,487,650. While the adjusted cost per person for annual average number of IEHP members (n=241) was $53,605 per year, the average cost for the entire CH cohort (n=518), was reduced to $26,038 per person because there were many in the cohort who did not access healthcare reimbursed by either health plan. Continued spending at this rate, for a relatively small number of individuals, would cost a projected total of $67,438,251 over five years and $134,876,502 over ten years, as shown in Figure 42.

Figure 42. Total Adjusted Healthcare Costs for the CH Cohort



The Cost of Supportive Housing

The cost of beds for every program type were obtained by soliciting actual operating costs from all providers in the San Bernardino County, including providers of Emergency Shelter (ES), Transitional Housing (TH), Rapid-Rehousing (RRH) and Permanent Supportive Housing (PSH). Families or individuals residing in the ES or TH programs are not considered by HUD to be permanently housed and are included in the annual PIT Count as still homeless.

The costs of ES and TH fell outside the scope of the study because there was an extremely low match (n=3) between the CH cohort and the shelter beds or Transitional Housing programs. Therefore, the cost of ES and TH beds, or sheltered homeless bed costs, could not be added to the costs while homeless. However, the study determined the average cost of emergency shelter beds to be $24,013.59 per bed per year. This includes over 64,000 nights of motel vouchers as well as facility-based beds, public, private, and faith-based programs.

Permanent housing operating and service costs were obtained directly from providers for a total of 1,601 RRH units and 4,116 RRH beds across 12 different programs. The number of units in each program ranged from 16 to 283. The number of beds in each program ranged from

50 to 1,085. Permanent Supportive Housing operating and service costs were obtained directly from providers for a total of 780 units and 1,392 beds from 14 different programs. The number of units in each program ranged in size from ten to 209. The number of beds in each program ranged from 13 to 282.

The programs serve homeless families, individuals, chronic and non-chronic households, as well as veterans and non-veterans, depending on the target populations and subsidy type. Operating costs reported included facilities management and administrative costs, as well as direct rental subsidies or lease payments and staffing costs for facilities-based (single-site) and scattered-site programs. Providers submitted all costs for every category of unit type which were totaled by category (RRH or PSH). These totals were then divided by the total unit and bed count in each of those categories. By comparing the total costs incurred as detailed above, this study evaluated the costs of the CH cohort (n=518) while still homeless and compared these costs to the alternative of supportive housing. This established a cost differential to projected future potential costs that could be avoided by preventing, reducing, or ending chronic homelessness.

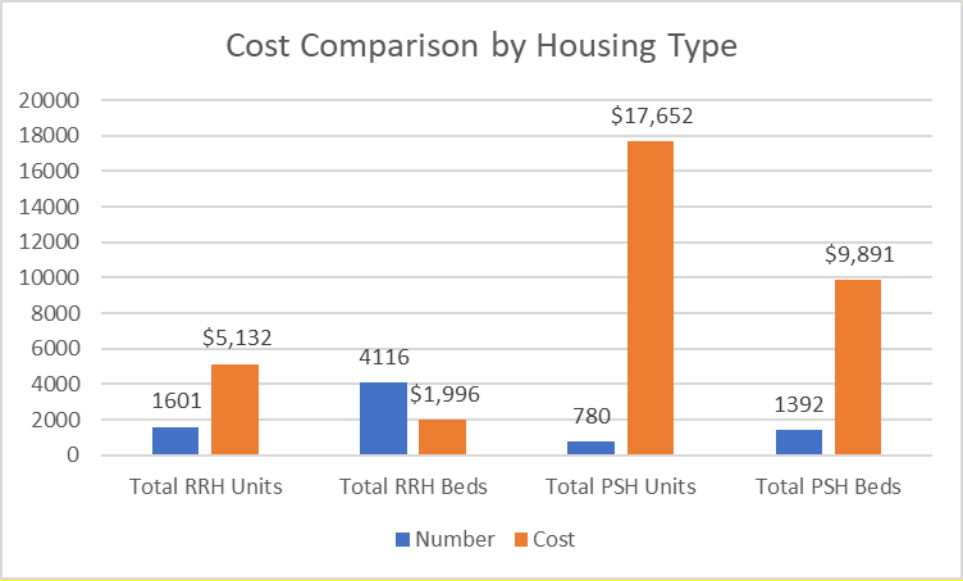
Rapid-Rehousing

The 12 providers of RRH programs spent a total of $8,216,654 to operate 1,601 units of Rapid-Rehousing which is an average cost of $5,132.20 per unit per year. With 4,116 total beds the cost per bed was established at $1,996.27 per bed per year, as shown in Figure 43.

Permanent Supportive Housing

The 14 providers of Permanent Supportive Housing programs spent a total of $13,768,696 in 2018 to operate 780 units of PSH which is an average cost of $17,652 per unit per year. With 1,392 total beds, the cost per bed was established at $9,891 per bed per year, also shown in Figure 43.

Figure 43. Cost Comparison by Housing Type



Pre- and Post-Housing Impact on Arrest and Incarceration

Among the chronically homeless cohort who achieved housing during the study period (n=127), 46 (36.2%) were arrested prior to being housed. This included 194 arrests at a cost of $1,145,898 and 899 total days in jail at a total cost of $149,593.60. The total cost of arrest, adjudication and incarceration of 49 CH individuals was $1,295,492 or $28,163 per person. Out of the housed cohort (n=127) only 20 (15.7%) were arrested after being placed in housing. This included 41 arrests and 313 days in jail.

Thus, being placed in supportive housing reduced the number of people being arrested by 57% (a decrease from 46 to 20). Being placed in supportive housing also decreased the number of arrests by 79% (194 to 41) and the total days in jail by 65% (899 to 313). This also represents a cost reduction for the number of days in jail of 65%. Including the cost of arrest, adjudication, and days of incarceration, this is a total cost reduction of 77% -post-housing placement as shown in Table 13 below.

Table 13. Pre and Post Housing Rates of Arrest and Incarceration with Cost

	Pre-Housing	Post-Housing	Percent Change
Number in Cohort	46	20	-57%
Arrests	194	41	-79%
Days	899	313	-65%
Adjudication	$1,145,898	$242,174	-79%

	Pre-Housing	Post-Housing	Percent Change
Incarceration	$149,594	$52,083	-65%
Total Cost	$1,295,492	$294,258	-77%
Per Person Cost	$28,163	$14,713	-48%

Comparison of the Cost of Supportive Housing to the Cost of Chronic Homelessness

By adding the various costs associated with homelessness, we can arrive at a total cost per person per year. Annually, that cost may be reduced or avoided altogether by supportive housing with services.

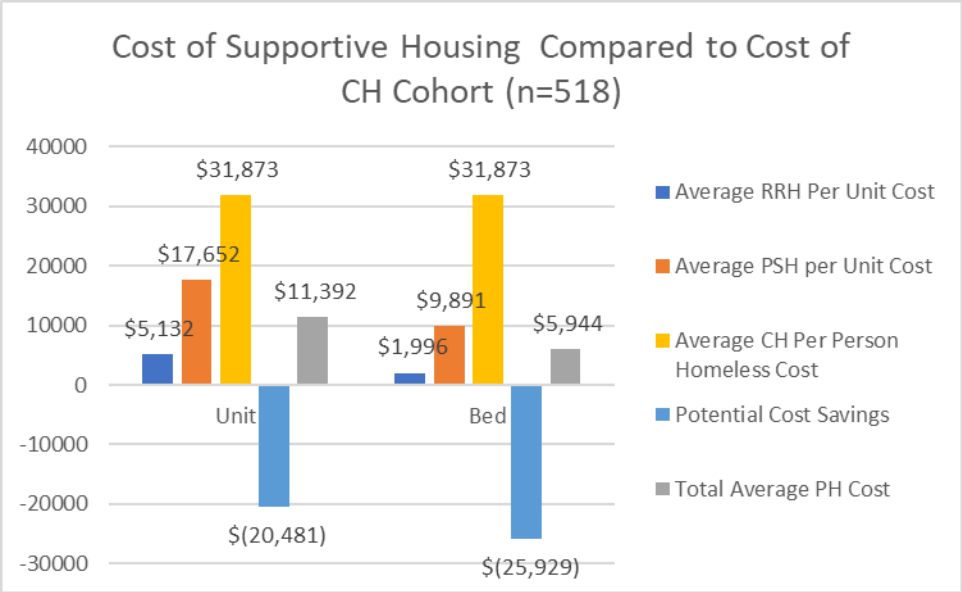
To summarize the costs by sector as detailed in this study, we found that the total cost per chronically homeless person per year to be $31,873 for the entire CH cohort (n=518) including outreach, arrest, adjudication, incarceration, mental health, substance abuse, or healthcare services, as shown in Table 14.

Table 14. Annual Per Person Cohort Costs by Type of Encounter

Type of Encounter	CH Cohort (n=518)
Outreach	$190
Mental Health	$1,318
Substance Use	$34
Arrest/Adjudication	$2,988
Incarceration	$1,305
Healthcare	$26,038
Total Per CH Person	$31,873

As cited in the Cost of Supportive Housing (see Figure 43: *Cost Comparison by Housing Type*), the annual cost of housing with the addition of services for Rapid-Rehousing was $5,132 per unit or $1,996 per bed per year to operate, which is $26,741 less per unit and $29,876 less per bed than the average cost of chronic homelessness ($31,873) incurred annually by the CH cohort of 518. This represents a potential cost savings of 94% per person per bed to provide the housing plus services through the RRH model of supportive housing. The cost savings for PSH is similar to the cost of housing plus services, averaging $17,652 per unit or $9,891 per bed which is $14,221 per unit less and $21,981 per bed less than the cost of chronic homelessness ($31,873) incurred annually by the CH cohort of 518. This represents a potential cost savings of 69% per person per bed for every CH person housed in PSH. For both permanent housing models, the average cost was $11,392 per unit and $5,944 per bed which represents a potential cost savings of $20,481 per unit and $25,929 per bed respectively as shown in Figure 44. This assumes a ratio of 50% RRH and 50% PSH units.

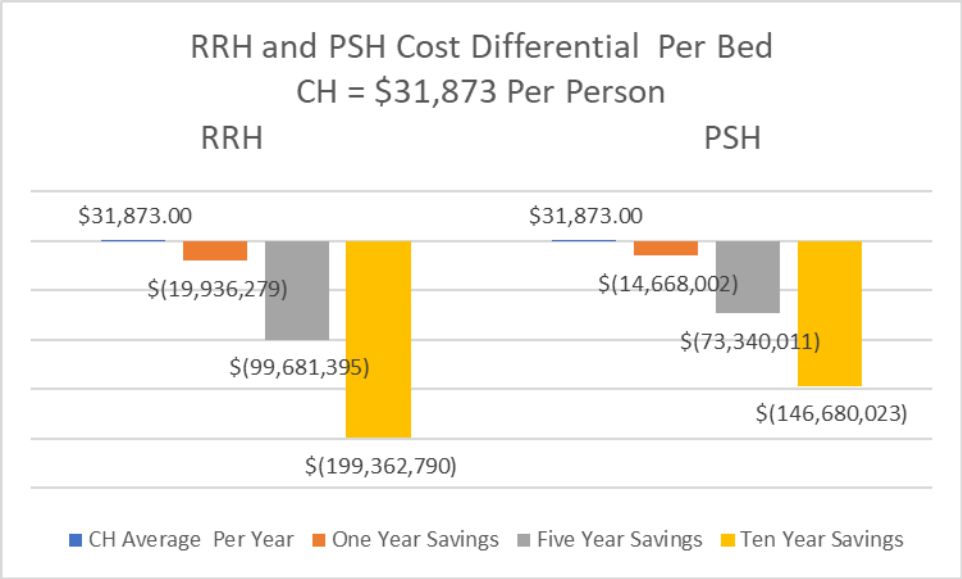
Figure 44. Cost of Supportive Housing Compared to Cost of CH Cohort (n=518)



Projection of Cost Savings that Could be Achieved by Ending Chronic Homelessness

By expanding the Housing First approach to accessing permanent housing and meeting the unit production goals for Rapid-Rehousing (five percent) and Permanent Supportive Housing (11%), veteran homelessness and chronic homelessness can be ended in San Bernardino County. This study projects the cost savings of ending chronic homelessness over multiple years. Factoring in a recidivism rate of 13% based on the one year rate of return to homelessness from the San Bernardino County Continuum of Care System Performance Measures (U.S. Department of Housing and Urban Development Office of Community Planning and Development, 2020), the one-year cost savings of ending all chronic homelessness would be between $14,668,002 and $19,936,279. The five-year cost savings would be between $73,340,011 and $99,681,395 and the ten-year savings would be between $146,680,023 and $199,362,790 as shown in Figure 45.

Figure 45. RRH and PSH Cost Differential Per Bed Compared to Cost of CH



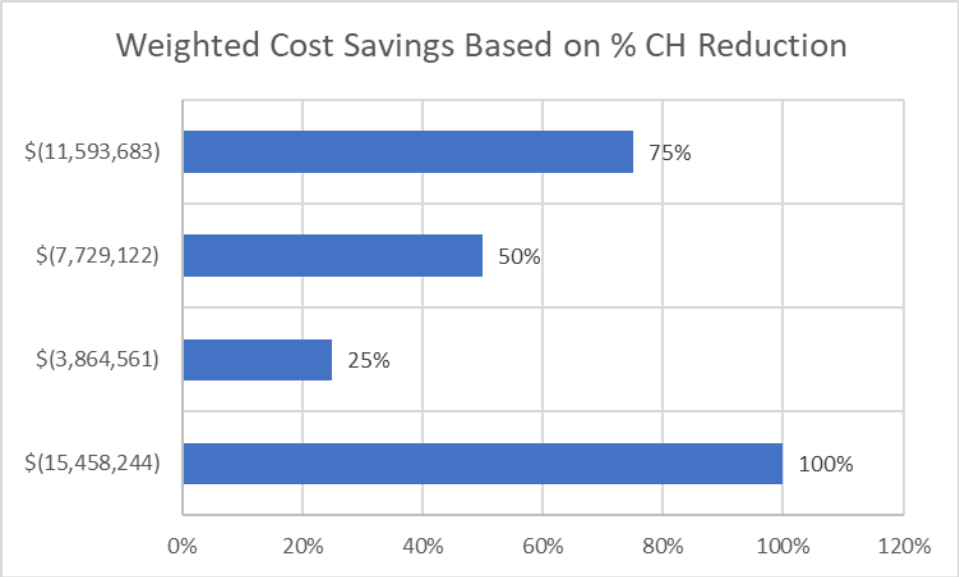
The range in projected savings is based on the ratio of Rapid-Rehousing beds to Permanent Supportive Housing beds used to house individuals in the chronic homeless subpopulation in the County. Based on the historic placement rates by unit type in the study, roughly 85% of the CH cohort was accessing PSH and close to 15% were accessing other permanent housing, including RRH. This is especially true for the veteran cohort which has access to the SSVF RRH program units.

Projecting an 85% PSH to 15% RRH ratio of housing placements, the annual cost saving projections of reducing or ending chronic homelessness would be:

$$PSH \times 0.85 = \$12{,}467{,}802/year$$
$$RRH \times 0.15 = \$2{,}990{,}442/year$$

Therefore, a weighted average projected cost savings per year is $15,458,244 based on housing 100% of the chronically homeless population (n=767) which includes a 13% recidivism rate. Housing 75% of the CH population (n=575) would net a savings of $11,593,683; housing 50% of the CH population would net a savings of $7,729,122 and housing 25% would net a projected savings of $3,864,561 as shown in Figure 46.

Figure 46. Weighted Annual Cost Savings Based on % CH Reduction



Conclusions and Recommendations

Chronic and veteran homelessness in San Bernardino County is a solvable problem. Data-driven, targeted resources scaled to match the size of the market demand can eliminate homelessness within these subpopulations. Though economic conditions may change from year to year, pre-existing data provides reasonably reliable forecasting. The findings in this study point toward scaling investment in a Housing First approach which includes housing with no preconditions to entry and with as many types, styles, locations and program models to choose from as possible. This will empower people experiencing homelessness to have choices and options, which leads to the best outcomes possible.

By setting targeted goals for unit production for chronically homeless persons and veterans, and tracking progress toward those goals in each year of the strategic plan, even more investment can be brought to bear. Tracking the annual cost savings as the chronic homeless count is reduced is only the beginning of determining the value of the impact. As resources are leveraged to implement the plan, the value of those resources can be tracked and added to the public sector costs avoided through chronic homeless reduction. This includes leveraging of capital grants for infrastructure development as well as grants for services delivered to the formerly homeless individuals and families. Lastly, the development of affordable and supportive housing creates direct, indirect, and induced economic activity that can also be factored in and measured over time. This includes creating jobs and increasing the tax base. Forecasting the combined total impacts over time allows for a much clearer picture of the return on investment related to the plan to end veteran and chronic homelessness.

The methodology for meeting the stated unit production goals in this study is expressed in this equation:

$$0.11 \times (n = 1{,}047) = PSH\ beds$$
$$0.5 \times (n = 492) = RRH\ beds$$

Practically, to achieve production goals to have the largest impact possible in the shortest amount of time, Creative Housing Solutions recommends:

1) Re-prioritization of current resources is the least expensive way to create access to housing. Access to the existing market can be created through subsidies like Housing Choice Vouchers, Project Based Vouchers, and Flexible Subsidy Pools. This can create RRH beds and PSH beds with services to create supportive housing units in the existing available housing. However, the market is tight and limited, and this alone will not meet the demand.
2) Planning for adaptive reuse of existing structures and converting them into affordable and supportive housing may be possible. Facilitating rezoning, waiving density limits, and reducing other regulatory barriers can facilitate new housing options and are within the power of the County government to speed production.
3) Focus on expanding the Unit Production Pipeline established by San Bernardino County as a best practice model. As new projects are awarded and new units are planned and tracked by subsidy type and targeted subpopulations to be served, this list should be regularly updated to include new unit planned production. This should include not only PSH Pipeline, but also RRH Pipeline for unit production toward the stated goals.
4) To prevent those at risk of homelessness from becoming homeless, local tracking and analysis of broader affordable housing production can help. The County might track those individuals below 50% and below 30% of area median income households (not included in this study). Though this may be substantially replicated by the California Tax Credit Allocation Committee (CTAC), this should be tracked locally as not every project is inclusive of tax credits.

Developing these tools and methodologies on the front end will make it easier to add planned projects and unit production by housing type or by service delivery type to the cumulative "pipeline," allowing for multi-year tracking of progress toward the adopted goals. Education and advocacy for the strategy will create a sense of urgency and common mission. This can lead to a reduction in the length of time people are homeless, as access to prioritized housing increases. The numbers in this study should be used as examples of accurate forecasting of models for implementation. Actual public sector costs avoided or savings of spending by sector will vary from these projections, but the outcomes should be substantially realized.

In conclusion, this study, like others in California and nationally, determines the substantial return on investment in a Housing First approach to ending chronic and veteran homelessness. Establishing a cost differential and potential savings of $20,481 to $25,929 annually, per person housed, will net as much as $15 to $20 million dollars annually. Not taking this action will lead to increasing homeless counts, continued escalating costs, and wasted human potential. Financially, this is non-sustainable and reduces the quality of life in San Bernardino County. Redirecting current spending and providing new investment toward data-driven solutions is the best use of public and private resources. This is especially true for those

experiencing homelessness, but also businesses, neighborhoods, and the general public. San Bernardino County has the capacity, the technology, and the network of providers, developers, and government leadership to implement the strategies outlined in this study.

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Contributing County Homeless and Housing Service Providers
County of San Bernardino Transitional Assistance Department
Family Assistance Program
Operation Grace
US Veterans, Inc.
Mary's Mercy Center
New Hope Village, Inc.
Inland Empire United Way
Inland Valley Hope Partners
Inland Housing Solutions
Inland Temporary Homes/Inland Housing Solutions
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