AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order (3 minutes) B. Welcome and Introductions (10 minutes)	Keith Metzler, Co-Chair *and* Sharon Green, Co-Chair
CONSENT	
C. Approve the minutes from the February 11, 2020 Regional Steering Committee Meeting.	Keith Metzler, Co-Chair
INFORMATION & UPDATES	
D. Roberts Rules of Order E. Multijurisdictional Action Plan F. Introduction of new secretary, Stephanie Doomnos	Keith Metzler, Co-Chair *and* Sharon Green, Co-Chair
PRESENTATION	
G. City of Victorville's Wellness & Recuperative Care Center	Cassandra Searcy
DISCUSSION	
H. Regional Priorities & Goal Setting • Follow Similar model used to prioritize goals in HHAP Workshop I. Disbursement of HHAP Funds	Keith Metzler, Co-Chair *and* Sharon Green, Co-Chair
CLOSING	
J. Public Comment (3 mins) K. Adjournment	
Next Meeting: Desert Regional Steering Committee will next meet on: April 14, 2020 Victorville City Hall, Room D 14343 Civic Dr., Victorville, CA 92392 2:00– 3:30pm	

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 Office of Homeless Services
Desert Regional Steering Committee Meeting

February 11, 2020
1:30 P.M. – 3:30 P.M.
Victorville City Hall
14343 Civic Dr., Victorville, CA 92392

Minutes recorded and transcribed by Amy Edwards, Secretary II, County of San Bernardino Office of Homeless Services

OPENING REMARKS	PRESENTER	ACTION / OUTCOME
Call to Order Welcome and Introductions	Tom Hernandez	▪ Meeting was called to order at 1:37 p.m. ▪ Attendees were welcomed to the meeting. Introductions were made by all attendees.
ELECTION OF COMMITTEE MEMBERS		

Background – ICH Committee and Regional - Rules and Procedures	Tom Hernandez	▪ On September 25, 2019, the ICH voted to accept changes to its Governance Charter and Bylaws reflecting a change in the structure of the ICH. The restructuring calls for the creation of Regional Steering committees that will combine the efforts of members of the Homeless Provider Network (HPN) with city regional representatives to create a new joint regional committee that will report directly to the ICH.
		▪ The ICH Regional Steering committees will provide leadership and serve as a regional advisory body for the ICH as members of the CoC.
		▪ The Regional Steering committees roles and responsibilities include:
		    o Setting regional priorities, goals, and action steps based on recommendations set forth in the Multijurisdictional Homeless Action Plan.
		    o Facilitating regional alignment of resources and service coordination.
		    o Provide project funding priorities and recommendations for regionally funding resources, based on a project prioritization process.
		▪ Committee membership will include relevant CoC members and other interested stakeholders or relevant experts. Each Regional Steering committee is open to all agencies or municipalities interested in addressing homelessness in one of the five regions.
		▪ For the Desert, voting delegates must represent a governmental or community-based organization located with the region.
		▪ For the purpose of conducting business and maintain a quorum the voting body must be composed of a minimum of 6 or a maximum of 20 voting delegates.
		▪ There must be one non-governmental seat for every government seat on the committee.
		▪ Each Regional Steering committee will be composed of two (2) co-chairs, one HPN individual elected by the HPN to represent the homeless service providers, and one appointed by the City Select committee to represent their region on ICH.
		▪ For the Desert your co-chairs are Sharon Green as the HPN representative and Keith Metzler from the city of Victorville as your City Select representative.

Election Process	Tom Hernandez	▪ For the purpose of today's election anyone in attendance representing a governmental entity or community-based organization that provides services within the Desert region will be eligible to cast votes

- at this first Regional Steering Committee Meeting. You will get one vote per entity/organization in attendance.
- Organizations eligible to cast votes in more than one region must have a different individual represent their organization in each region where they participate.
- Meeting attendees eligible to vote will decide on the number of voting delegates that will serve on the Desert Regional Steering Committee and then vote to elect those who will serve on the Committee.
- The first order of business is to select the number of voting delegates for the Desert region.
- There were recommendations to have 16, 14, 12 or 10 voting delegates. After taking a vote from the room 12 voting delegates received the majority vote. Desert will have a voting body of 12 delegates.
    - 16 Delegates – Received 0 votes
    - 14 Delegates – Received 10 votes
    - 12 Delegates – Received 20 votes
    - 10 Delegates – Received 3 vote
- The next order of business is to select the 5 remaining governmental voting delegates. Keith Metzler co-chair is automatically a delegate representing the city of Victorville and making it 6 governmental delegates.
-
- The following government agencies were nominated and accepted the nomination to represent the Desert Valley:
    - The City of Hesperia – Rachel Molina
    - The City of Barstow – Belinda Barbour
    - The City of Adelanto – Stevevonna Evans
    - The city of Apple Valley – Curt Emick
    - The Sheriff's HOPE Team – Mike Catalano
    - Probation Department – Nena Warren
    - Department of Behavioral Health – Michael Sweitzer
- Keith Metzler recommended that they vote on the slate for all the cities then vote in the one remaining government seat. All were in favor of this recommendation.
- The room took the vote on the city slate. All were in favor. None opposed or abstained. All 4 city nominations were approved.
- The room took the vote on the three remaining government nominations. The results were as follows:
    - The Sheriff's HOPE Team – Mike Catalano – 17 votes
    - Probation Department – Nena Warren – 5 votes
    - Department of Behavioral Health – Michael Sweitzer – 6 votes
- The majority vote goes to Mike Catalano with the Sheriff's HOPE Team
- The next order of business is to elect the 5 remaining non-governmental voting delegates. Sharon Green, co-chair, is automatically a delegate representing a non-profit.
- The following non-governmental organizations were nominated and accepted the nomination to represent the Desert Region:
    - Catholic Charities – Alejandra Diaz
    - Desert Manna – Darrin Fikstad
    - Community Action Partnership High Desert Charles Blythe
    - High Desert Homeless – Jimmy Waldron
    - KEYS – Erin Taylor

		○ Life Community Development – Lois Perkins ○ St. Mary's Hospital – Kevin Mahany ○ 211-CES – Shannon Waldron ○ EFSP – Wytske Visser ○ Family Assistance Program – Darrel Evey ○ Global Institute for Public Strategy ○ Victor Valley Rescue Mission – Dawn Quigg ○ A Better Way – Inger Robertson ■ Agencies Nominated but weren't accepted ○ Illumination Foundation (removed because they do not have an office in the desert) ○ New Life Fellowship (Rose Beardshear declined nomination) ■ The room took the vote on the 13 organizations nominated and the results were as follows: ○ Catholic Charities – Alejandra Diaz – 13 votes ○ Desert Manna – Darrin Fikstad – 4 votes ○ Community Action Partnership High Desert - Charles Blythe – 8 votes ○ High Desert Homeless – Jimmy Waldron – 20 votes ○ KEYS – Erin Taylor – 13 votes ○ Life Community Development – Lois Perkins – 8 votes ○ St. Mary's Hospital – Kevin Mahany – 24 votes ○ 211-CES – Shannon Waldron – 5 votes ○ EFSP – Wytske Visser – 6 votes ○ Family Assistance Program – Darrel Evey – 22 votes ○ Global Institute for Public Strategy – 4 votes ○ Victor Valley Rescue Mission – Dawn Quigg – 16 votes ○ A Better Way – Inger Robertson – 15 votes ■ The non-governmental agencies with the majority of votes are: ○ High Desert Homeless – Jimmy Waldron – 20 votes ○ St. Mary's Hospital – Kevin Mahany – 24 votes ○ Family Assistance Program – Darrel Evey – 22 votes ○ Victor Valley Rescue Mission – Dawn Quigg – 16 votes ○ A Better Way – Inger Robertson – 15 votes
DISCUSSION		
Approve Meeting Calendar	Keith Metzler	■ The 2020 meeting schedule was presented to the committee to be held the second Tuesday of each month from 1-3pm. ■ Jimmy Waldron made a motion to hold the Regional Steering Committee meetings the second Tuesday of every month from 2:00 – 3:30pm and have the Homeless Provider Network Meeting from 1:00-2:00 pm. Darrell Evey made the 2nd. Stevevonna Evans from the City of Adelanto opposed. The remaining members were in favor. The motion was approved.
Regional Goal Setting	Keith Metzler	■ This item was tabled until next meeting.

Appointment of Secretary	Keith Metzler	▪ Keith Metzler made a motion to appoint Cassandra Searcy from the City of Victorville to be the secretary. Darrel Evey 2nd the motion. All were in favor. None opposed or abstained the motion was approved.
CLOSING		
Public Comment		▪ There were no public comment
Council Roundtable	Group	▪ There were no Council Roundtable Announcements
Adjournment		▪ Being no further business to discuss, the meeting was adjourned at 2:51 p.m.
Next Meeting		▪ The next Desert Regional Steering Committee meeting is scheduled for March 10, 2020 at 2:00p.m.

February 11, 2020 Attendees:

LAST NAME	FIRST NAME	ORGANIZATION	PHONE NUMBER	EMAIL ADDRESS
Barbour	Belinda	City of Barstow	760-255-5126	bbarbour@barstowca.org
Beardshear	Rose	New Life Fellowship	760-447-6295	rosebeardshear@gmail.com
Billig	Keith	Foothill Aids Project	760-684-4368	keith@fapinfo.org
Blythe	Charles	CAPSBC	909-723-1571	cblythe@capsbc.org
Carrillo	Ana	DBH	909-421-4633	
Catalano	Michael	Sheriff HOPE	909-387-0623	hope@sbcsd.org
Davidson	Jenele	City of Victorville	760-243-6343	jdavidson@victorvilleca.gov
Diaz	Alejandra	Catholic Charities	760-243-1100	adiaz@ccsbriv.org
Drake	Susan	1st District BOS	760-995-8100	
Earl	Beverly	Catholic Charities	909-388-1239	bearl@ccsbriv.org
Edwards	Amy	OHS	909-386-8297	aedwards@dbh.sbcounty.gov
Enriquez	Aimee	DBH	909-421-4633	
Esparza	Daisy	SB County Superintendent of Schools	909-386-2151	Daisy.esparza@sbcss.net
Evans	Stevevonna	VVFRC	760-987-1689	stevevonnaevans@gmail.com
Evey	Darryl	Family Assistance Program	760-873-0701	darryl@familyassist.org
Figaro	Sarah	LHSSC	951-842-9551	sarahf@lighthouse-ssc.org
Fikstad	Darrin	Desert Manna	760-256-7797	topchefone@gmail.com
Harris	Michael	Illumination Foundation	760-234-7530	mharris@ifhomeless.org
Hernandez	Tom	OHS	909-386-8297	Tom.hernandez@dbh.sbcounty.gov
Lamb	George	Oasis House	951-415-8232	info@faithacct.org
Lopez	Delia	Rolling Start Inc	760-949-7626	dlopez@rollingstart.com
Mahany	Kevin	St. Mary Medical	760-217-5922	Kevin.mahany@stjoe.org
Marin-Pineda	Lesjena	City of Victorville	760-955-4823	lmarin@victorvilleca.gov
Martinez	Brigette	Family Assistance Program	760-403-9812	brigette@familyassists.org
Metzler	Keith	City of Victorville		kmetzler@victorvilleca.gov

Molina	Rachel	City of Hesperia		
Pazarin	Stephanie	GIPS/Intersections	619-534-5399	spazarin@publicstrategies.org
Perkins	Lois	Life Community Development	501-408-0477	Lperkins2lifecommunitydevelopement.org
Preciado	Juan	Probation		Juan.preciado@prob.sbcounty.gov
Quigg	Dawn	Victor Valley Rescue Mission	760-927-3141	dquigg@erescuemission.org
Robertson	Inger	A Better Way	760-955-5280	lrobertson4abw@vvdvinc.com
Searcy	Cassandra	City of Victorville	760-955-5280	csearcy@victorvillca.gov
Smith	Don	Pathways Housing Network	909-210-0239	donsmithsolutions@outlook.com
Smith	Marione	Keys	760-713-6016	mssmith@keysnonprofit.org
Smith	Sophie	City of Victorville	760-955-5033	ssmith@victorvilleca.gov
Sweitzer	Michael	DBH HOST	909-421-9419	
Taylor	Erin	Keys	909-536-0701	etaylor@keysnonprofit.org
Visser	Wytske	EFSP	951-675-3425	wytskev@inlandvalleyhopepartners.org
Waldron	Jimmy	High Desert Homeless	760-420-6980	Jimmy.waldron@yahoo.com
Waldron	Shannon	211	760-553-5363	swaldron@ieuw.org
Warren	Nena	Probation	760-429-9802	Nena.warren@prob.sbcounty.gov
Weatherspoon-Ball	Regina	1st District BOS	760-995-8100	Regina.bell@bos.sbcounty.gov
Williams	Kimberly	Step Up on Second	909-501-8655	kwilliams@stepuponsecond.org

San Bernardino County
Homelessness Action Plan:
A Multi-jurisdictional Approach

Adopted 9.25.19

The San Bernardino County Homelessness Action Plan (Action Plan) is a multi-jurisdictional strategic plan that was initiated and developed by the County of San Bernardino, multiple local cities, and the San Bernardino County Continuum of Care (CoC). The Action Plan consists of various community driven steps that the County of San Bernardino, cities, and the CoC recommend in order to align

- Jurisdictions;
- Local data sources;
- Core intake and assessment requirements;
- Interventions;
- Subpopulations; and
- Federal, state, county, city, and private funding sources;

with temporary and permanent housing and related services needed to prevent and end local homelessness:

Nine Initial Steps

Recommendations 1 – 9 focus on nine initial steps to align jurisdictions; local data sources; core intake and assessment requirements; interventions; subpopulations; and federal, state, county, city, and private funding sources to prevent and end local homelessness.

Recommendation 1. Align Jurisdictions by Regions

Recommendation 1 involves establishing regions within the county that will serve as Service Planning Areas (SPAs). Recommended regions as outlined on the regional map (see Appendix A) include:

- Central Valley;
- Desert;
- East Valley;
- Mountain; and
- West Valley.

Recommended cities and surrounding unincorporated for each region are as follows:

Central Valley Region

Central Valley Region includes the cities of Bloomington, Colton, Fontana, Grand Terrace, Highland, Loma Linda, Redlands, Rialto, San Bernardino, Yucaipa, and the surrounding unincorporated areas.

Desert Region

Desert Region includes the cities of Adelanto, Apple Valley, Barstow, Hesperia, Victorville, and the surrounding unincorporated areas.

East Valley Region

East Valley Region includes the cities of Needles, Twentynine Palms, Yucca Valley and the surrounding unincorporated areas.

Mountain Region

Mountain Region includes the city of Big Bear Lake and the surrounding unincorporated areas.

West Valley Region

West Valley Region includes the cities of Chino, Chino Hills, Montclair, Ontario, Rancho Cucamonga, Upland and the surrounding unincorporated areas.

Representatives from the cities and surrounding unincorporated areas should include a wide-range of public and private partners that include businesses, educational institutions, faith-based organizations, health care providers, homeless or formerly homeless persons, local government, mental health care providers, senior service providers, substance use treatment services, veteran organizations, victim service providers, and youth programs.

Representatives should be committed to aligning local data sources, core intake and assessment requirements, interventions, local homeless subpopulations, and federal, state, county, city, and private funding sources with temporary and permanent housing and related services needed to prevent and end local homelessness within their regions.

Recommendation 2. Ensure Regional Representation on the Interagency Council on Homelessness

Recommendation 2 ensures that each of the following five Regional Service Planning Areas should have at least one representative on the Interagency Council on Homelessness.

- Central Valley;
- Desert;
- East Valley;
- Mountain; and
- West Valley.

Recommendation 3. Align Local Data Sources

Recommendation 3 involves aligning local data sources that include:

Homeless Management Information System

The local Homeless Management Information System (HMIS) is the primary repository for client level data for consumers of homeless services in the County of San Bernardino. The HMIS allows the Continuum of Care to analyze data from within the homeless system and evaluate essential information related to the provision and assessment of services provided within all levels of the Continuum of Care, including outreach and prevention, emergency shelters, transitional housing and permanent supportive housing.

Coordinated Entry System

The Coordinated Entry System (CES) allows individuals and families to access services needed to move them out of a state of homelessness as quickly as possible. CES includes a client-focused approach to minimize the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. Service providers within the SBC CoC work collaboratively to coordinate services and information with the intent to provide the most effective and efficient client services.

Point-in-Time Sheltered and Unsheltered Counts

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to conduct a sheltered count every year and an unsheltered count every other year or odd number years. The San Bernardino County CoC, however, conducts an unsheltered count every year. Counts must be conducted during the last 10 days of January.

Sheltered counts include adults and children living in seasonal shelters, year-round shelters, transitional housing programs, and safe havens. Unsheltered counts include persons in places not meant for human habitation, such as vehicles, parks, sidewalks, and abandoned buildings.

A survey is also implemented that includes questions that capture HUD required demographic information and subpopulation data. Count and survey results are submitted to HUD. In addition, local questions are included in the survey that are added by the San Bernardino County CoC. The results to these questions are not submitted to HUD.

Housing Inventory Count

HUD requires CoCs to collect Housing Inventory Count (HIC) data, which is an annual inventory of the beds, units, and programs designated to serve the local homeless population. This data is submitted annually to HUD, in conjunction with the PIT population and subpopulation data. HUD requests that the data be reported based on household types served in the inventory (i.e., households with at least one adult and one child, households without children, and households with only children). The HIC data is largely pulled directly from the CoC's HMIS.

Homeless Outreach and Proactive Enforcement (H.O.P.E.) Program Homeless Contact Data

The Homeless Outreach and Proactive Enforcement (H.O.P.E.) program is a pro-active approach intended to ultimately reduce calls for service and other resources currently required to deal with the homeless population. A community policing philosophy will be used to link the homeless population with resources and service providers throughout the county.

The HOPE Team is assigned throughout the County. Encounters with persons who are homeless includes entering consenting persons into the H.O.P.E. Program Homeless Contact Database. Information collected helps HOPE Team members assess an individual's needs and helps link the individual to appropriate residential and non-residential services.

Pathways to Housing Data

The SBC Pathways to Housing Network is a service-provider driven, collective impact initiative utilizing national best practice models and innovative locally designed approaches to implement solution-focused, cost-efficient and effective strategies to help prevent individuals and families from becoming homeless and help rapidly re-house literally homeless households through strategic resource alignment and coordinated service delivery.

The *Pathways Network* involves a broad range of community-based organizations and government service agencies working collaboratively with the CoC Coordinated Entry System to provide consumers and service advocates with a gateway into the county's *housing and homeless crisis response system* through a web-based referral platform designed to help identify *real-time housing challenges and solutions for all households* experiencing or at-risk of homelessness in San Bernardino County.

Documenting the number, characteristics, and needs of local homeless persons, as well as the number of homeless persons receiving services and the capacity of these services, is essential to aligning interventions, subpopulations of homeless persons, and federal, state, county, city, and private funding sources with the need for appropriate temporary and permanent housing and residential and non-residentials services. Analyzing the data across systems, time, and regions will provide regional stakeholders with information to initiate and implement data-driven local policies to prevent and end homelessness and provide information for the San Bernardino County CoC to do the same county-wide as needed.

Recommendation 4. Make Sure That Local Data from Each of the Primary Data Sources Is Provided to Each Region

Recommendation 4 ensures that local data from each of the following primary data sources be provided quarterly to each of the Regional Service Planning Areas:

- Homeless Management Information System;
- Coordinated Entry System;
- Point-in-Time Sheltered and Unsheltered Counts;
- Housing Inventory Count;
- Homeless Outreach and Proactive Enforcement (H.O.P.E.) program Homeless Contact Data; and
- Pathways to Housing Data.

Office of Homeless Services will coordinate quarterly data collection and disbursement to Regional Service Planning Areas.

Recommendation 5. Align Core Intake and Assessment Requirements

Recommendation 5 tasks each Regional Service Planning Area with ensuring that all homeless service providers within their regions that receive funds from federal, state, county, city, and private funding sources participate in the following core intake and assessment requirements

- Homeless Management Information System; and
- Coordinated Entry System.

and have the necessary resources to participate.

An increasing number of federal and state funding sources for homelessness are requiring grant recipients to participate in HMIS and CES.

All privately funded programs are encouraged to adopt the core requirements.

Recommendation 6. Identify Non-Residential Interventions for Alignment

Recommendation 6 focuses on identifying non-residential interventions for alignment with appropriate subpopulations of homeless persons and federal, state, county, city, and private funding sources in order to recommend appropriate temporary and permanent housing and residential and related services needed to prevent and end local homelessness.

Identified interventions include:

1. Assertive Community Treatment;
2. By-Name Lists;
3. Harm Reduction;
4. Housing First;
5. Housing Navigation;
6. Housing Search;
7. Low Barrier Approach;
8. No Wrong Door Approach;
9. Progressive Engagement;
10. Street Outreach and Engagement; and
11. Trauma Informed Care.

See Appendix A for a description of each intervention.

Recommendation 7. Identify Subpopulations for Alignment

Recommendation 7 focuses on identifying local subpopulations of homeless persons for alignment with appropriate interventions and federal, state, county, city, and private funding sources in order to recommend appropriate temporary and permanent housing and related services needed to prevent and end local homelessness.

Identified subpopulations include the following, which only consists of adults:

1. Chronically homeless;
2. Dually diagnosed with mental illness and substance use;
3. HIV/AIDS;
4. Individuals;
5. Living with life-threatening illnesses;
6. Seniors age 62+;
7. Seriously mentally ill;
8. Substance users;
9. Survivors of domestic violence and human trafficking;
10. Terminally ill;
11. Veterans;
12. Youth age 18 – 24;
13. Youth under 18.

The following subpopulations consist of adults and children under age 18:

14. Chronically homeless families;
15. Families.

See Appendix B for a description of each

Recommendation 8. Identify Federal and State Funding Sources for Alignment

Recommendation 8 involves identifying federal and state funding sources for alignment with interventions and local subpopulations of homeless persons in order to recommend appropriate temporary and permanent housing and residential and related services needed to prevent and end local homelessness.

Identified funding sources include:

Federal

- **Continuum of Care Program**

The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the

trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

- **Youth Homeless Demonstration Program**

HUD, its federal partners, and youth with lived experience of homelessness designed the Youth Homelessness Demonstration Program (YHDP) to drastically reduce the number of youth experiencing homelessness, including unaccompanied, pregnant and parenting youth. Requirements include:

- Communities must bring together a wide variety of stakeholders, including housing providers, local and state child welfare agencies, school districts, workforce development organizations, and the juvenile justice system.
- Communities must convene Youth Action Boards, comprised of youth that have current or past lived experience of homelessness, to lead the planning and implementation of the YHDP.
- Communities must assess the needs of special populations at higher risk of experiencing homelessness, including racial and ethnic minorities, LGBTQ+ youth, parenting youth, youth involved in the foster care and juvenile justice systems, and youth victims of human trafficking. Communities will create a coordinated community plan that assesses the needs of youth at-risk of and experiencing homelessness in the community and addresses how it will use the money from the YHDP grant, along with other funding sources, to address these needs.
- Communities may propose innovative projects and test new approaches to address youth homelessness.

State

- **Emergency Solutions Grant** distributed by Department of Housing and Community Development

The ESG program provides grant funding to (1) engage homeless individuals and families living on the street, (2) rapidly re-house homeless individuals and families, (3) help operate and provide essential services in emergency shelters for homeless individuals and families, and (4) prevent individuals and families from becoming homeless. ESG funds may be used for four primary activities: Street Outreach, Rapid Re-Housing Assistance, Emergency Shelter, and Homelessness Prevention. In addition, ESG funds may be used for associated Homeless Management Information System (HMIS) costs and administrative activities for some subrecipients.

- **Homeless Housing, Assistance, and Prevention Program**

The Homeless Housing, Assistance, and Prevention program provides jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.

- **Housing for a Healthy California Program**

Existing legislation created the Housing for a Healthy California Program in order to provide grants to counties for permanent supportive housing for individuals who are recipients of or eligible for health care provided through the California Department of Health Care Services, Medi-Cal program.

- **Multifamily Housing Program**

Funds are allocated as permanent financing for affordable multifamily rental and transitional new construction, acquisition, rehabilitation, and conversion housing developments.

- **No Place Like Home (NPLH) Program**

Existing Legislation, known as the No Place Like Home (NPLH) Program, requires the California Department of Housing and Community Development (HCD) to award $2,000,000,000 among counties to finance capital costs, including, but not limited to, acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who are in need of mental health services.

- **Permanent Local Housing Allocation**

Recent legislation created the Permanent Local Housing Allocation (PLHA) Program in order to help cities and counties implement plans to increase the affordable housing stock including permanent supportive housing.

- **SB 2 Planning Grant Program Awards**

SB 2 Planning Grant Program provides funding and technical assistance to all local governments in California to help cities and counties prepare, adopt, and implement plans and process improvements that streamline housing approvals and accelerate housing production.

Funding helps cities and counties:

- Accelerate housing production
- Streamline the approval of housing development affordable to owner and renter households at all income levels
- Facilitate housing affordability, particularly for lower- and moderate-income households
- Promote development consistent with the State Planning Priorities (Government Code Section 65041.1)
- Ensure geographic equity in the distribution and expenditure of the funds

- **Supportive Housing Multifamily Housing Program**

Supportive Housing Multifamily Housing Program provides funds "for permanent financing only, and may be used for new construction or rehabilitation of a multifamily rental housing development, or conversion of a nonresidential structure to a multifamily rental housing development. Eligible use of funds may include, but are not limited to, real property acquisition, refinancing to retain affordable rents, necessary on-site and off-site improvements, reasonable fees and consulting costs, capitalized reserves, facilities for childcare, after-school care, and social service facilities integrally linked to the restricted supportive housing units.

- **Veterans Housing and Homelessness Prevention Program**

The purpose of Veterans Housing and Homelessness Prevention Program is to provide funding for acquisition, construction, rehabilitation, and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability. At least 50 percent of the funds awarded shall serve veteran households with extremely low incomes. Of those units targeted to extremely low-income veteran housing, 60 percent shall be permanent supportive housing units.

- **Whole Person Care Pilot Program**

The WPC Pilot program coordinates health, behavioral health and social services in a patient-centered manner with the goal of improved beneficiary health and well-being. Pilot programs target individuals who are mentally ill and are experiencing homelessness or who are at risk of homelessness, and have a demonstrated medical need for housing and/or supportive services. This

Recommendation 9. Identify Temporary and Permanent Housing and Related Residential Services for Alignment

Recommendation 9 involves identifying temporary and permanent housing and related services for alignment with interventions, local subpopulations of homeless persons, and federal, state, county, city, and private funding sources in order to prevent and end local homelessness.

Identified temporary and permanent housing and related services include:

Temporary and permanent housing:
1. Affordable housing;
2. Bridge housing;
3. Group homes/Shared housing;
4. Homeless Diversion;
5. Homeless Prevention;
6. Hospice Care;
7. Low Barrier Shelter;
8. Navigation Center;
9. Permanent subsidized housing;
10. Permanent supportive housing;
11. Rapid rehousing assistance;
12. Recovery housing;
13. Recuperative housing;
14. Residential homes;
15. Shelter; and
16. Transitional housing.

See Appendix C for a description of each temporary and permanent housing component.

Related services:
1. Coordinated entry system;
2. Home-based case management;
3. Housing Locators;
4. Housing Navigators;
5. Housing Search;
6. Mainstream Resources;
7. Street outreach and engagement workers; and
8. Supportive services;

See Appendix D for a description of each related service.

Four Next Steps

Recommendations 10 – 13 focus on next steps to prevent and end local homelessness.

The Interagency Council on Homelessness should ensure that recommendations 10 – 13 are carried out.

> **Recommendation 10. Help County, regions, and cities prepare, adopt, and implement plans and process improvements that streamline housing approvals and accelerate housing production including permanent supportive housing.**

The Interagency Council on Homelessness (ICH) should support applications submitted to the SB 2 Planning Grants Program, which "is intended for the preparation, adoption, and implementation of plans that streamline housing approvals and accelerate housing production."

Nearly $7 million ($6,895,000) has been allocated to the County and its 24 cities. See table at the end of this recommendation for the amounts allocated for the County and each city.

ICH should also work with the County and each of the cities that apply to ensure that permanent supportive housing is included in the plans that streamline housing approvals and accelerate housing production, including Housing Elements which is consistent with recently approved AB 2162, Planning and Zoning: Housing Development and Supportive Housing.

AB 2162 states

> "That law specifies that transitional housing and supportive housing are a residential use of property, subject only to those restrictions that apply to other residential dwellings of the same type in the same zone."

AB 2162 also states

> "Evidence shows supportive housing—an affordable rental with intensive services promoting housing stability—works to reduce chronic homelessness. As a result, the Legislature has invested in supportive housing, including the No Place Like Home Program, which will generate $2 billion in revenue bonds to build supportive housing for homeless Californians with serious mental illness.
>
> Studies reveal supportive housing benefits communities by reducing homelessness locally, addressing blight, and increasing property values. Yet one of the barriers to creating supportive housing has been local delays or denials of applications to build

supportive housing, based on subjective local planning standards. Delays or denials of building applications add to the costs and timeline of development, affecting the effectiveness of state dollars.

Given the urgent need to provide supportive housing to Californians experiencing chronic homelessness, streamlining and expediting the process of approving supportive housing applications will offer housing opportunities in communities with few or no opportunities to exit chronic homelessness. Further, it will promote progress in addressing the growing crisis of homelessness the Legislature intended through recent initiatives."

Funds are available to eligible applicants on a non-competitive, over-the-counter basis. Final due date is November 30, 2019. Maximum award amount for large localities of 200,000 persons or more is $625,000.

As stated in the 2019 Notice of Funding Availability (NOFA),

"eligible applicants are limited to local governments, i.e., cities and counties. However, local governments may partner through legally binding agreements with other forms of governments or entities where the proposal will have a direct effect on land-use or development within the locality. This includes, but is not limited to, partnerships with other localities, regional governments, housing authorities, school districts, special districts, community-based organizations, or any duly constituted governing body of an Indian Reservation or Rancheria."

Eligible activities include:

"(1) Updates to general plans, community plans, specific plans, local planning related to implementation of sustainable communities strategies, or local coastal plans;
(2) Updates to zoning ordinances;
(3) Environmental analyses that eliminate the need for project-specific review;
(4) Local process improvements that improve and expedite local planning;
(5) A smaller geography with a significant impact on housing production including an overlay district, project level specific plan, or development standards modifications proposed for significant areas of a locality, such as corridors, downtown or priority growth areas;
(6) The creation or enhancement of a housing sustainability district pursuant to AB 73 (Chapter 371, Statutes of 2017);
(7) Workforce housing opportunity zone pursuant to SB 540 (Chapter 369, Statutes of 2017);
(8) Zoning for by-right supportive housing, pursuant to Government Code section 65651 (Chapter 753, Statutes of 2018);

(9) Zoning incentives for housing for persons with special needs, including persons with developmental disabilities;

(10) Rezoning to meet requirements pursuant to Government Code Section 65583.2(c) and other rezoning efforts to facilitate supply and affordability;

(11) Rezoning for multifamily housing in high resource areas (according to Tax Credit Allocation Committee/Housing Community Development Opportunity Area Maps);

(12) Pre-approved architectural and site plans;

(13) Regional housing trust fund plans;

(14) SB 2 funding plans;

(15) Infrastructure financing plans;

(16) Environmental hazard assessments; data collection on permit tracking; feasibility studies, site analysis, or other background studies that are ancillary and part of a proposed activity with a nexus to accelerating housing production; and

(17) Other planning activities demonstrating a nexus to accelerating housing production."

Table 1. SB 2 Planning Grant Program Awards

Jurisdiction	Award maximum	Total Population	City Size
Adelanto	$160,000	35,293	Small City
Apple Valley	$310,000	73,984	Medium City
Barstow	$160,000	24,411	Small City
Big Bear Lake	$160,000	5,512	Small City
Chino	$310,000	86,757	Medium City
Chino Hills	$310,000	83,159	Medium City
Colton	$160,000	53,724	Small City
Fontana	$625,000	212,000	Large City
Grand Terrace	$160,000	12,524	Small City
Hesperia	$310,000	94,829	Medium City
Highland	$160,000	54,761	Small City
Loma Linda	$160,000	23,946	Small City
Montclair	$160,000	39,326	Small City
Needles	$160,000	5,177	Small City
Ontario	$310,000	177,589	Medium City
Rancho Cucamonga	$310,000	176,671	Medium City
Redlands	$310,000	71,196	Medium City
Rialto	$310,000	107,041	Medium City
San Bernardino	$625,000	221,130	Large City
Twentynine Palms	$160,000	27,046	Small City
Upland	$310,000	77,017	Medium City

Victorville	$310,000	123,701	Medium City
Yucaipa	$160,000	54,651	Small City
Yucca Valley	$160,000	21,834	Small City
Sub-Total:	**$6,270,000**		
San Bernardino County	$625,000	311,659	Large County
Total:	**$6,895,000**		

Recommendation 11a. Increase the number of permanent supportive housing units in order to decrease the number of chronically homeless individuals and families

Homeless persons experiencing chronic homelessness are likely to have complex and long-term health conditions while languishing on the streets. Such conditions often include mental illness, substance use disorders physical disabilities, and prolonged medical conditions. As a result, the longer they are homeless, the more difficult it is to get them back into permanent housing.

Permanent Supportive Housing

Permanent supportive housing (PSH) is a proven solution for chronic homelessness. PSH pairs a housing rental subsidy and home-based case management. The subsidy allows residents to pay no more than 30% of their adjusted monthly income towards rent and case managers ensure that residents receive appropriate on-site and off-site supportive services.

Recommendation 11b. Set an annual quantifiable number of permanent supportive housing units to be developed based on the number of unsheltered chronically homeless individuals identified in the recent Point-in-Time homeless count, Homeless Management Information System (HMIS), and Coordinated Entry System (CES)

Recent data shows that 37.5% of adults counted as unsheltered in 2019 were chronically homeless and nearly half (49%) of persons encountered by the Homeless Outreach and Proactive Enforcement (H.O.P.E.) program were chronically homeless. Recent HMIS data shows that 17.1% of adults entered into HMIS were chronically homeless. Recent CES data shows that 43.5% of adults were chronically homeless.

Recommendation 11c. Ensure that eligible public and private entities apply for funds to increase permanent supportive housing from all state funding sources that prioritize permanent supportive housing

Nine state funding sources are described below that include permanent supportive housing as an eligible activity.

1. **No Place Like Home Program**

Existing Legislation, known as the No Place Like Home (NPLH) Program, requires the California Department of Housing and Community Development (HCD) to award $2,000,000,000 among counties to finance capital costs, including, but not limited to, acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who are in need of mental health services.

Competitive Funding

The legislation requires "that $1,800,000,000 of the moneys available under the program be awarded, in at least 4 rounds, by a competitive program based on specified criteria, including that the county has developed a county plan to combat homelessness."

HCD announce the availability of approximately $400 million in Round 1 Competitive Allocation funds for the NPLH program. Applications were due in January 2019 and awards were recently announced that included funding for 805 permanent supportive housing units.

Non-Competitive Funding

The legislation allowed HCD to distribute a non-competitive allocation of $190 million to that required counties to submit a Noncompetitive Allocation Acceptance Form and an executed copy of the Authorizing Resolution to HCD by August 15, 2019. Counties that failed to submit the required documentation had their unawarded non-competitive transferred into the NPLH Competitive Allocation for future Notice of Funding Availability (NOFA) Allocations. The deadline for counties that submitted their required documentation to submit project applications for their non-competitive allocation is February 15, 2021.

Amount allocated for non-competitive funding for San Bernardino County is $2,537,144.

More Competitive Funding

A Notice of Funding Availability (NOFA) for the next competitive round of $400 million from the NPLH program is scheduled to be released in September, 2019. Applications will be due January, 2020 and awards will be made by Spring, 2020.

Eligible applicants

Eligible applicants are Counties either solely or with a housing development sponsor. *Under the* NPLH program, the definition of "counties" includes the City of Berkeley and the cities of Pomona, Claremont, and La Verne.

2. Housing for a Healthy California Program

Existing legislation created the Housing for a Healthy California Program in order to provide grants to counties for permanent supportive housing for individuals who are recipients of or eligible for health care provided through the California Department of Health Care Services, Medi-Cal program.

Competitive Funding

A 2019 Notice of Funding Availability (NOFA) for Housing for a Healthy California Program Article I - National Housing Trust Fund Allocation Funds was released in May, 2019 by HCD that made approximately $33 million in National Housing Trust Fund (NHTF) Allocation funds for the Housing for a Healthy California (HHC) program. Applications were due August 13, 2019. Awards will be made by the end of 2019.

San Bernardino County applied for $2,529,090.

A NOFA for an additional $33 million is scheduled to be released in February, 2020 and applications will be due by May, 2020. Target Population will be persons who are "Chronically homeless or is Homeless and a High-cost health user upon initial eligibility, is a MediCal beneficiary, is eligible for Supplemental Security Income, is eligible to receive services under a program providing services promoting housing stability, and is likely to improve his or her health conditions with Supportive housing."

3. Permanent Local Housing Allocation Program

Recent legislation also created the Permanent Local Housing Allocation (PLHA) Program in order to help cities and counties implement plans to increase the affordable housing stock including permanent supportive housing.

The program provides non-competitive and competitive funding.

Non-Competitive Funding

Release of a Notice of Funding Availability (NOFA) is expected in September for approximately $165 million in non-competitive allocations. Non-Competitive Components consist of an estimated $138 million to local governments that received an entitlement allocation per the 2017 Federal Community Development Block Grant (CDBG) formula; and an estimated $16.6 million to 2017 non-entitlement local governments. Applications are excepted over-the-counter.

Table 2. Estimated Allocation from PLHA Formula Allocation

Jurisdiction	Estimated Allocation from PLHA Formula Allocation	Allowable Local Administrative Costs (5%)
Apple Valley	$227,223.43	$11,361.17
Chino	$197,041.68	$9,852.08
Chino Hills	$140,086.25	$7,004.31
Fontana	$775,256.78	$38,762.84
Hesperia	$399,651.83	$19,982.59
Ontario	$726,973.94	$36,348.70
Rancho Cucamonga	$355,954.32	$17,797.72
Rialto	$472,354.67	$23,617.73
San Bernardino City	$1,281,682.15	$64,084.11
Upland	$219,539.43	$10,976.97
Victorville	$499,997.87	$24,999.89
San Bernardino County	$2,733,319.97	$136,666.00
Total:	**$8,029,082.32**	**$401,454.11**

Amount allocated for non-competitive funding for County and 11 cities is $8,029,082.

Competitive Funding

A Competitive Component consists of an estimated $11.5 million to 2017 non-entitlement local governments which will be awarded competitively.

Eligible activities for the formula allocations include Capitalized Reserves for Services connected to the preservation and creation of new permanent supportive housing.

Another NOFA is scheduled to be released in March, 2020 and applications will be due in May, 2020.

Eligible Applicants

Eligible Applicants for the entitlement formula component are limited to the metropolitan cities and urban counties allocated a grant for the federal fiscal year 2017 pursuant to the federal CDBG

formula specified in 42 USC, Section 5306. Eligible Applicants for the non-entitlement formula component and the competitive grant program component are limited to the non-entitlement jurisdictions.

4. Supportive Housing Multifamily Housing Program

Supportive Housing Multifamily Housing Program (SHMHP) was recently created out of the Multifamily Housing Program (MHP), which was established by Chapter 637, Statutes of 1999 (SB 1121), which created Chapter 6.7 of Part 2 of Division 31 commencing with Section 50675, of the Health and Safety Code.

The SHMHP program provides funds "for permanent financing only, and may be used for new construction or rehabilitation of a multifamily rental housing development, or conversion of a nonresidential structure to a multifamily rental housing development. Eligible use of funds may include, but are not limited to, real property acquisition, refinancing to retain affordable rents, necessary on-site and off-site improvements, reasonable fees and consulting costs, capitalized reserves, facilities for childcare, after-school care, and social service facilities integrally linked to the restricted supportive housing units.

Eligible projects "must have a minimum of five supportive housing units, or a minimum of 40 percent of total units must be supportive housing units, whichever is greater, and must have associated supportive services for the intended target population living in the restricted units, pursuant to Health and Safety Code Section 50675.14."

A NOFA was released in November, 2018 and applications were due in February, 2019. Awards were announced in July, 2019.

Competitive Funding

HCD will not release another set aside for the SHMHP. However, applications including permanent supportive housing projects may be submitted during the next round of funding for the Multifamily Housing Program (MHP), which is noted below.

5. Multifamily Housing Program

Multifamily Housing Program (MHP), which was established by Chapter 637, Statutes of 1999 (SB 1121), which created Chapter 6.7 of Part 2 of Division 31 commencing with Section 50675, of the Health and Safety Code.

Funds are allocated as permanent financing for affordable multifamily rental and transitional new construction, acquisition, rehabilitation, and conversion housing developments.

Eligible applicants include local public entities, for-profit and nonprofit corporations, and limited partnerships in which an eligible applicant or an affiliate of an applicant is a general partner. Applicants or their principals must have successfully developed at least one affordable housing project.

Competitive Funding

HCD announced the availability of approximately $250 million in funding in a NOFA, which was released in June, 2019. Applications were due in August, 2019 and award announcements are expected in December, 2019.

HCD is scheduled to release another NOFA in January, 2020 and applications due in March, 2020. Awards are anticipated in June, 2020.

6. Veterans Housing and Homelessness Prevention Program

Veterans Housing and Homelessness Prevention Program (VHHP) is the result of the Veterans Housing and Homeless Prevention Bond Act of 2014.

The purpose of VHHP is to provide funding for acquisition, construction, rehabilitation, and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability. At least 50 percent of the funds awarded shall serve veteran households with extremely low incomes. Of those units targeted to extremely low-income veteran housing, 60 percent shall be permanent supportive housing units.

Competitive Funding

HCD will make approximately $75 million in funding available through a NOFA that will be released in November, 2019. Applications will be due in January, 2020 and awards are anticipated in May, 2020. HCD anticipates awarding approximately $300 million in subsequent years funding rounds.

Outcome Goals Over the next 5 Years (based on first NOFA award) is to fund 4,800 new veteran housing units including 2,880 to 3,300 permanent supportive housing units for homeless veterans. Of the permanent supportive housing units, 1,200 to 1,400 will be for chronically homeless veterans.

Recommendation 12. Ensure that eligible public and private entities apply for funds from all other state funding sources that prioritize activities to prevent and end homelessness

Other state funding sources that prioritize activities to prevent and end homelessness include:

7. Homeless Housing, Assistance, and Prevention Program

As noted in the Final Statue, Homeless Housing, Assistance, and Prevention Program

> "is hereby established for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing."

Grant funds will be provided to

- Continuums of Care;
- Counties;
- Cities with a total population of 300,000 persons or more

Continuum of Care: Estimated allocation $3,292, 454;
County: Estimated allocation $3,032,524;

"A recipient shall expend funds on evidence-based solutions that address and prevent homelessness among eligible populations including any of the following:

(1) Rental assistance and rapid rehousing.
(2) Operating subsidies in new and existing affordable or supportive housing units, emergency shelters, and navigation centers. Operating subsidies may include operating reserves.
(3) Incentives to landlords, including, but not limited to, security deposits and holding fees.
(4) Outreach and coordination, which may include access to job programs, to assist vulnerable populations in accessing permanent housing and to promote housing stability in supportive housing.
(5) Systems support for activities necessary to create regional partnerships and maintain a homeless services and housing delivery system, particularly for vulnerable populations including families and homeless youth.
(6) Delivery of permanent housing and innovative housing solutions such as hotel and motel conversions.
(7) Prevention and shelter diversion to permanent housing.
(8) New navigation centers and emergency shelters based on demonstrated need. Demonstrated need for purposes of this paragraph shall be based on the following:
(i) The number of available shelter beds in the city, county, or region served by a continuum of care.
(ii) Shelter vacancy rate in the summer and winter months.
(iii) Percentage of exits from emergency shelters to permanent housing solutions.
(iv) A plan to connect residents to permanent housing."

A program recipient shall not use funding from the program to supplant existing local funds for homeless housing, assistance, or prevention.

Latest Timeline:

October 2019	Program Guidance Published
TBD	Application Map and Instructions released
TBD	Release of NOFA and Application (dependent upon the release of 2019 point-in-time count by US Housing and Urban Development)
February 15, 2020	HHAP Applications Due
April 1, 2020	All HHAP awards to be made
May 31, 2023	HHAP program funds must be contractually obligated **varies for counties, CoCs, and large cities
June 30, 2025	HHAP program funds must be fully expended

8. Whole Person Care Pilot Program

The 2019-20 Governor's Budget invests $100 million State General Fund (one-time with multi-year spending authority through June 30, 2025) for active Whole Person Care (WPC) Pilot programs that provide housing services for Medi-Cal enrollees who are mentally ill and are experiencing homelessness, or who are at risk of homelessness and have also demonstrated medical need for housing and/or supportive services

This funding is available for the costs of long-term and short-term housing, such as hotel vouchers and rental subsidies, as well as capital investment for housing projects for Medi-Cal beneficiaries who are mentally ill and are experiencing homelessness, or are at risk of homelessness. This funding may be used to match local county investments and shall not supplant existing funding for these services. This funding allocation does not require local matching funding.

"WPC participating entities must include a minimum of one Medi-Cal managed care health plan (MCP) operating in the geographic area of the WPC pilot to work in partnership with the lead entity for MCP members. Participating entities must also include both the health services and the specialty mental health agencies or departments, and at least one other public agency or department, which may include, but is not limited to, county alcohol and substance use disorder programs, human services agencies, public health departments, criminal justice/probation entities, or housing authorities (regardless of how many of these fall under the same agency within a county)."

San Bernardino County had a pilot allocation of $1,646,279.

Timeline:

1. DHCS releases notification and application for one-time funds	07/22/2019
2. Applications due to DHCS	09/23/2019
3. DHCS notifies applicants of the selection final decisions	09/30/2019
4. Written formal acceptance is submitted to DHCS	10/07/2019
5. Funding fully processed and released to approved applicants	12/30/2019
6. Final date of funding availability for encumbrance or expenditure	06/30/2025

9. Emergency Solutions Grants (ESG) Program

HCD distributes federal Emergency Solutions Grant funds to CoCs that have at least one city or county that receives ESG funds directly from HUD. Within the CoC Allocation, Administrative Entities (AEs) are selected by the Department of Housing and Community Development (HCD) to administer an allocation of funds provided through a formula for their service area. These AEs must be local governments of ESG Entitlement Areas and must commit to administering ESG funds in collaboration with their CoC throughout their CoC Service Area, including ensuring access to ESG funds by households living in Nonentitlement Areas. A minimum of 40 percent of each AE Allocation must be used for Rapid Rehousing activities.

ESG funds may be used for four primary activities: Street Outreach, Rapid Re-Housing Assistance, Emergency Shelter, and Homelessness Prevention. In addition, ESG funds may be used for associated Homeless Management Information System (HMIS) costs and administrative activities for some subrecipients.

2019 Timeline:

- March 29, 2019: ESG NOFA and application for the CoC allocation released
- May 30, 2019: Application deadline for Applicants not impacted by a 2018 FEMA declared major disaster
- July 31, 2019: Application deadline for Applicants impacted by a 2018 FEMA declared major disaster July 31, 2019 Board Resolutions deadline September
- 2019 HCD: announces AE awards

2019 San Bernardino Continuum of Care Allocation: $302,668

2020 Timeline:

- February 2020: NOFA released for $11 million
- April 2020: Applications due
- June 2020: Awards announced

Recommendation 13a. Conduct a Series of Meetings with Potential Housing Developers

Meetings should consist of a presentation that focuses on the need for development expertise and interest regarding mixed-income, mixed-population developments that include permanent supportive housing

- mixed-income includes very low-, low- and moderate-income households;
- mixed population includes persons with disabilities who were homeless.

Recommendation 13b. Appoint a Point Person to Organize and Facilitate the Series of Meetings with Potential Housing Developers

Organizing the meetings include:

- inviting potential housing developers to attend meetings;
- designing a presentation that focuses on the need for development expertise regarding mixed-income, mixed-population developments that include permanent supportive housing.

Facilitating the meetings include:

- soliciting feedback and interest from potential housing developers;
- ensuring that representatives from appropriate County departments attend the meetings to help respond to feedback and interest from potential housing developers;
- ensuring follow-up with potential housing developers who express an interest in developing a mixed-income, mixed-population development that include permanent supportive housing.

Appendix A: Description of Non-Residential Interventions

1. Assertive Community Treatment

Assertive Community Treatment (ACT) is a multidisciplinary treatment team that provides case management, crisis intervention, medication monitoring, social support, assistance with everyday living needs, access to medical care, and employment assistance for people with mental illnesses and people who are homeless. ACT is an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods.

2. By-Name Lists

According to the U.S. Department of Housing and Urban Development (HUD), a by-name list (also called a 'master list' or 'active list') is a real-time, up-to-date list of all people experiencing homelessness which can be filtered by categories, and shared across agencies. This includes individuals who are unsheltered as well as sheltered (i.e. transitional housing, emergency shelter, and safe haven). This list is generated with data from outreach, HMIS, federal partners, and any other community shelters and providers working with the specific homeless subpopulation.

3. Harm Reduction;

Harm Reduction is an approach aimed at reducing negative consequences of drug use in order to maintain housing stability. The approach incorporates non-judgmental, non-coercive provision of services and resources to reduce the harms of drug use without minimizing or ignoring the real and tragic harm of drug use that could lead to loss of housing. Instead of mandating abstinence, a case manager supports the drug user through a process of recovery.

4. Housing First

Rather than moving homeless individuals and families through different "levels" of housing until they are "housing ready," this strategy moves households immediately from the streets, emergency shelter, or interim housing into their own housing with wraparound services. In order to obtain housing, barriers are removed that have hindered homeless persons from **obtaining** housing which include

   a. too little income or no income;
   b. active or history of substance use;
   c. criminal record, with exceptions for state-mandated restrictions, and
   d. history of having been or currently a victim of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement).

Barriers are also removed that have hindered homeless persons from **maintaining** housing which include

   a. Failure to participate in supportive services;
   b. Failure to make progress on a service plan;
   c. Loss of income or failure to improve income; and
   d. Fleeing domestic violence.

5. Housing Navigation

Housing Navigation focuses on helping homeless households with developing a housing plan, addressing the barriers identified during the plan or during regular navigation activities, and assisting the household with acquiring documentation and completing forms required for housing. Navigation continues through housing search, including attending property owner meetings and setting appointments and assisting with completing paperwork needed around housing applications. Navigation also involves the securing of housing including inspections, utility startups and actual move in into housing. Thus, navigation differs from active case management in that the primary focus is assisting the individual with obtaining their housing whereas case management is long term and ongoing and helps the household maintain their housing once achieved.

6. Housing Search

Housing search activities focus on finding potential rental units by engaging a broad network of property owners; property managers; residential care providers; affordable housing developers; affordable housing operators; single room occupancy corporations; permanent supportive housing providers; and others through one-on-one meetings; and group meetings including representatives from the broad network noted above.

7. Low Barrier Approach

A Housing First approach is embraced and anyone facing a housing crisis is offered immediate and low barrier access. Residents work with housing navigators to move into permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

8. No Wrong Door Approach

A no wrong door approach ensures that getting help is not a matter of talking to the right agency or the right staff person such as a case manager at the right time. The approach ensures that an individual or family can be immediately linked to appropriate supportive services regardless of their point of entry into the homeless assistance system by the staff that they first encounter. It

is an approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC.

9. Progressive Engagement

Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance. Assistance is provided on an "as-needed basis" to keep a participant housed and, within funding constraints, programs offer more intensive support, additional rental assistance, or step-up referrals and help to access community-based assistance.

10. Street Outreach and Engagement

Outreach begins the initial steps that lead to engagements which includes building a personal connection with the individuals, assessing their immediate needs a with a basic field needs assessment, and working to identify barriers that the individual must address and overcome to improve health status, social support network and address their housing crisis. Engagement is continued multiple contacts with the individuals living on the street, continued attempts in those contacts to develop and establish a rapport and trust that leads to a trusting relationship that can facilitate the development of a Housing goal and plan as well as addressing the individuals medical, mental health and service needs.

11. Trauma Informed Care

Trauma-informed care is an approach that engages persons with histories of trauma by recognizing the presence of trauma symptoms and acknowledges the negative role that trauma has played in their lives. Acknowledgement includes understanding how trauma can overwhelm a person's ability to cope with the steps necessary to obtain and maintain permanent housing and appropriate supportive services. Actions include working with them to end their homelessness experience while avoiding situations that can lead to re-traumatization.

Appendix B: Definition of Subpopulations

The following subpopulations consist of adults only.

1. Chronically homeless

A person who

- Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and
- Has a disability.

2. Dually diagnosed with mental illness and substance use

Adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently and with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications of expected to be long-continuing or indefinite duration.

3. HIV/AIDS;

Adults who have been diagnosed with AIDS and/or have tested positive for HIV.

4. Individuals

Adults in households without children

5. Living with life-threatening illnesses

A doctor or other medical professional stated that a person has a chronic health condition that is life-threatening such as heart, lung, liver, kidney, or cancerous disease.

6. Seniors age 62+;

Persons who are 62 years of age or older

7. Seriously mentally ill

Adults with a severe and persistent mental illness or emotional impairment that seriously limits a person's ability to live independently.

8. Substance users

Adults with a substance abuse problem (alcohol abuse, drug abuse, or both). Adults with a substance use disorder must also meet the qualifications of expected to be long-continuing or indefinite duration.

9. Survivors of domestic violence and human trafficking

Adults who are currently experiencing homelessness because they are fleeing domestic violence, dating violence, sexual assault, or stalking.

10. Terminally ill

Adults who have a disease that cannot be cured and will eventually lead to death.

11. Veterans

Adults who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

12. Youth age 18 – 24

Adults between ages 18 and 24.

13. Youth under 18.

Children who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren).

The following subpopulations consist of adults and children under age 18:

14. Chronically homeless families;

When a household with one or more members includes an adult or minor head of household who qualifies as chronically homeless, then all members of that household should be counted as a chronically homeless person in the applicable household type table. For example, if one adult in a two adult household is identified as chronically homeless, both adults should be counted as a chronically homeless person in the households without children category of the PIT count.

15. Families.

A household with at least one adult and one child under the age of 18.

Appendix C: Description of Temporary and Permanent Housing

Temporary and permanent housing include:

1. Affordable Housing

Affordable housing is housing that costs no more than 30 percent of a household's monthly income. That means rent and utilities in an apartment or the monthly mortgage payment and housing expenses for a renter or homeowner should be less than 30 percent of a household's monthly income to be affordable. The renter or homeowner pays one hundred percent (100%) of the monthly rent or mortgage payment.

2. Bridge Housing

Bridge housing is temporary housing (often in motels) that is in contrast to shelters and transitional housing programs that have "housing-ready models" in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent housing. Thus, treatment and compliance are required in exchange for help with obtaining permanent housing. In bridge housing, however, there are no preconditions such as sobriety. Residents work with housing navigators to move into permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

3. Group homes/Shared Housing

Group homes is shared housing which provides bedrooms as private living space but other living spaces such as living room, dining room, bathrooms, and kitchen are shared. On-site and off-site supportive services may be offered.

4. Homeless Diversion

Is a process that trains staff in crisis intervention to work with families to develop short-term and long-term housing plan. The initial focus is on where the family will sleep in the short-term while developing a plan for permanent housing. Short-term solutions may involve doubling up with friends or family or hotel/motel assistance. This may involve mediating a conflict that led to the family's loss of housing. Long term solutions will be explored with a Housing Navigator.

5. Homeless Prevention

Homelessness prevention reduces the likelihood that someone will experience homelessness by providing those who are at risk of becoming homeless with the necessary resources and supports to stabilize their housing. It also includes providing those who have been homeless with the necessary resources and supports to stabilize their housing.

6. Hospice Care

Hospice is a residential setting that provides hospice care is for patients with a life expectancy of six months or less. Rather than seeking a cure, hospice care aims to make their remaining time with us as comfortable and as meaningful as possible.

7. Low Barrier Shelter

Low barrier shelter is temporary housing that is in contrast to shelters and transitional housing programs that have "housing-ready models" in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent housing. Thus, treatment and compliance are required in exchange for help with obtaining permanent housing.

In low barrier shelter, however, there are no preconditions such as sobriety. A Housing First approach is embraced and anyone facing a housing crisis is offered immediate and low barrier access. Residents work with housing navigators to move into permanent housing as quickly as possible and receive home-based supportive services including substance abuse services if agreed upon and needed.

8. Navigation Center

Navigation Center is a Housing First, low-barrier, service-enriched shelter focused on moving homeless individuals and families into permanent housing that provides temporary living facilities while case managers connect individuals experiencing homelessness to income, public benefits, health services, shelter, and housing.

9. Permanent Subsidized Housing

Subsidized housing provides a subsidy to renters that can vary over time and be permanent or temporary. The renter pays a portion of the rent and the rental subsidy makes up the difference.

10. Permanent Supportive Housing

Permanent supportive housing is an evidence-based housing intervention for persons who have a disabling condition and in need of subsidized housing for which they pay no more than 30% of their adjusted monthly income. Services are provided on-site and off-site. The type of services depends on the needs and the will of the residents. Services may be short-term, sporadic, or ongoing indefinitely. Supportive services may include education, emergency assistance, employment, health care, mental health care, substance use counseling and treatment, and trauma care.

11. Rapid Rehousing Assistance

Rapid rehousing assistance targets households who are most in need of temporary assistance and are most likely to achieve and maintain stable housing, whether subsidized or unsubsidized, after the assistance concludes. Temporary assistance includes rental and utility subsidies and deposits, move-in costs, and legal fees. Housing First principles are operationalized. As with the Housing First approach, the goals are to help people obtain housing quickly, increase self-sufficiency, and maintain their housing.

12. Recovery Housing

Recovery Housing is a housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence. An abstinence-focused residential or housing program where residents can live among, and supported by, a community of peers is who are also pursuing recovery from addiction–environments.

13. Recuperative Housing

Recuperative housing provides a residential setting for short- term medical care & case management to homeless people who are recovering from an illness or injury. This includes discharged homeless persons who no longer require hospitalization but still need to heal from an illness or injury.

14. Residential Homes

Residential homes provide residential care for persons who need a residential setting that have a life-threatening condition that need cure and care.

15. Shelter

Shelters have "housing-ready models" in which residents must address various issues (e.g., substance abuse) that led to their episode(s) of homelessness prior to entering permanent housing. Thus, treatment and compliance are required in exchange for help with obtaining permanent housing.

16. Transitional Housing

Transitional housing facilitates the movement of homeless individuals and families into permanent housing within 24 months. Residents receive assistance that includes case management and supportive services. Residents also have a signed lease or occupancy agreement.

Appendix D: Temporary and Permanent Housing Related services

1. Coordinated Entry System

The Coordinated Entry System (CES) allows individuals and families to access services needed to move them out of a state of homelessness as quickly as possible. CES includes a client-focused approach to minimize the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. Service providers within the SBC CoC work collaboratively to coordinate services and information with the intent to provide the most effective and efficient client services.

2. Home-based Case Management

Home-based case managers focus on helping persons with maintaining their housing after obtaining their housing by providing a balanced approach that helps clients receive necessary on-site and off-site supportive services but does not evict clients for failure to participate in supportive services; failure to make progress on a service plan; of loss of income or failure to improve income which is consistent with a Housing First approach.

3. Housing Locators

Housing Locators, with support from a wide-range of community members, focus on finding various housing options for street outreach workers to engage homeless persons. Engaging a wide-range of community representatives in housing search activities with housing locators will result in an increase of affordable housing opportunities. This allows a street outreach worker to concentrate on developing a relationship that will help the worker motivate a homeless person to pursue an appropriate affordable housing opportunity and work with a housing navigator to obtain and maintain the housing.

4. Housing Navigators

Housing navigators focuses on helping homeless households with developing a housing plan, addressing the barriers identified during the plan or during regular navigation activities, and assisting the household with acquiring documentation and completing forms required for housing. Navigation continues through housing search, including attending property owner meetings and setting appointments and assisting with completing paperwork needed around housing applications. Navigation also involves the securing of housing including inspections, utility startups and actual move in into housing. Each housing navigator provides services until a linkage with an assigned long-term case manager occurs once the individual is residing in their housing. Thus, navigation differs from active case management in that the primary focus is assisting the individual with obtaining their housing whereas case management is long term and ongoing and helps the household maintain their housing once achieved.

5. Housing Search

Housing search activities focus on finding potential rental units by engaging a broad network of property owners; property managers; residential care providers; affordable housing developers; affordable housing operators; single room occupancy corporations; permanent supportive housing providers; and others through one-on-one meetings; and group meetings including representatives from the broad network noted above.

6. Mainstream Resources

Mainstream resources help homeless households obtain and maintain permanent housing. Such resources include a wide-range of programs that are administered by federal, state, count, and city public and private organizations that help homeless households obtain education, employment, food, health care, housing, income, mental health care, substance use, and transportation resources.

7. Street Outreach and Engagement Workers

Street Outreach and Engagement Workers build a personal connection with homeless individuals, assess their immediate needs a with a basic field needs assessment, and work to identify barriers that individuals must address and overcome to improve health status, social support network and address their housing crisis. Engagement is continued through multiple contacts with individuals living on the street and continued attempts to develop and establish a rapport and trust that leads to a trusting relationship that can facilitate the development of a housing goal and plan as well as addressing the individuals medical, mental health and service needs.

8. Supportive Services

Supportive services can include basic home care training, basic activities of daily living training including grooming, hygiene, food budgeting, food prep and general independent living barriers that present during the times of services. In-home visits provide a unique view of the stabilization process as well as a "pivot point" for skill building when a barrier occurs while in the residence. Supportive services can revolve around basic stabilization skills, linkages to resources and barrier needs such as mental health services, medical care, benefits applications and general community services that could be helpful to the individual and their family. Other supportive services include education, emergency assistance, employment, substance use counseling and treatment, and trauma-informed care.