San Bernardino County Homeless Partnership
West Valley HPN/Regional Steering Committee

Wednesday, November 13, 2024 • 9:00 a.m. to 11:00 a.m.

Hosted by the City of Rancho Cucamonga - Please Join Us at
RC City Hall – Tri-Communities Conference Room
10500 Civic Center Drive, Rancho Cucamonga 91730
or
By Zoom Video Conference:
https://us02web.zoom.us/j/85194946723?pwd=TUh0cHZGM1JEZ0l3S1l3YXFEUnAvQT09
Meeting ID: 851 9494 6723- Password: 183200
Dial in +1 669 900 6833 - One tap mobile +16699006833,,89595982006# US (San Jose)

MEETING AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome and Introductions *Public comment and participation is available and welcomed during all agenda items*	Don Smith Erika Lewis-Huntley
REPORTS & UPDATES	
C. Interagency Council on Homelessness D. Homeless Provider Network E. Office of Homeless Services F. State and Federal Updates G. Regional City & Service Provider Partners	Erika Lewis-Huntley Don Smith OHS staff RSC Committee Members
PRESENTATIONS / DISCUSSION ITEMS	
*H. **Health Service Alliance: Meeting the Healthcare Needs of Underserved Populations in our Communities & On the Go in southwestern SB County***	Robert Gipson, Associate Director HSA Social Service Dept.
*I. **Building A Connected Community of Care in the West Valley Region*** *a. **Developing an Effective Homelessness Response System*** *b. **System of Care Asset Mapping/Resource Inventory*** *c. **Case Conferencing/Care Coordination that Gets Results***	Don Smith Erika Lewis-Huntley
J. **West Valley Regional CES Working Group**	Pastors Don & Ethel Rucker
CLOSING	
K. Additional Public Comment L. Adjournment	Don Smith Erika Lewis-Huntley

Next Regulalry Scheduled Meeting: West Valley Regional Steering Committee
Wednesday, December 11, 2024, 9:00am-11:00am
Rancho Cucamonga City Hall – Tri-Communities Conference Room
& by Zoom Video Conference?

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.

THE SAN BERNARDINO COUNTY HOMELESS PARTNERSHIP MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 501-0610 AND THE OFFICE IS LOCATED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408. http://www.sbchp.sbcounty.gov/ AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408 OR BY EMAIL: HOMELESSRFP@HSS.SBCOUNTY.GOV .

The Solution to Homelessness is Straightforward: *HOUSING!*

Strengthening Housing, Health & Social Care Partnerships to Deliver Solutions for Ending Homelessness

West Valley HPN-RSC Regional Planning Summit
October 9th, 2024, 8:30am-12:30pm

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West Valley HPN-RSC Regional Planning Summit

"Strengthening Housing, Health and Social Care Partnerships to Deliver Solutions for Ending Homelessness"

Wednesday, October 9th, 2024
8:30 a.m. to 12:30 p.m.

Hosted by the City of Rancho Cucamonga/Healthy RC
w/support from Kaiser Permanente Southern California
James L. Brulte Senior Center
11200 Baseline Rd., Rancho Cucamonga 91701

Special Guest Speaker
John T. Chapman
President & CEO, San Antonio Regional Hospital
Inland Area Chair, Hospital Association of Southern California

Plus Interactive & Small Group Discussions on:

Building A Connected Community of Care with CalAIM
Facilitated by HC2 Strategies

Developing an Effective Regional Homelessness Response System

Lunch will be provided

San Bernardino County Homeless Partnership
West Valley HPN/Regional Steering Committee

West Valley HPN-RSC Regional Planning Summit
Wednesday, October 9, 2024 • 8:30 a.m. to 12:30 p.m.

Hosted by the City of Rancho Cucamonga/Healthy RC Committee
w/support from Kaiser Permanente Southern California
James L Brulte Senior Center
11200 Baseline Rd., Rancho Cucamonga 91701

SPECIAL MEETING AGENDA

"Strengthening Housing, Health & Social Care Partnerships To Deliver Solutions for Ending Homelessness"

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome / Introductions / Ice-breaker *Public comment and participation is available and welcomed during all agenda items*	Don Smith Erika Lewis-Huntley
PRESENTATIONS / DISCUSSION ITEMS	
"Strengthening Housing, Health & Social Care Partnerships to Deliver Solutions for Ending Homelessness" C. *Special Guest Speaker – John T. Chapman* *President & CEO, San Antonio Regional Hospital* *Inland Region Chair, Hospital Association of Southern California* D. *"Building A Connected Community of Care w/CalAIM"* *Dora Barilla, DrPH, President & Co-Founder HC2 Strategies* *Lauran Hardin, MSN, Chief Integration Officer, HC2 Strategies* E. *Developing an Effective Regional Homelessness Response System* Don Smith & Erika Lewis-Huntley, Co-Chairs, West Valley RSC	
CLOSING	
F. Additional Public Comment G. Adjournment Box Lunch Will be Available for All Registered Participants	Don Smith Erika Lewis-Huntley

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HOSPITAL ASSOCIATION of Southern California

HASC & SARH CEO Report

2024 Strategic Priorities

John Chapman
CEO, HASC Southern California
President & CEO San Antonio Regional Hospital

1

2024 Strategic Priorities

HOSPITAL ASSOCIATION of Southern California

2

2024 Strategic Priorities

Behavioral Health

Inland Empire:

- Explore options for alternate destinations and methods of transportation for patients experiencing psychiatric crises to avoid unnecessary/inappropriate involuntary holds and transfers to EDs.

Regionwide:

- Further support hospitals with the implementation of AB 2275 by advocating for public funding of hearing officer representation for patients requiring due-process hearings.
- In collaboration with managed care plans, work to advance Community Health Workers (CHWs) workforce to support members, reduce disparities, and improve the health and well-being, which integrates physical and behavioral health care with services that address health related social needs.

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2024 Strategic Priorities

EMS

Inland Empire:

- Advocate for solutions to improve ambulance critical care transport response times to reduce patient wait times and hospital transfer delays.
- Support efforts to develop pre- and post-hospital patient connectivity to primary care to reduce inappropriate utilization of 9-1-1 resources.

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2024 Strategic Priorities

Workforce

Inland Empire:

- Work with Riverside and San Bernardino counties to engage hospitals, academic institutions, and workforce development boards to understand the challenges and opportunities to address workforce experienced by HASC members and to garner agreement on potential areas of impact.

Regionwide:

- Through the Diversity in Health Care Scholarship Program, HASC will continue its efforts to support employees in member hospitals who are students pursuing careers in health care.

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2024 Strategic Priorities

Public Health

Regionwide:

- Design and implement a comprehensive regional birth equity initiative with key strategies to support hospitals to reduce maternal disparities, promote equity, and help all mothers and babies thrive.
- Advance health equity and economic opportunity through regional collaboration and health care anchor strategies which include workforce development, impact purchasing and place-based investment. Key initiatives will involve the establishment of a hospital learning consortium, provision of technical support, and fostering connections between hospitals and a diverse range of suppliers.
- Convene and facilitate regional hospital, public health department and community-based collaboratives to address homelessness (LA County), behavioral health (Inland Empire) and access to equitable health care (Ventura County).

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2024 Strategic Priorities

Local Advocacy

Inland Empire:

- Continue to educate and cultivate relationships with local elected officials and utilize political action funds to support incumbents or candidates who are supportive of hospitals.

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2024 Strategic Priorities

Homelessness

Inland Empire:

- Assess the demand for recuperative care and support an increase of recuperative care resources in the community.
- Consider options for securing guaranteed shelter beds for unhoused patients discharged from emergency rooms.

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2024-2025 Strategies

Homelessness

Inland Empire Behavioral Health Collaborative:

Organization Name	Communities Lifting Communities
Contact Name	Susan Harrington, President, CLC
Contact E-mail Address	Sharrington@hasc.org
Project Duration	24 months (January 1, 2024, through December 31, 2025) with potential for extension
Primary Objectives	1. Improve care and management of persons needing urgent behavioral and mental health care. 2. Improve upstream prevention and treatment strategies and resources for behavioral and mental health care in the Inland Empire (IE). 3. Identify immediate opportunities for Inland Empire Behavioral Health Collaborative members to collaborate across organizations and to leverage current work for early/small wins to address behavioral and mental health needs.
Our Approach	• Apply learning from Community Health Needs Assessments (CHNAs) and other existing regional stakeholder meetings that have been addressing the severity of this issue for several years and facilitate implementation of a workplan and improvement strategies. • Convene a cross-sector collaborative of all stakeholder organizations (hospitals, public health and behavioral health departments, community-based organizations, health plans, etc.) to explore all the contributing factors and identify which ones the collaborative can reasonably impact. • Identify and engage community resident groups, community-based organizations and other stakeholders in the design and implementation of behavioral health strategies. • Using the Institute for Healthcare Improvement (IHI) Model for Improvement, posit solutions for the identified factors, design strategies, and apply small test of change cycles at 3-4 hospitals, refining those strategies to yield positive results. • Monitor interventions in partnering organizations and share successful strategies with all IE hospitals and stakeholders.
Desired Outcomes	1. Improved cross-sector engagement and collaboration among hospitals, public health and behavioral health agencies, health plans and community-based partners to maximize collective impact of community health activities in Riverside and San Bernardino Counties. 2. Achieve the desired disposition for patients needing inpatient LPS admission within 24-72 hours of arrival in the ED, consistent with the intent of AB 2275.

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2024-2025 Strategies

Homelessness

Inland Empire Behavioral Health Collaborative:

Workgroups:

- **Community Health Leader Workgroup**
  - **Aligning school programs for educating students and families about mental health resources**
  - **Increasing outpatient services for addiction treatment and behavioral health needs**
  - **Improving access to services for individuals and families experiencing homelessness.**
- **Optimizing Throughput Protocols in the ED**
  - **Reduce patient length of stay for individuals requiring a 5150 hold in Acute Care Emergency Departments**
- **Unifying the Behavioral Health Crisis Response Eco-System**
  - **Strengthen existing services**
  - **Opportunities for new and expanded services**

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Homelessness

2024-2025 Strategies

IE Hospitals: Identifying Patients in Need of Housing

- Social Determinants of Health Screening Tools
- Who is experiencing homelessness at any given time.
- Patient Care liaisons – dedicated to coordinate discharge care and navigation support
- Connect person with services and support the process of accessing safe housing / behavioral health needs/treatment centers.
- Continuum of Care Programs

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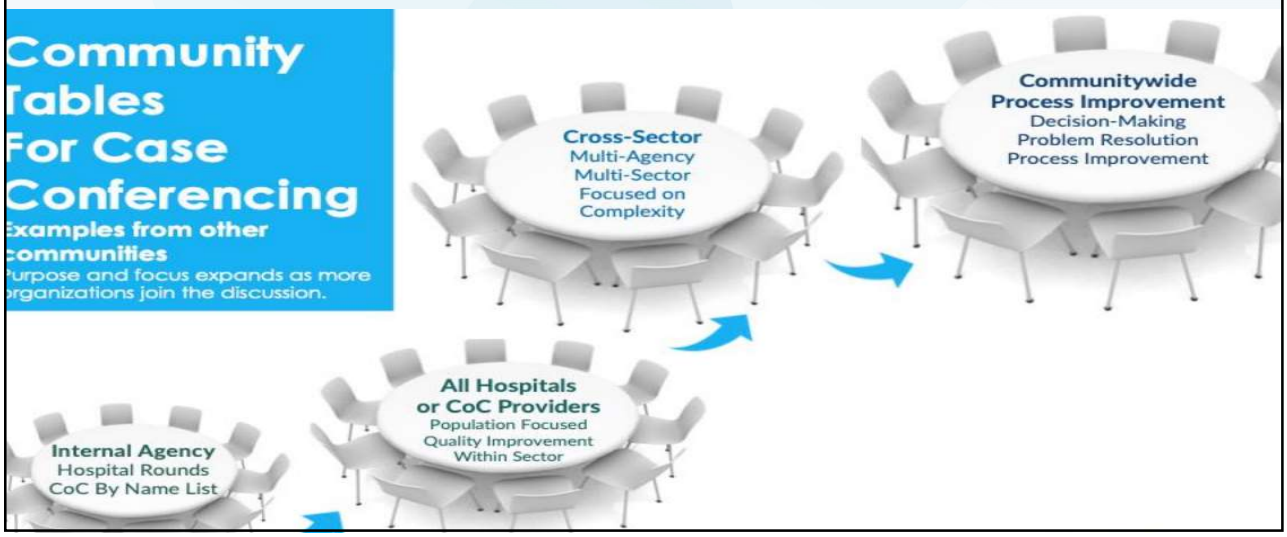
Homelessness

2024-2025 Strategies



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St. Louis, MO

PURPOSE

- Meet the needs of high utilizing community members with behavioral health and complex social needs
- Accelerate outcomes through collaboration
- Begin to integrate competing health systems and cross sector partners

Population Focus

- High-utilizing homeless & behavioral health

PARTNERS

- Community BH Integrator as lead
- Hospital ED CM leads
- ED Physician leads
- Homeless service agencies
- BH CM agencies

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Homelessness

2024-2025 Strategies

SARH Pilot: Medical Recuperative Care Program

- **Lack of suitable settings with complex medical needs**
- **Plan to lease out 10-15 medical respite beds in West End IE for ER high utilizers and IP Discharges.**
- **Provides short-term residential care for patients experiencing homelessness who no longer require hospitalization but need supportive environment for recovery (2-6 weeks).**
- **Collaboration with Addiction Medicine and Psychiatric resources as well as Medical Provders**
- **Other wrap-around service providers**
- **Enroll in ECM Medi-Cal Plans**
- **Care for at SARH ECM Care 4 U Locations**

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Homelessness

2024-2025 Strategies

SARH Pilot: Enhanced Care Management

- A Medi-Cal managed care benefit that addresses the clinical and non-clinical needs of high need and cost individuals through service coordination and comprehensive care management.
- Brings Care to Patient
- Community Health Workers
- Care Team
- Contracts with IEHP and Molina MCOs

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Homelessness

2024-2025 Strategies

SARH Pilot:
Behavioral Health Urgent Care

- Due to the shortage of psychiatric mobile response teams, police and sheriff department have the difficult and time-consuming task of responding to mental health-related calls.

- Mental Health Therapists
- Adults Only
- Extended Hours
- Location: TBA

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Homelessness

2024-2025 Strategies

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Homelessness

2024-2025 Strategies

Meaningful Diversion Facility

- HASC with CEO Leaders from SARH & Arrowhead are completing a feasibility study for the West End of IE.
- Includes Marshall Moncrief – Former CEO of OC Be Well
- Dr. David Siegler –Medical Director of Vituity
- Sobering Center beds
- Detox unit
- Crisis stabilization Unit
- Psychiatric Residential Programs

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Questions?

HOSPITAL ASSOCIATION of Southern California

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HOSPITAL ASSOCIATION of Southern California

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Building a Connected Community of Care
With CalAIM
October 9, 2024
HC2 STRATEGIES
Institute for Healthcare Improvement

1


Innovations
In Funding
2024

2

CalAIM Overview: Goals

DHCS | California Advancing and Innovating Medi-Cal (CalAIM)
Our Journey to a Healthier California for All

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.

CalAIM Goals

- Implement a whole-person care approach and address social drivers of health.
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation.
- Create a consistent, efficient, and seamless Medi-Cal system.

Help Medi-Cal members thrive

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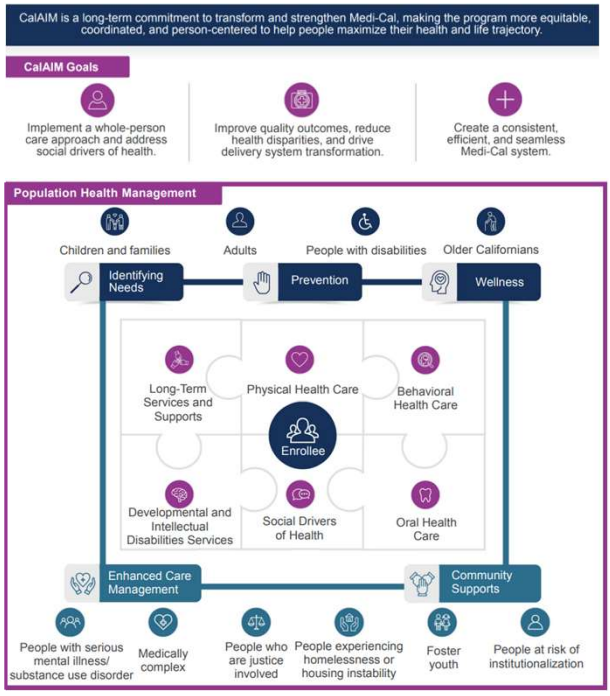
CalAIM Overview: Care Connections

Enrollee is at the center of services:

1. Long-term services and supports
2. Physical health care
3. Behavioral health care
4. Developmental and intellectual disabilities services
5. Social drivers of health
6. Oral health care



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What are Community Supports?

Community Supports (CS) are non-medical, wrap-around services provided as a substitute or support to avoid other Medi-Cal covered services such as emergency room visits, an avoidable hospital or skilled nursing facility admission, or a discharge delay.

Supports for Housing Insecurity

Primary Audience: Individuals experiencing homelessness

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy & Sustaining Services
4. Short-Term Post Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Day Habilitation

Supports to Keep People at Home

Primary Audience: Individuals at risk for institutionalization in a nursing home

7. (Caregiver) Respite Services
8. Nursing Facility Transition/ Diversion to Assisted Living Facilities
9. Community Transition Services/ Nursing Facility Transition to a Home
10. Personal Care & Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)

Supports to Improve a Chronic Condition

Primary Audience: Individuals who have certain chronic conditions and require support

12. Meals/Medically Tailored Meals
13. Asthma Remediation

Support to Recover from Acute Intoxication

Primary Audience: Individuals found publicly intoxicated to divert from jail or the Emergency Department

14. Sobering Centers

Note: majority of the referrals for this service are from law enforcement and stays must be less than 24 hours.

More information: Community Supports Policy Guide

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New Revenue and Funding for Start-up and Expansion

CA Medicaid 1115 Waiver

New Revenue

Enhanced Care Management

- High Utilizers
- Homeless Adults, families and children
- Behavioral Health/Substance use disorder
- Justice Involved
- Birth Equity
- Older adult LTC transitions

Community Supports

- Housing support services
- Recuperative care and respite
- Medically tailored meals
- Asthma remediation

Community Health Worker Benefit

Street Medicine

Palliative Care

Funding for Start-up and Expansion

Incentive dollars available through MCPs:

- HHIP – services impacting homeless populations – spring 2024 disbursement
- IPP – provider capacity, infrastructure, quality - March to June of 2024

Funding through DHCS

- PATH CITED – grants for workforce, capacity building and infrastructure - every 4 – 6 months through 2026
- TA Marketplace – dollars for technical assistance purchased from the DHCS TA marketplace – through 2026

Funding Opportunities Explainer

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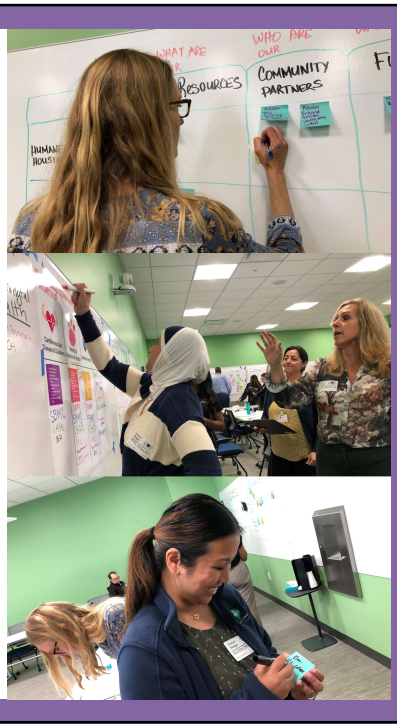
Inland Empire Behavioral Health Collaborative

The Inland Empire Behavioral Health Collaborative (IBEHC) strives to enhance the effectiveness of mental and behavioral health initiatives in Riverside and San Bernardino County.

It aims to achieve this through a multi-solving approach by promoting the adoption of best practices, alignment, and prevention-oriented implementation strategies among hospitals, behavioral health agencies, and community partners. Enhance the care and management of individuals needing urgent mental/behavioral health care.

- **Community Health Leaders Group**
- **Unifying Behavioral Health Crisis Response eco-system**



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Community Solutions and IHI Healthcare & Homeless Integration Pilot

Purpose:
- ID role h/c can play in ending homelessness
- Test interventions to integrate systems
- Understand the impact of housing on health
- Establish sustainable collaborative response systems

HC² STRATEGIES

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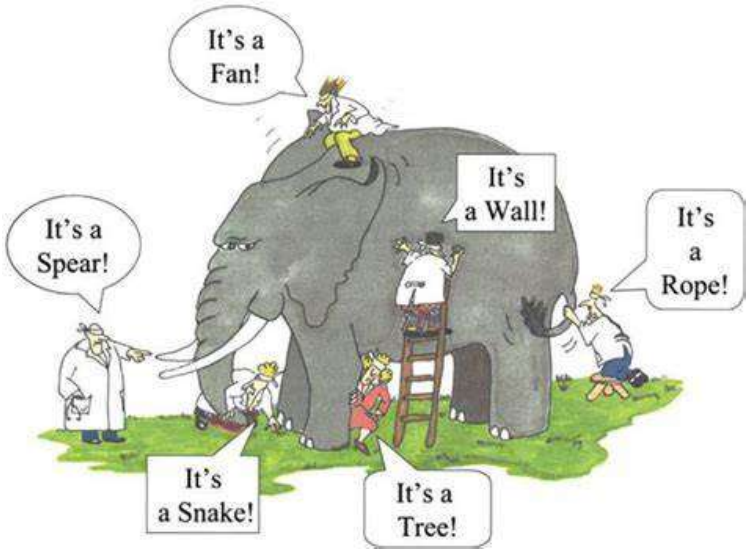

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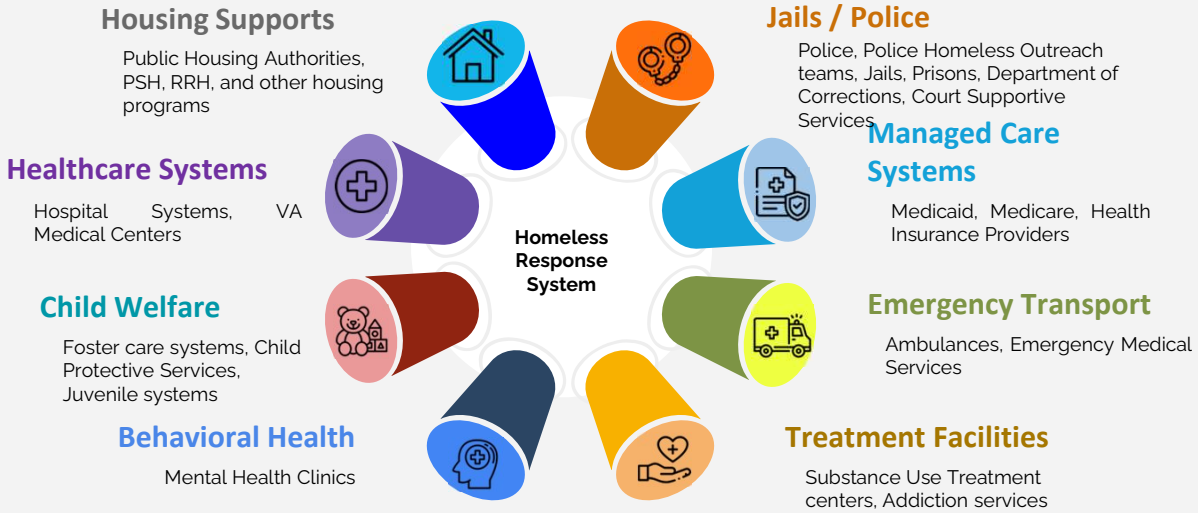
Common Social Service Support Systems



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Innovations in Delivery

Understanding the Population

System of Care Asset Mapping and Data Sharing

Collaborative Structures

Cross Sector Case Conferencing

Bridging Practices

Liaison Roles

Discharge Planning Pathways

New Resources

Complex Care Shelters

Enriched Housing

Funders Collaborative

HC² STRATEGIES

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Cross-Sector Case Conferencing

Joint Office of Homeless Services

https://vimeo.com/1017293757?share=copy#t=0

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A National View: 3 Communities

Memphis, TN
Uninsured Population
Health Affairs

Lake County, CA
Cross Sector All County
High Utilizing Populations
Project Restoration

St. Louis, MO
City Wide
All Hospitals, Homeless Response Systems & CBOs
BEACN.pdf (bhnstl.org)

HC² STRATEGIES

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Project Restoration: Renewing Hope, Changing Lives

HC² STRATEGIES Institute for Healthcare Improvement

(83) Project Restoration: Renewing Hope, Changing Lives - YouTube

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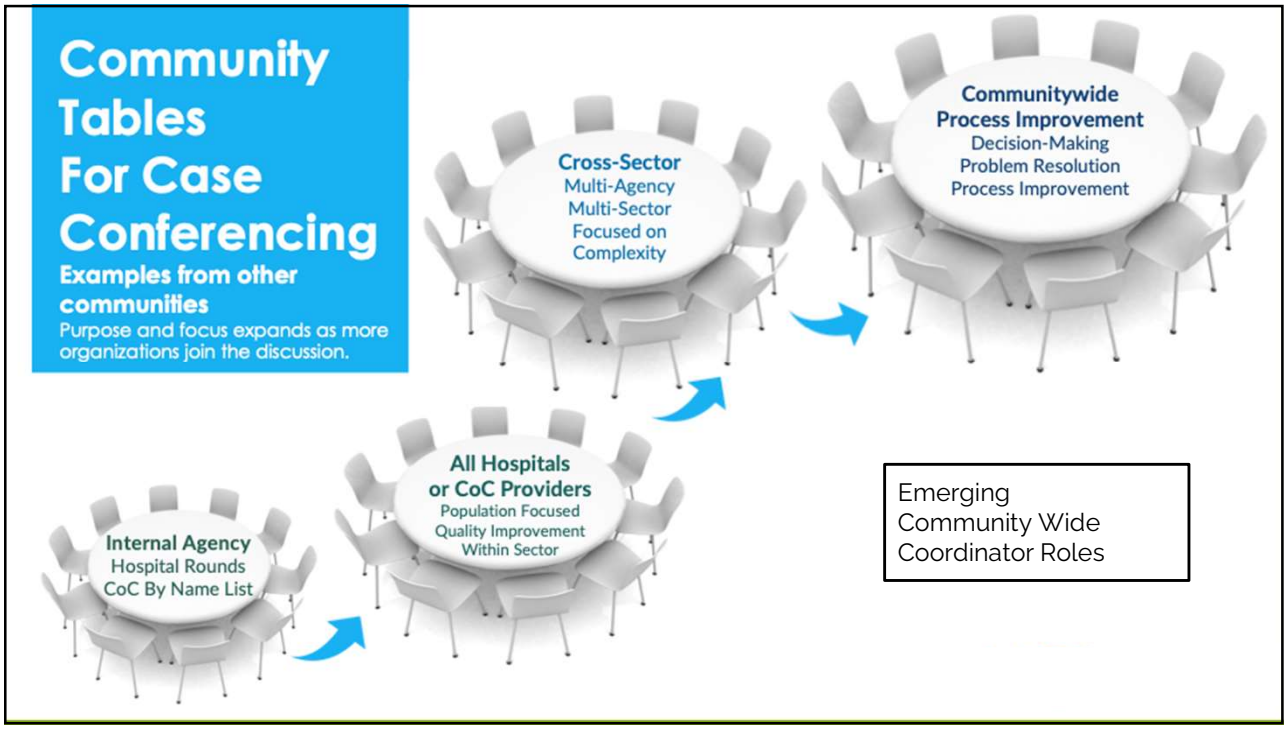

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HC² STRATEGIES

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Our Vision Discussion

Choose a scribe
Choose a reporter

Looking to 2025....

- What are the existing cross sector collaborative approaches to meet the needs of the homeless population?
- What cross sector collaborative approaches do you think might be a priority to pursue for the community?

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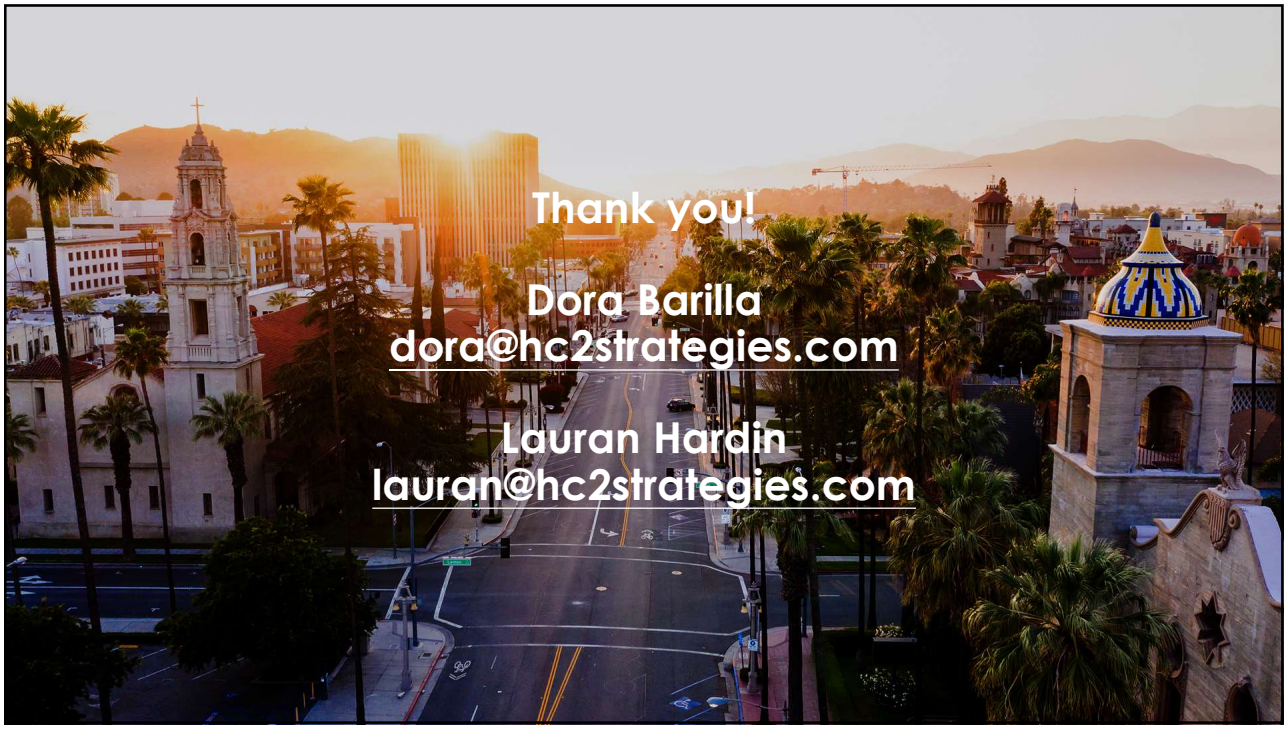

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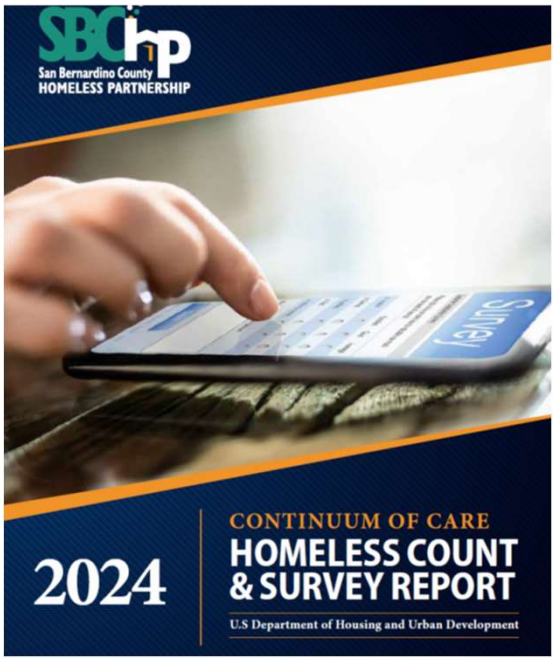

West Valley Regional Data from:

- 2024 Point-in-Time Count
- Sheriff's H.O.P.E. Team
- Inland SoCal 211+ Contact Center
- City Housing Element Goals & Objectives

Plus

- SB CoC Data - CA Homeless Data Integration System
- SB County Homeless Student Count FY22/23
- The Gap 2024: A Shortage of Affordable Homes
- SB County 2024 Affordable Housing Needs Report

3

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SBC&C CoC 2024 Point-in-Time Homeless Count & Survey

Point in Time Count	Sheltered	Unsheltered	Total
2023 Homeless Count	1,219	2,976	4,195
2024 Homeless Count	1,200	3,055	4,255
	28%	72%	
Difference:	-19 (-1.6%)	+79 (+2.6%)	+60 (+1.4%)

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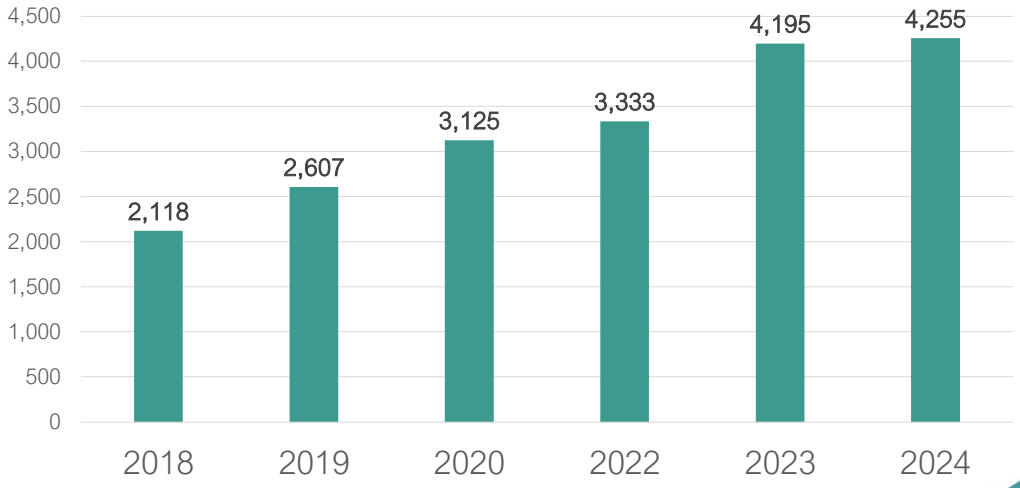
The following chart shows that the number of persons counted as unsheltered and sheltered in 2018 was 2,118 and 4,255 in 2024, which represents an increase of 2,137 persons or 100%.



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San Bernardino CoC 2024 Point-in-Time Homeless Count & Survey report

People Identified as Experiencing Homelessness Counted by Region

	Sheltered	Unsheltered	Total	+/- 2023
Countywide	1,200	3,055	4,255	+60 (1.4%)
Central Valley Region	707	1,847	2,554 (60%)	+12 (.5%)
Desert Region	329	532	861 (20%)	-38 (-4%)
East Valley Region	32	221	253 (6%)	+18 (8%)
Mountain Region	39	45	84 (2%)	+11 (15%)
West Valley Region	93	407	500 (12%)	+60 (14%)
Unidentified	0	3	3	-3

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San Bernardino CoC 2024 Point-in-Time Homeless Count & Survey report

500 (12% of the total) People Identified as Homeless in the West Valley Region

	Sheltered	Unsheltered	Total	+/- 2023
Countywide	1,200 (-19)	3,055 (+79)	4,255	+60 (1.4%)
West Valley Region	93 (-35)	407 (+95)	500	+60 (14%)
Chino	0	43	43	+15
Chino Hills	0	7	7	+3
Montclair	0	74	74	+3
Ontario	34	163	197	+10
Rancho Cucamonga	0	83	83	+13
Upland	59	37	96	+16

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San Bernardino CoC 2024 Point-in-Time Count & Survey report

Unsheltered Persons by Subpopulation – West Valley Region Cities

Jurisdiction	Unsheltered Adults	Unsheltered Females	Older Adults (55+)	Transitional Aged Youth 18–24	People of Color	Previously in Foster Care	Incarcerated last 12 mos.	Income <$1000	1st Time Homeless last 12 mos.	Persons in Households w/children
County	3,012	922 (31%)	845 (28%)	93 (3%)	1,734 (58%)	190 (12%**)	353 (21%**)	1,440 (87%**)	592 (36%**)	???
Chino	41 (29*)	8 (28%)	11 (38%)	0	17 (59%)	2 (7%)	6 (21%)	26 (90%)	14 (48%)	???
Chino Hills	7 (5*)	1 (20%)	1 (20%)	0	4 (80%)	1 (20%)	2 (40%)	4 (80%)	0	???
Montclair	74 (53*)	15 (28%)	15 (28%)	0	34 (64%)	5 (9%)	14 (26%)	43 (81%)	13 (25%)	???
Ontario	163 (78*)	19 (24%)	20 (26%)	5 (6%)	54 (69%)	9 (12%)	20 (26%)	65 (83%)	27 (35%)	???
Rancho Cucamonga	83 (44*)	9 (21%)	12 (27%)	2 (5%)	28 (64%)	2 (5%)	15 (34%)	36 (82%)	17 (39%)	???
Upland	37 (23*)	5 (22%)	10 (44%)	0	14 (61%)	1 (4%)	11 (48%)	20 (87%)	7 (30%)	???

*Survey sample

**Survey sample size 1,648

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San Bernardino CoC 2024 Point-in-Time Count & Survey report

Unsheltered Persons by Subpopulation – West Valley Region Cities

Jurisdiction	Unsheltered Adults	Chronically Homeless	Chronic Health Condition	Devlpmental Disability	Living w-HIV/AIDS	Mental Health Disability	Physical Disability	Substance Use Disability	Veterans	Survivor of Domestic Violence+
County	3,012	1,678 (56%)	435 (14%)	181 (6%)	33 (1%)	631 (21%)	625 (21%)	866 (29%)	211 (7%)	205 (7%)
Chino	41 (29*)	9 (31%)	3 (10%)	3 (10%)	0	5 (17%)	5 (17%)	5 (17%)	0	5 (17%)
Chino Hills	7 (5*)	0	0	0	0	0	0	0	2 (40%)	0
Montclair	74 (53*)	34 (64%)	12 (23%)	4 (8%)	1 (2%)	9 (17%)	17 (32%)	22 (42%)	3 (6%)	2 (4%)
Ontario	163 (78*)	36 (46%)	9 (12%)	5 (6%)	1 (1%)	19 (24%)	21 (27%)	20 (26%)	8 (10%)	6 (8%)
Rancho Cucamonga	83 (44*)	12 (27%)	3 (7%)	0	0	6 (14%)	5 (11%)	7 (16%)	2 (5%)	0
Upland	37 (23*)	11 (48%)	5 (22%)	0	0	6 (26%)	6 (26%)	8 (35%)	1 (4%)	1 (4%)

*Survey sample

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HOMELESSNESS IN SAN BERNARDINO COUNTY

298 (21%) of Total # of Household Requests for Assistance in West End Cities

Pathways Network	Households	# of persons	All Adults	Household w-Children	Literally Homeless	At-Risk of Homelessness
West Valley Region	298	784	127	171	121	177
Chino	24	63	5	19	8	16
Chino Hills	2	7	1	1	1	1
Montclair	19	50	6	13	9	10
Ontario	117	309	52	65	50	67
Rancho Cucamonga	74	192	34	40	27	47
Upland	62	163	29	33	26	36

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H.O.P.E. Team West Valley Regional Stats

Operation Shelter Me (to date)

- 109 contacts
  - 70% open to services
  - 65 referred to services
  - 23 assisted with service connections
  - 3 connected to interim shelter/permanent housing
  - 2 Laura's Law referral

Vulnerabilities
- 32 mental health
- 34 substance abuse
- 21 physical
- 81 chronically homeless

H.O.P.E. Team 2023

- 302 contacts
  - 206 referred to services
  - 67 assisted with service connections
  - 35 connected to interim shelter/permanent housing

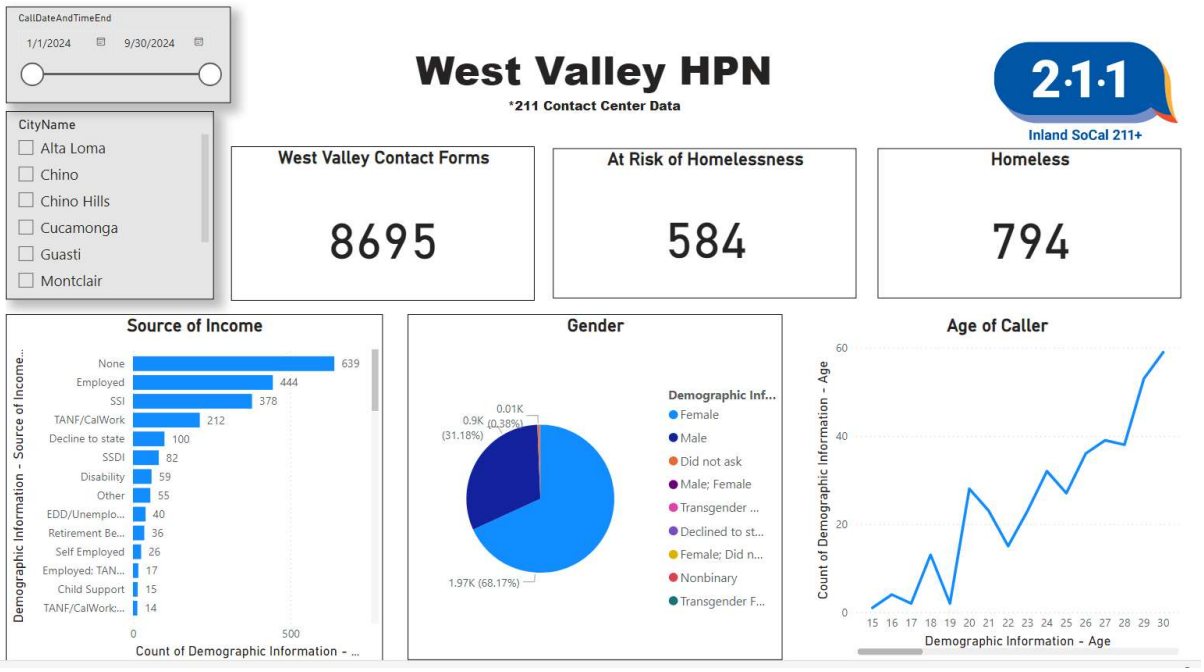
Vulnerabilities
- 84 mental health
- 62 substance abuse
- 45 physical
- 103 chronic

InnROADS 2023

- 760 total contacts
  - 156 referred to services
  - 234 assisted with service connections
  - 7 connected to interim shelter/permanent housing

Vulnerabilities
- 40 mental health
- 32 substance abuse
- 53 physical
- 704 chronic

11



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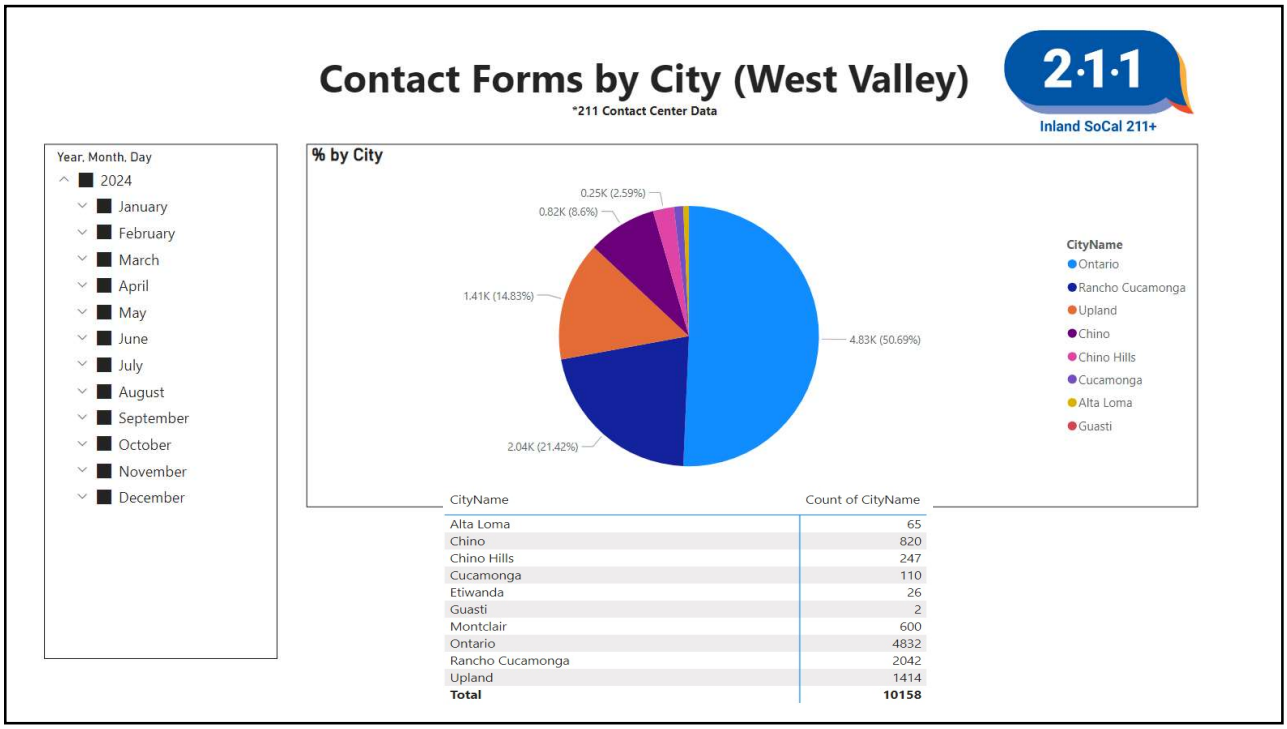
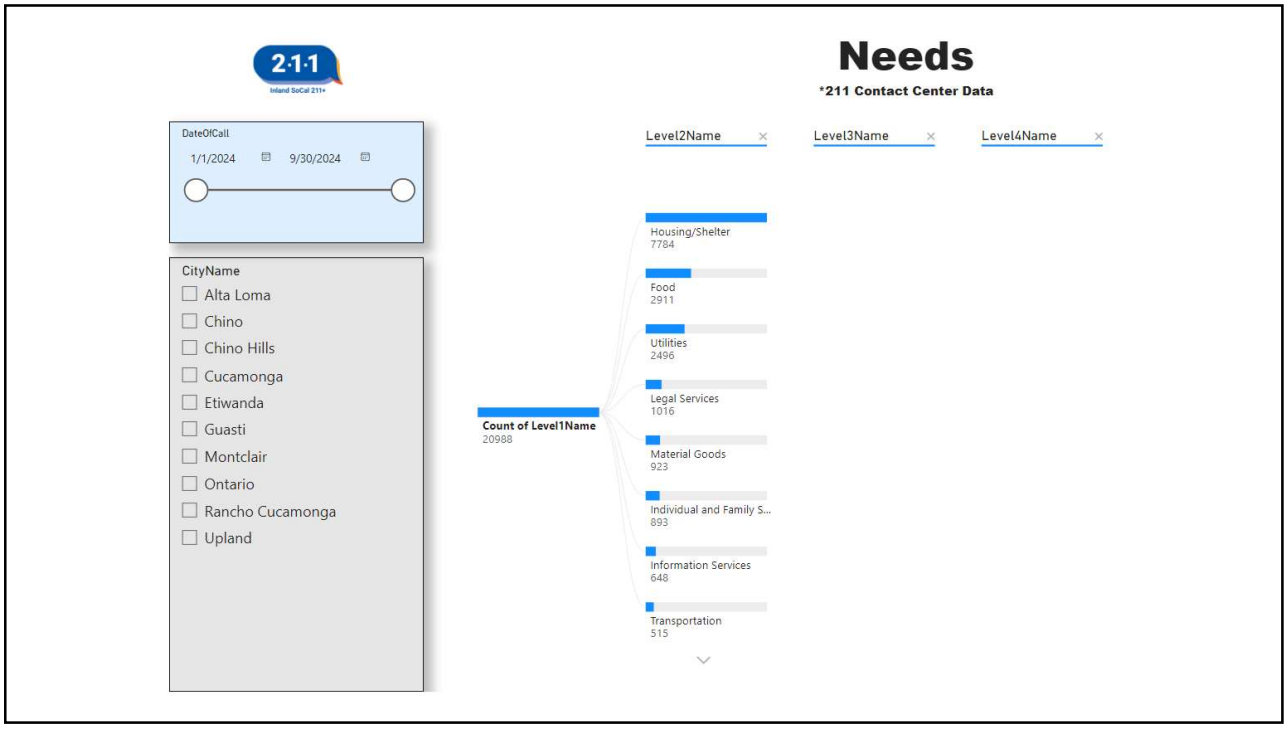
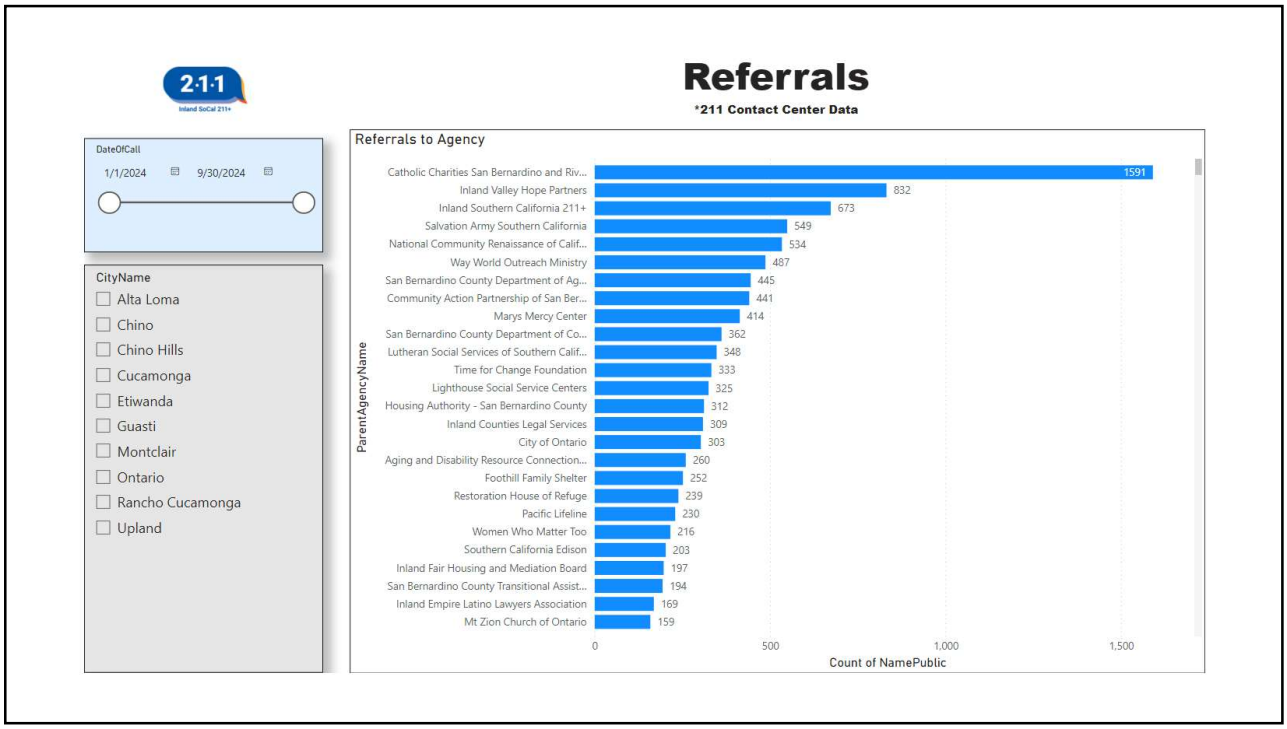

Contact Forms by City (West Valley)
*211 Contact Center Data
2·1·1
Inland SoCal 211+
Year, Month, Day
2024
January
February
March
April
May
June
July
August
September
October
November
December
% by City
0.25K (2.59%)
0.82K (8.6%)
1.41K (14.83%)
4.83K (50.69%)
2.04K (21.42%)
CityName
Ontario
Rancho Cucamonga
Upland
Chino
Chino Hills
Cucamonga
Alta Loma
Guasti
CityName | Count of CityName
Alta Loma | 65
Chino | 820
Chino Hills | 247
Cucamonga | 110
Etiwanda | 26
Guasti | 2
Montclair | 600
Ontario | 4832
Rancho Cucamonga | 2042
Upland | 1414
Total | 10158

13


2·1·1
Inland SoCal 211+
Needs
*211 Contact Center Data
DateOfCall
1/1/2024
9/30/2024
CityName
Alta Loma
Chino
Chino Hills
Cucamonga
Etiwanda
Guasti
Montclair
Ontario
Rancho Cucamonga
Upland
Level2Name
Level3Name
Level4Name
Count of Level1Name
20988
Housing/Shelter
7784
Food
2911
Utilities
2496
Legal Services
1016
Material Goods
923
Individual and Family S...
893
Information Services
648
Transportation
515

14



15

HOUSING ELEMENT - State Law Requirements

Since 1969, California has required that all local governments (cities and counties) adequately plan to meet the housing needs of everyone in the community. California's local governments meet this requirement by adopting housing plans as part of their "general plan" (also required by the state).

California's housing-element law acknowledges that, in order for the private market to adequately address the housing needs and demand of Californians, local governments must adopt plans and regulatory systems that provide opportunities for (and do not unduly constrain), housing development. As a result, housing policy in California rests largely on the effective implementation of local general plans and, in particular, local housing elements.

All communities across California are required to prepare a Housing Element every eight years to address their local housing needs and a share of the region's need for housing. State Housing Element law requires that each city and county identify and analyze existing and projected housing needs within their jurisdiction and prepare goals, policies, and programs to further the development, improvement, and preservation of housing for all economic segments of their community commensurate with local housing needs.

State Law requires that the Element include the following components:

- An analysis of the City's population, household, and employment base, and the characteristics of the housing stock.
- A summary of the present and projected housing needs of the City's households.
- A review of potential constraints to meeting the City's identified housing needs.
- An evaluation of opportunities that will further the development of new housing.
- A statement of the Housing Plan to address the identified housing needs.

021

Regional Housing Needs Allocation (RHNA)

California General Plan law requires each city and county to have land zoned to accommodate its fair share of the regional housing need. HCD allocates a numeric regional housing goal to the Southern California Association of Governments (SCAG). SCAG is then mandated to distribute the housing goal among the cities and counties in the region. This share for the SCAG region is known as the Regional Housing Needs Assessment, or RHNA. The SCAG region encompasses six counties (Imperial, Los Angeles, Orange, Riverside, San Bernardino and Ventura) and 191 cities in an area covering more than 38,000 square miles.

The major goal of the RHNA is to assure an equitable distribution of housing among cities and counties within the SCAG region so that every community provides for a mix of housing for all economic segments. The housing allocation targets are not building requirements; rather, they are planning goals for each community to accommodate through appropriate planning policies and land use regulations. Allocation targets are intended to assure that adequate sites and zoning are made available to address anticipated housing demand during the planning period.

The current RHNA for the SCAG region covers an eight-year planning period (June 30, 2021, to October 15, 2029)2 and is divided into four income categories: very low, low, moderate and above moderate.

022

16

City of Chino

The City of Chino's share of the SCAG regional growth allocation is 6,978 new units for the current planning period (2021-2029). **Table 3-15** indicates the City's RHNA need for the states planning period.

Table 3-15: Housing Needs for 2021-2029		
Income Category (% of County AMI)	Number of Units	Percent
Extremely Low (30% or less) *	1,057	--
Very Low (less than 50%)[1]	2,113	30.3%
Low (51 to 80%)	1,284	18.4%
Moderate (81% to 120%)	1,203	17.2%
Above Moderate (Over 120%)	2,378	34.1%
Total	6,978	100%

Note 1: Pursuant to AB 2634, local jurisdictions are also required to project the housing needs of extremely low-income households (0-30% AMI). In estimating the number of extremely low-income households, a jurisdiction can use 50% of the very low-income allocation or apportion the very low-income figure based on Census data.
Source: Final Regional Housing Needs Allocation, SCAG, 2021.

Table 4-1: Summary of Quantified Objectives						
Income Group	Extremely Low	Very Low	Low	Moderate	Above Moderate	Total
New Construction (RHNA)	3,397 units			1,203 units	2,372 units	6,961 units
Accessory Units	184 units			112 units	24 units	320 units
Conservation	132 units			--	--	132 units
Rental Subsidy (Section 8)[1]	220 units			--	--	220 units
Rehabilitation[1]	20 units			--	--	20 units
Source: *1.City of Chino 2020-2025 Consolidated Plan*						

023

17

City of Chino Hills

Table 1-2. Chino Hills RHNA for the 6th Cycle Housing Element	
TOTAL RHNA UNITS FOR CHINO HILLS[1]	3,729
Extremely Low Income (<30% of AMI)[2][3]	694
Very low income (<50% of AMI)	694
Low income (50-80% of AMI)	821
Moderate income (80-120% of AMI)	789
Above moderate income (>120% of AMI)	731

Table 6-2. Housing Element Quantified Objectives - ALL (2021-2029 Planning Period): Chino Hills				
Quantified Objective	New Unit Construction (1)	New Accessory Dwelling Unit Construction (2)	Rehabilitation (3)	Conservation (4)
Extremely Low Income	694	16	1,794	118
Very Low Income	694	8	1,794	118
Low Income	821	36	2,122	139
Median Income (0)	0	0	0	25
Moderate Income	789	36	2,040	134
Above Moderate Income	731	8	1,890	124
TOTAL	**3,729**	**104**	**9,640**	**658**

024

18

City of Montclair

TABLE 6-1: 2021-2029 REGIONAL HOUSING NEEDS ALLOCATION (RHNA)

Income Level	Number of Units	Percent of Allocation
Extremely Low Income	349	13.4%
Very Low Income	349	13.5%
Low Income	383	14.8%
Moderate Income	399	15.4%
Above Moderate Income	1,113	42.9%
Total	**2,593**	**100%**

Notes:
1. Extremely Low Units are assumed to be 50% of the City's Very Low-Income allocation.

Source: Southern California Association of Governments, 2021.

TABLE 2-1: 2021-2029 QUANTIFIED OBJECTIVES

Income Level	Extremely Low[(d)]	Very Low	Low	Moderate	Above	Total
2021-2029 RHNA Allocation	**349**	**349**	**383**	**399**	**1,113**	**2,593**
Construction [(a)]	50	100	100	50	500	800
Rehabilitation [(b)]	-	-	10	10	-	20
Housing Assistance (Vouchers)		689		-	-	689
Conservation/Preservation [(c)]	-	-	-	-	-	0

Note: Extremely low income households are assumed to be 50% of the City's very low income RHNA (or approximately 349 units).

025

19

City of Ontario

Table 2-31
Regional Housing Needs Goals, 2021-2029

Household Income Levels for the RHNA	*Number of Housing Units*	*Percentage of Units by Affordability level*
Extremely Low Income	2,820	14%
Very Low Income	2,820	14%
Low Income	3,286	16%
Moderate Income	3,329	16%
Above Moderate Income	8,599	41%
Total	**20,854**	**100%**

Source: Southern California Association of Governments 2021.

Table 9-2
Quantified Objectives for the 2021-2029 Housing Element

Housing Program	*Quantified Objectives by Income Group*					*Totals*
	Extremely Low Income	*Very Low Income*	*Low Income*	*Moderate Income*	*Above Moderate*	
New Construction	2,820	2,820	3,286	3,329	8,599[1]	20,854[1]
Rehabilitation[2]	~~430~~	~~430~~	~~430~~	0	0	~~2030~~
Housing Conservation[3]	~~2,69~~	~~2,69~~	~~2,69~~	0	0	~~8,97~~

Source: City of Ontario 2021

1 This total is based on the 6th Cycle RHNA identified for the City by SCAG.

2 See Program 3.

3 The total of 897 units includes the ~~A total of~~ 897 units that have been identified as at-risk during the planning period.; ~~See~~ Program 25). The ~~for additional details~~ target of facilitating the acquisition of 30 existing, abandoned homes to convert to affordable housing (Programs 16 and 17) and the target of conserving housing for 60 lower income households through property maintenance.

026

20

City of Rancho Cucamonga

Table HE-47: RHNA 2021-2029

Income Group	Total Housing Units Allocated	Percentage of Units
Extremely/Very Low	3,245	31%
Low	1,920	18%
Moderate	2,038	19%
Above Moderate	3,322	32%
Total	10,525	100%

Table HE-48: RHNA Credits and Remaining Need

	Extremely Low/ Very Low (Below 50% AMI)	Low (51-80% AMI)	Moderate (81-120% AMI)	Above Moderate (Over 120% AMI)	Total
RHNA	**3,245**	**1,920**	**2,038**	**3,322**	**10,525**
Potential ADUs	**36**	**56**	**56**	**12**	**160**
Entitlements	**0**	**0**	**2,000**	**3,085**	**5,085**
The Resort	0	0	2,000	0	2,000
Victoria Gardens	0	0	0	385	385
Etiwanda Heights	0	0	0	2,700	2,700
Remaining Need	**3,209**	**1,864**	**0**	**225**	**5,280**

Table HE-54: Summary of Quantified Objectives

	Extremely Low (0-30%)	Very Low (31-50%)	Low (51-80% AMI)	Moderate (81-120% AMI)	Above Moderate (Over 120% AMI)	Total
RHNA	1,622	1,623	1,920	2,038	3,329	10,525
New Construction	200	400	400	1,000	2,000	4,000
Rehabilitation	40	60	60	--	--	160
Preservation of At-Risk Housing	116	116	116	--	--	348

027

21

City of Upland

Table H-8 Upland Regional Housing Needs Allocation, 2021–2029

Income Category	Definition	RHNA Allocation	
		Number of Units	Percentage
Extremely Low*	30% or less of MFI	792	14%
Very Low*	31–50% of MFI	792	14%
Low	51–80% of MFI	959	17%
Moderate	81–120% of MFI	1,013	18%
Above Moderate	above 120% of MFI	2,130	37%
Total		**5,686**	**100%**

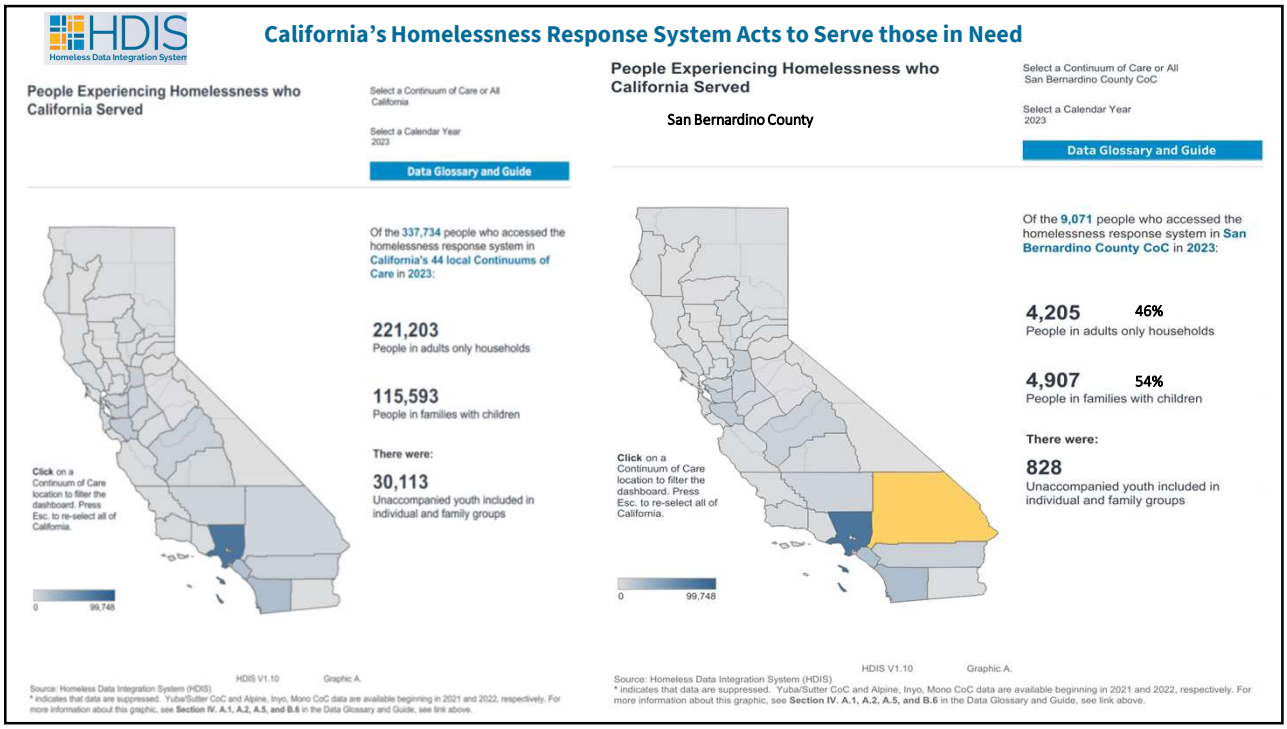
Source: Southern California Association of Governments, 3/4/2021.
Note: Extremely-low-income units are estimated as half of the very-low-income need, pursuant to Government Code Sec. 65583(a)(1).

Table H-18 Housing Element Quantified Objectives

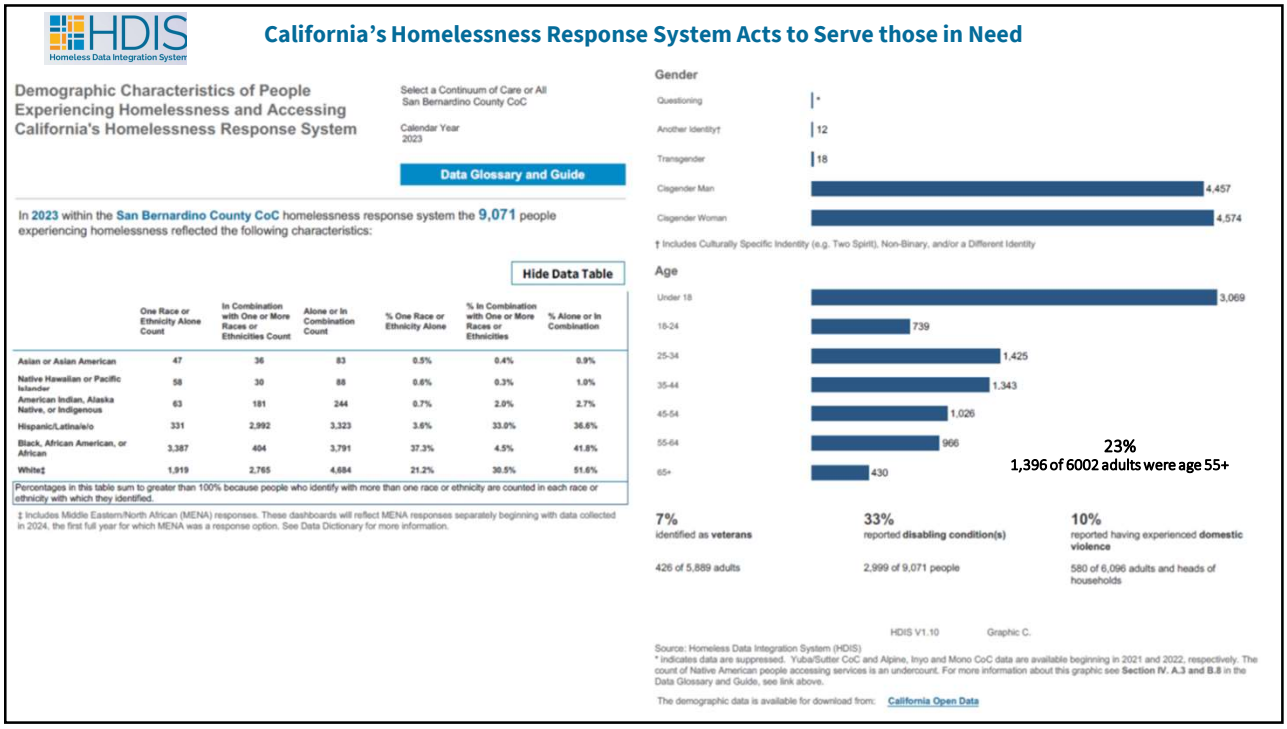
Housing Program Area	Households Assisted by Income Level				
	Ext. Low	Very Low	Low	Moderate	Above Mod
New Construction[1]	792	792	959	1,013	2,130
Housing Rehabilitation[2]	50	100	82	-	N/A
Housing Preservation[3]	497		303	56	N/A
Rental Assistance[4]	416	165	29	N/A	N/A
Homebuyer Assistance[5]	-	-	10	-	N/A
Mobile Home Rent Stabilization[6]	806				N/A
Code Enforcement Case Resolution[7]	800				N/A

028

22


HDIS
Homeless Data Integration System
California's Homelessness Response System Acts to Serve those in Need
People Experiencing Homelessness who California Served
Select a Continuum of Care or All
California
Select a Calendar Year
2023
Data Glossary and Guide
Click on a Continuum of Care location to filter the dashboard. Press Esc. to re-select all of California.
0
99,748
Of the 337,734 people who accessed the homelessness response system in California's 44 local Continuums of Care in 2023:
221,203
People in adults only households
115,593
People in families with children
There were:
30,113
Unaccompanied youth included in individual and family groups
HDIS V1.10
Graphic A.
Source: Homeless Data Integration System (HDIS)
* indicates that data are suppressed. Yuba/Sutter CoC and Alpine, Inyo, Mono CoC data are available beginning in 2021 and 2022, respectively. For more information about this graphic, see Section IV. A.1, A.2, A.5, and B.6 in the Data Glossary and Guide, see link above.
People Experiencing Homelessness who California Served
San Bernardino County
Select a Continuum of Care or All
San Bernardino County CoC
Select a Calendar Year
2023
Data Glossary and Guide
Click on a Continuum of Care location to filter the dashboard. Press Esc. to re-select all of California.
0
99,748
Of the 9,071 people who accessed the homelessness response system in San Bernardino County CoC in 2023:
4,205
46%
People in adults only households
4,907
54%
People in families with children
There were:
828
Unaccompanied youth included in individual and family groups
HDIS V1.10
Graphic A.
Source: Homeless Data Integration System (HDIS)
* indicates that data are suppressed. Yuba/Sutter CoC and Alpine, Inyo, Mono CoC data are available beginning in 2021 and 2022, respectively. For more information about this graphic, see Section IV. A.1, A.2, A.5, and B.6 in the Data Glossary and Guide, see link above.

23


HDIS
Homeless Data Integration System
California's Homelessness Response System Acts to Serve those in Need
Demographic Characteristics of People Experiencing Homelessness and Accessing California's Homelessness Response System
Select a Continuum of Care or All
San Bernardino County CoC
Calendar Year
2023
Data Glossary and Guide
In 2023 within the San Bernardino County CoC homelessness response system the 9,071 people experiencing homelessness reflected the following characteristics:
Hide Data Table
One Race or Ethnicity Alone Count
In Combination with One or More Races or Ethnicities Count
Alone or In Combination Count
% One Race or Ethnicity Alone
% In Combination with One or More Races or Ethnicities
% Alone or In Combination
Asian or Asian American 47 36 83 0.5% 0.4% 0.9%
Native Hawaiian or Pacific Islander 58 30 88 0.6% 0.3% 1.0%
American Indian, Alaska Native, or Indigenous 63 181 244 0.7% 2.0% 2.7%
Hispanic/Latina/e/o 331 2,992 3,323 3.6% 33.0% 36.6%
Black, African American, or African 3,387 404 3,791 37.3% 4.5% 41.8%
White‡ 1,919 2,765 4,684 21.2% 30.5% 51.6%
Percentages in this table sum to greater than 100% because people who identify with more than one race or ethnicity are counted in each race or ethnicity with which they identified.
‡ Includes Middle Eastern/North African (MENA) responses. These dashboards will reflect MENA responses separately beginning with data collected in 2024, the first full year for which MENA was a response option. See Data Dictionary for more information.
Gender
Questioning *
Another Identity† 12
Transgender 18
Cisgender Man 4,457
Cisgender Woman 4,574
† Includes Culturally Specific Indentity (e.g. Two Spirit), Non-Binary, and/or a Different Identity
Age
Under 18 3,069
18-24 739
25-34 1,425
35-44 1,343
45-54 1,026
55-64 966
65+ 430
23%
1,396 of 6002 adults were age 55+
7%
identified as veterans
426 of 5,889 adults
33%
reported disabling condition(s)
2,999 of 9,071 people
10%
reported having experienced domestic violence
580 of 6,096 adults and heads of households
HDIS V1.10
Graphic C.
Source: Homeless Data Integration System (HDIS)
* indicates data are suppressed. Yuba/Sutter CoC and Alpine, Inyo and Mono CoC data are available beginning in 2021 and 2022, respectively. The count of Native American people accessing services is an undercount. For more information about this graphic see Section IV. A.3 and B.8 in the Data Glossary and Guide, see link above.
The demographic data is available for download from: California Open Data

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CA System Performance Measures Data Report 2022 – SBC&C CoC

Measure 7: Breakout data for specific population groups	January 1 through December 31, 2022 Report Period						
	Measure 1a: Number of people accessing services who are experiencing homelessness	Measure 1b: Estimated number of people experiencing unsheltered homelessness on the PIT	Measure 2: Number of people accessing services who are experiencing homelessness for the first time	Measure 3: Number of people exiting homelessness into permanent housing	Measure 4: Average length of time (in days) persons spent enrolled in street outreach, emergency shelter, transitional housing, safe haven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing projects	Measure 5: Percent of people who return to homelessness within 6 months of exiting homelessness to permanent housing	Measure 6: Number of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
Performance for various Sub-Populations and Other Characteristics**							
# of Adults who are Experiencing Significant Mental Illness	1,324	-	789	276	108	15%	79
# of Adults who are Experiencing Substance Abuse Disorders	626	-	414	105	67	22%	64
# of Adults who are Veterans	452	166	267	183	180	10%	***
# of Adults with HIV/AIDS	76	-	36	***	242	0%	***
# of Adults who are Currently Fleeing Domestic Violence	320	-	222	98	90	8%	11
# of Unaccompanied Youth (18- 24 years old)	609	94	403	160	104	24%	91
# of Parenting Youth (18-24 years old)	170	0	128	72	110	16%	***

* People may be served in different household configurations over the course of a year, so the sum of the rows reported by household composition may exceed the total number of persons reported.

** Data required to identify some sub-population groups are only collected from a subset of projects within HMIS; therefore, these data will not identify everyone with these characteristics who accessed the homeless services.

*** Data suppressed due to the small number of people reported in this category, per State of California privacy policies.

† Data point suppressed: when small values are obscured, but could be calculated via subtraction, the next-highest number, which may be >10, is also suppressed, per State of California privacy policies.

- Data for this subpopulation are not collected in the PIT.

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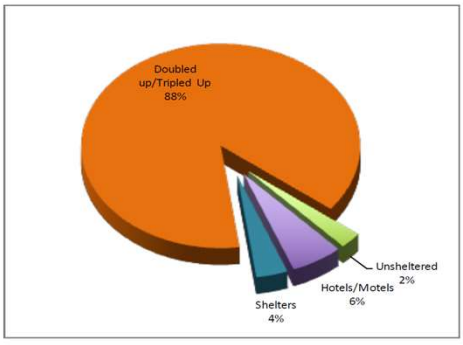
San Bernardino Homeless Student Count **FY 22/23**

District	Total Enrolled	Homeless Total
Adelanto Elementary	8,213	192
Alta Loma Elementary	5,498	111
Apple Valley Unified	15,087	917
Baker Valley Unified	124	56
Barstow Unified	6,396	393
Bear Valley Unified	2,145	288
Central Elementary	4,267	111
Chaffey Joint Union High	23,145	2,532
Chino Valley Unified	26,601	1,622
Colton Joint Unified	19,297	1,281
Cucamonga Elementary	2,299	123
Etiwanda Elementary	13,400	1,201
Fontana Unified	34,170	1,289
Helendale Elementary	6,824	154
Hesperia Unified	25,006	2,091
Lucerne Valley Unified	11,145	9
Morongo Unified	7,407	415
Mountain View Elementary	3,035	146
Mt. Baldy Joint	93	3
Needles Unified	955	95
Ontario-Montclair Elementary	18,417	2,507
Oro Grande Elementary	5,616	395
Redlands Unified	20,019	1,720
Rialto Unified	24,132	2,687
Rim of the World Unified	2,890	45
San Bernardino City Unified	50,434	4,456
San Bernardino County Office	6,461	384
Silver Valley Unified	1,949	134
Snowline Joint Unified	7,961	188
Trona Joint Unified	247	38
Upland Unified	10,079	628
Victor Elementary	12,420	323
Victor Valley Union High	12,105	160
Yucaipa-Calimesa Joint Unifie	9,535	372
Total	**397,372**	**27,066**

Shelters	993
Doubled up/Tripled Up	23,747
Unsheltered	694
Hotels/Motels	1,632
TOTAL	**27,066**

Age 0-PreK	773
K	1,829
1st - 6th	12,056
7th - 12th	12,396
Ungraded	12
TOTAL	**27,066**

Unaccompanied	687
Total # of Seniors	2,316
Graduated Homeless Seniors	1331



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"The Gap: A Shortage of Affordable Homes" March 2024

In the recently released 2024 publication of "The Gap: A Shortage of Affordable Homes", the National Low-Income Housing Coalition (NLIHC) identified the Riverside-San Bernardino-Ontario Metropolitan Statistical Area (MSA) as tied for 7th with Los Angeles-Long Beach-Anaheim among the 50 largest metropolitan areas with the most severe shortage of rental homes affordable to extremely low-income households.

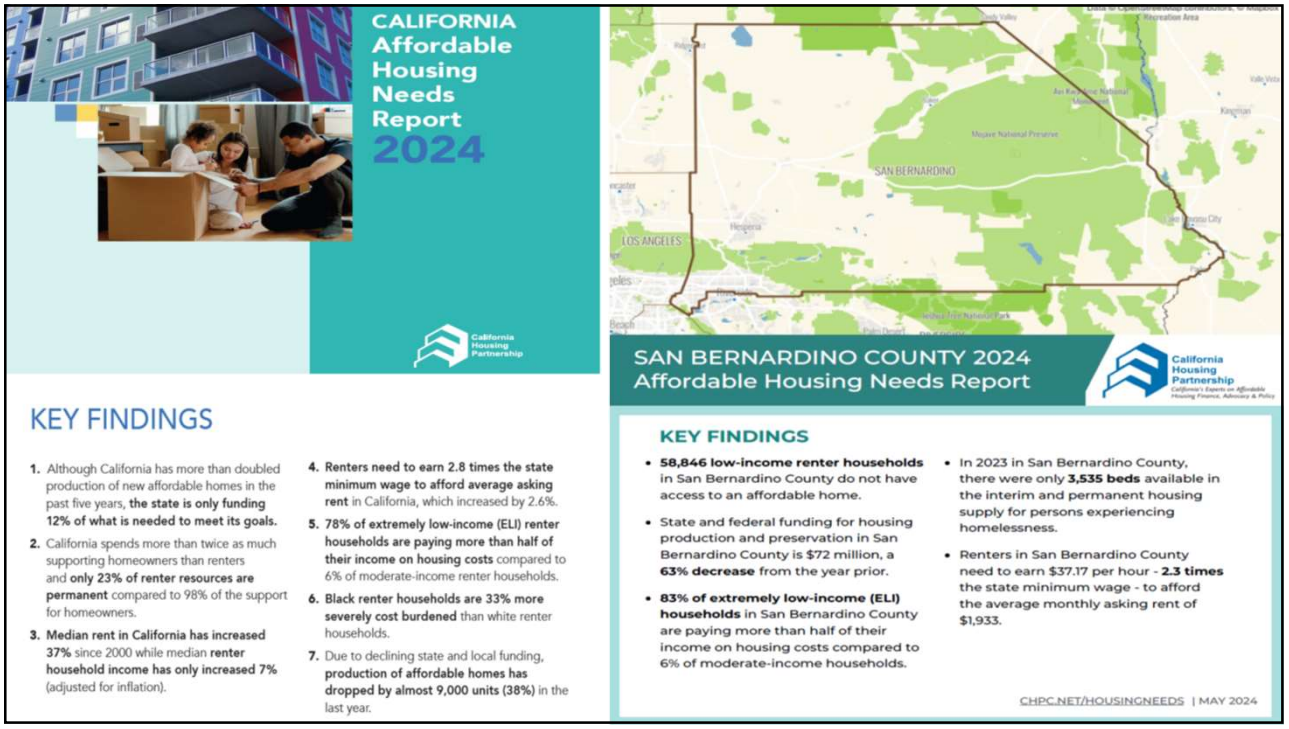
The Riverside-San Bernardino-Ontario MSA has only **21 affordable and available rental homes for every 100 renter households with incomes below 30%** AMI and only 34 for every 100 renter households with incomes between 31-50% AMI.

In addition, **81% of extremely low-income renter households and 52% of very low-income renter households are identified as severely housing cost-burdened** within the MSA, while **HUD-assisted housing represents only 6% of the rental housing stock**.

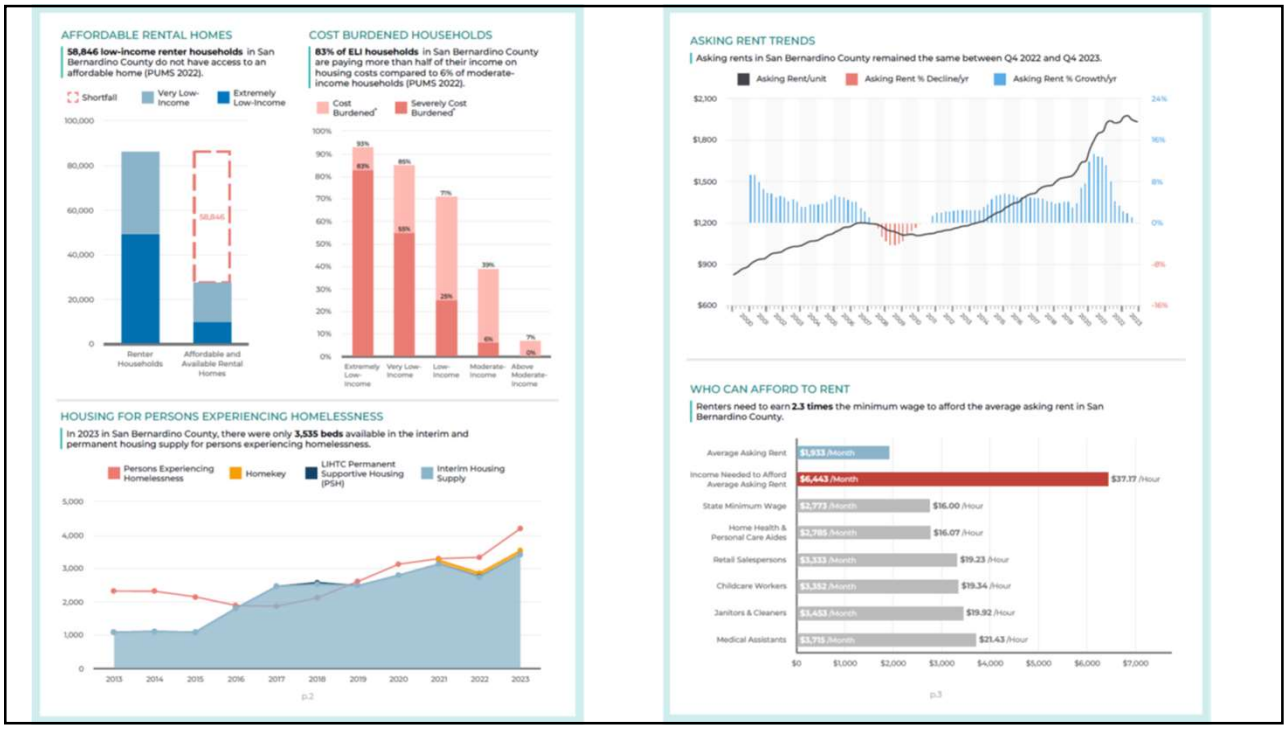
TABLE 1: LEAST AND MOST SEVERE SHORTAGES OF RENTAL HOMES AFFORDABLE TO EXTREMELY LOW-INCOME HOUSEHOLDS ACROSS THE 50 LARGEST METROPOLITAN AREAS

LEAST SEVERE		MOST SEVERE	
Metropolitan Area	Affordable and Available Rental Homes per 100 Renter Households	Metropolitan Area	Affordable and Available Rental Homes per 100 Renter Household
Pittsburgh, PA	49	Las Vegas-Henderson-Paradise, NV	13
Providence-Warwick, RI-MA	49	Houston-The Woodlands-Sugar Land, TX	15
Boston-Cambridge-Newton, MA-NH	46	Dallas-Fort Worth-Arlington, TX	17
Cincinnati, OH-KY-IN	41	Orlando-Kissimmee-Sanford, FL	18
Cleveland-Elyria, OH	38	Phoenix-Mesa-Chandler, AZ	19
Raleigh-Cary, NC	37	San Diego-Chula Vista-Carlsbad, CA	20
Buffalo-Cheektowaga, NY	37	Riverside-San Bernardino-Ontario, CA	21
Nashville-Davidson--Murfreesboro--Franklin, TN	36	Tampa-St. Petersburg-Clearwater, FL	21
Memphis, TN-MS-AR	36	Los Angeles-Long Beach-Anaheim, CA	21
Kansas City, MO-KS	36	Austin-Round Rock-Georgetown, TX	21

27



28


AFFORDABLE RENTAL HOMES
58,846 low-income renter households in San Bernardino County do not have access to an affordable home (PUMS 2022).
Shortfall
Very Low-Income
Extremely Low-Income
100,000
80,000
60,000
40,000
20,000
0
58,846
Renter Households
Affordable and Available Rental Homes
COST BURDENED HOUSEHOLDS
83% of ELI households in San Bernardino County are paying more than half of their income on housing costs compared to 6% of moderate-income households (PUMS 2022).
Cost Burdened*
Severely Cost Burdened*
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
83%
85%
55%
71%
25%
39%
6%
7%
0%
Extremely Low-Income
Very Low-Income
Low-Income
Moderate-Income
Above Moderate-Income
HOUSING FOR PERSONS EXPERIENCING HOMELESSNESS
In 2023 in San Bernardino County, there were only 3,535 beds available in the interim and permanent housing supply for persons experiencing homelessness.
Persons Experiencing Homelessness
Homekey
LIHTC Permanent Supportive Housing (PSH)
Interim Housing Supply
5,000
4,000
3,000
2,000
1,000
0
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
p.2
ASKING RENT TRENDS
Asking rents in San Bernardino County remained the same between Q4 2022 and Q4 2023.
Asking Rent/unit
Asking Rent % Decline/yr
Asking Rent % Growth/yr
$2,100
$1,800
$1,500
$1,200
$900
$600
24%
16%
8%
0%
-8%
-16%
WHO CAN AFFORD TO RENT
Renters need to earn 2.3 times the minimum wage to afford the average asking rent in San Bernardino County.
Average Asking Rent
$1,933 /Month
Income Needed to Afford Average Asking Rent
$6,443 /Month
$37.17 /Hour
State Minimum Wage
$2,773 /Month
$16.00 /Hour
Home Health & Personal Care Aides
$2,785 /Month
$16.07 /Hour
Retail Salespersons
$3,333 /Month
$19.23 /Hour
Childcare Workers
$3,352 /Month
$19.34 /Hour
Janitors & Cleaners
$3,453 /Month
$19.92 /Hour
Medical Assistants
$3,715 /Month
$21.43 /Hour
$0
$1,000
$2,000
$3,000
$4,000
$5,000
$6,000
$7,000
p.3

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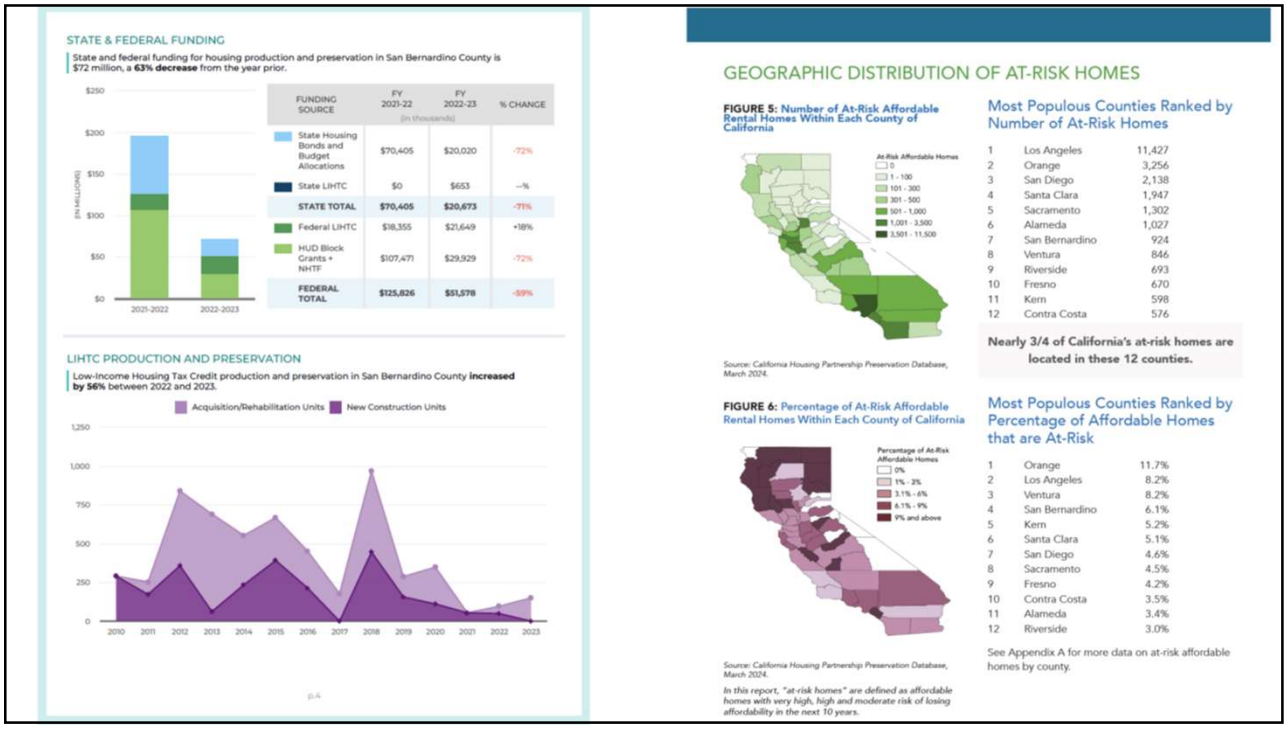
STATE & FEDERAL FUNDING
State and federal funding for housing production and preservation in San Bernardino County is $72 million, a 63% decrease from the year prior.
$250
$200
$150
$100
$50
$0
(IN MILLIONS)
2021-2022
2022-2023
FUNDING SOURCE
FY 2021-22
FY 2022-23
% CHANGE
(in thousands)
State Housing Bonds and Budget Allocations
$70,405
$20,020
-72%
State LIHTC
$0
$653
—%
STATE TOTAL
$70,405
$20,673
-71%
Federal LIHTC
$18,355
$21,649
+18%
HUD Block Grants + NHTF
$107,471
$29,929
-72%
FEDERAL TOTAL
$125,826
$51,578
-59%
LIHTC PRODUCTION AND PRESERVATION
Low-Income Housing Tax Credit production and preservation in San Bernardino County increased by 56% between 2022 and 2023.
Acquisition/Rehabilitation Units
New Construction Units
1,250
1,000
750
500
250
0
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
p.4
GEOGRAPHIC DISTRIBUTION OF AT-RISK HOMES
FIGURE 5: Number of At-Risk Affordable Rental Homes Within Each County of California
At-Risk Affordable Homes
0
1 - 100
101 - 300
301 - 500
501 - 1,000
1,001 - 3,500
3,501 - 11,500
Source: California Housing Partnership Preservation Database, March 2024.
Most Populous Counties Ranked by Number of At-Risk Homes
1 Los Angeles 11,427
2 Orange 3,256
3 San Diego 2,138
4 Santa Clara 1,947
5 Sacramento 1,302
6 Alameda 1,027
7 San Bernardino 924
8 Ventura 846
9 Riverside 693
10 Fresno 670
11 Kern 598
12 Contra Costa 576
Nearly 3/4 of California's at-risk homes are located in these 12 counties.
FIGURE 6: Percentage of At-Risk Affordable Rental Homes Within Each County of California
Percentage of At-Risk Affordable Homes
0%
1% - 3%
3.1% - 6%
6.1% - 9%
9% and above
Source: California Housing Partnership Preservation Database, March 2024.
In this report, "at-risk homes" are defined as affordable homes with very high, high and moderate risk of losing affordability in the next 10 years.
Most Populous Counties Ranked by Percentage of Affordable Homes that are At-Risk
1 Orange 11.7%
2 Los Angeles 8.2%
3 Ventura 8.2%
4 San Bernardino 6.1%
5 Kern 5.2%
6 Santa Clara 5.1%
7 San Diego 4.6%
8 Sacramento 4.5%
9 Fresno 4.2%
10 Contra Costa 3.5%
11 Alameda 3.4%
12 Riverside 3.0%
See Appendix A for more data on at-risk affordable homes by county.

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Stronger Together: A Roadmap to An Effective Homeless System

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GOAL OF AN EFFECTIVE, EFFICIENT, AND EQUITABLE HOMELESS RESPONSE SYSTEM

DIVERT people from imminent homelessness whenever possible

HOUSE people as quickly as possible

National Alliance to End Homelessness

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HOMELESS RESPONSE SYSTEM:
ENDGAME

HOMELESSNESS IS
RARE,
BRIEF,
AND
ONE-TIME

People in a housing crisis have access to immediate help, including a safe place to go

People are not unsheltered

People do not spend long periods of time homeless

People exit homelessness quickly and do not quickly cycle back into homelessness

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HOMELESS RESPONSE SYSTEM:
ENDGAME

ESTABLISH SYSTEM PERFORMANCE MEASURES

- Reduce in-flow into homelessness
- Increase exits to permanent housing
- Decrease average length of homelessness
- Decrease returns to homelessness

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SYSTEM INTERVENTIONS

- Street Outreach
- Targeted Homelessness Prevention
- Diversion
- Coordinated Entry
- Emergency Shelter
- Rapid Re-Housing
- Transitional Housing
- Permanent Supportive Housing

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INCREASE SYSTEM FLOW

An efficient and coordinated process that moves people from homelessness to housing as quickly as possible

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Consider How Current Resources Are Being Utilized and Working Together…

If you make investments without considering how it impacts the system and how it is coordinated...

If the interventions working together…

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West Valley HPN-RSC Regional Planning Summit

Developing an Effective Regional Homelessness Response System

1. What are the biggest barriers faced by constituents seeking help with a housing/homelessness crisis in the West Valley Region?

2. What system interventions and resources are available in the West Valley Region to help constituents resolve their housing/homelessness crisis?

3. What agencies/organizations/programs are currently available in the West Valley Region to help constituents resolve their housing/homelessness crisis?

4. What currently are the biggest gaps in our system to help constituents resolve their housing/homelessness crisis?

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West Valley HPN-RSC Regional Planning Summit

Developing an Effective Regional Homelessness Response System

Case Conferencing Scenarios
From the West Valley Regional CES Working Group

FAMILY of 5, SINGLE MOM w-2 SPECIAL NEEDS ADULTS & 2 KIDS, CHINO SCHOOLS
SSDI & CHILD SUPPORT INCOME ($800?), RECENT DOMESTIC VIOLENCE SURVIVOR
CURRENTLY FACING LOSS OF RENTAL HOUSING IN CHINO, MUST BE OUT BY 10/7
SEEKING MOTEL or TRANSITIONAL SHELTER / PERMANENT HOUSING SOLUTIONS!!!

OLDER ADULT (65+), UNACCOMPANIED FEMALE w-SERVICE DOG, SSI INCOME ($1100)
FINANCIAL ABUSE SURVIVOR, CHRONIC HEALTH CONDITION-PHYSICAL CHALLENGES
HOMELESS ON-OFF OVER 1 YEAR, CURRENTLY LIVING UNSHELTERED ON THE STREETS IN ONTARIO
SEEKING IMMEDIATE SHELTER / STABLE HOUSING SOLUTIONS!!!

UNACCOMPANIED FEMALE, SSI INCOME ($1183), BEHAVIORAL & PHYSICAL HEALTH CHALLENGES
HOMELESS ON-OFF OVER 1 YR, CURRENTLY STAYING IN FRIEND'S CAR IN RANCHO CUCAMONGA
SEEKING TRANSITIONAL / SUPPORTIVE HOUSING SOLUTIONS!!!

SINGLE MOM w-TEEN SON, CHRONIC HEALTH ISSUES, NO INCOME
CURRENTLY LIVING UNSHELTERED IN UPLAND
SEEKING SHELTER-VOUCHER-TRANSITIONAL HOUSING SOLUTIONS!!!

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