



2022

HOMELESS

STRATEGIC ACTION PLAN



Roadmap to Self-Sufficiency

A COLLECTIVE IMPACT APPROACH

San Bernardino County Community Revitalization was established through a merging of Community Development and Housing (CDH) and the Office of Homeless Services (OHS) in July 2021, as a concerted effort to focus on strategic and continuous improvement to prevent and reduce homelessness in communities across the County. Community Revitalization aims to increase the supply of affordable housing options to positively impact our neighborhoods, local economy, and livability of communities across the county. The effort includes partnership with several other County departments and offices that have a role in addressing homelessness.



The 2022 Homeless Strategic Action Plan's (Plan) intention is to increase coordination, expand the impact of the County's housing and homeless programs, and strengthen efforts amongst partners to make a collective impact. Collective Impact¹ describes an intentional way of working together to strategically align and strengthen efforts ~~including abandoning practices that are proven to be ineffective or duplicative~~ for the purpose of addressing a complex problem. It will take a coordinated collective approach, moving from a collection of individual programs to a countywide response that is strategic and data-driven to inform how best to allocate resources, services, and programs that improve the quality of life for those who live, work, and play in San Bernardino County. Community Revitalization, with strategic direction from the Board of Supervisors, will work with the County Administrative Office to pilot new projects and programs for continuous improvement as we invest in affordable housing options for our neighborhoods and communities and address the needs of our most vulnerable individuals.



The actions and strategies in the Plan are based on community input from over 500 stakeholders including, but not limited to; youth, veterans, aged or disabled, formerly homeless individuals, healthcare entities, faith and community-based organizations, cities, and housing developers. The prioritized populations include diverse individuals experiencing chronic homelessness and living with one or more disabling conditions such as mental illness, substance use disorder, developmental disorders, and/or physical ill-health. In addition, individuals known to multiple systems due to the frequency of interaction with crisis services, community safety, and justice, and/or healthcare entities are a priority for intervention.

The Plan is Comprised of 3 Interrelated Actions:

1

Housing the
Most At-Risk

2

Increasing
Shelter Capacity

3

System
Improvements

¹Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review, 9(1), 36–41.
<https://doi.org/10.48558/5900-KN19>



HOMELESS TO HOME: A ROADMAP FOR SELF-SUFFICIENCY

The Plan for 2022, Homeless to Home: A Roadmap to Self-Sufficiency, illustrates an array of wraparound services, programs, and housing options aimed at increasing self-sufficiency for individuals experiencing or at-risk of homelessness. It provides an overview of the continuum of services, supports, and shelter options, and the average duration for each of the ten categories along the continuum. As the individual level of risk and utilization of services increases, so does the intensity of services and supports from most support to less support. Each component across the Roadmap is delivered via a combination of contracted provider agencies, County departments, faith and community-based organizations, municipalities, and/or community partners working together.



Research Identified Reasons for Family Homelessness:

1. Lack of Affordable Housing
2. Unemployment
3. Poverty
4. Low Wages



Research Identified Reasons for Individual Homelessness:

1. Lack of Affordable Housing
2. Unemployment
3. Poverty
4. Untreated Mental Illness, Substance Use Disorders, Developmental, & Physical Disability
5. For Women: Domestic Violence

6.6% rise in homelessness across the county (2020–2022)



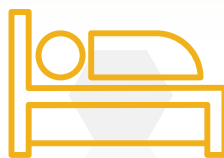
Number of housing beds ~~available~~ across the County is inadequate in comparison to the need

Increased cost of housing and housing competition



3,333

Estimated Homeless people in San Bernardino County



1,027

Chronically unsheltered individuals



\$1,390

Fair Market Rent (FMR) for a two-bedroom apartment in San Bernardino County

The average annual cost of keeping a homeless high-utilizer of service on the street is nearly twice as much as housing that individual.

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ACTION 1: *HOUSING THE MOST AT-RISK*

The United States Department of Housing and Urban Development (HUD) maintains a twofold definition and categories for considering a person homeless. The categories include unsheltered and sheltered individuals as described below.

- An unsheltered homeless person resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- A sheltered homeless person resides in an emergency shelter, transitional housing, or supportive housing for homeless persons who originally came from the streets or emergency shelters.

Additionally, HUD builds on the definitions to describe chronic homelessness as a situation in which an individual living with a disabling condition has either experienced homelessness for longer than a year (during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation), or has been in and out of homelessness at least four times over a three-year period.

The chronic homeless population potentially qualifies for permanent supportive housing beds. In some cases, these individuals are high utilizers of multiple public safety and safety net services such as healthcare (including inpatient and outpatient emergency care), criminal justice (including law enforcement, courts, and corrections), emergency response, and homeless services.

There is a need for accountability for everyone including the individual suffering from untreated mental health and substance use disorders which are leading to homelessness, incarceration, or worse. Working collectively to offer an array of wraparound services to get individuals the support they need to stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings will help individuals go from homeless to home. This may also require implementing policies that look at upstream prevention and early intervention. By working together to provide pathways to housing, health, and income stabilization, individuals experiencing homelessness can find their unique roadmap to recovery and self-sufficiency to prevent more restrictive conservatorships, incarceration, and unnecessary hospitalization.

DATA RELATED TO THIS POPULATION ARE HIGHLIGHTED BELOW:

- In 2022, 1,027 individuals in San Bernardino County were identified as chronically homeless.
- An OHS cost study¹ analysis of data from 2018 to 2019 found the annual average cost of serving homeless high utilizers of services was \$31,873 per person per year while living in the streets. The annual average cost of operating a permanent supportive housing program was determined to be \$17,652.17 per person per year.
- Symptoms related to untreated behavioral health conditions make it difficult to engage and build trust, often taking an average of 72 encounters before an individual will agree to an evaluation or treatment.

¹ Shinn, G. (2020). An Analysis of Chronic and Veteran Homeless Cohorts in San Bernardino County: Fiscal Impacts and Market Demand for Sustainable Housing Solutions

Goal:

In one year, 100 unsheltered high utilizers of services will exit homelessness, with 65% entering into stable housing and 35% connected to services to support housing and safety.

THE STRATEGIES FOR IMPLEMENTATION INCLUDE:

- Establishing pilot program to improve public safety and access to healthcare services.
- Identifying the top 100 unsheltered high need/ high utilizers of services across the county, including demographic information as a key factor.
- Establishing a multi-sectorial committee to conduct biweekly case conferencing meetings that identify and recommend the most appropriate temporary and permanent housing interventions for prioritized populations.
- Deploying outreach and field-based mobile healthcare teams (with clinical staff) to engage, support, and/or treat identified individuals experiencing debilitating physical health, mental health, and/or substance use illnesses.
- Facilitating opportunities for healthcare providers to meet with unsheltered persons without existing street outreach and engagement teams when safe and appropriate.
- Utilizing evidence-based processes, such as motivational interviewing and trauma-informed care, in the provision of services.
- Transitioning, based on the needs of each person, to the appropriate level of shelter and care.

Measures of Success include:

OUTCOMES:

- 100 high utilizers of services exit homelessness into a shelter with supports
- 60% increase in the number of individuals engaged in treatment services when compared to the prior six-month period
- Comparison of type of shelter prior to exiting homelessness
- Comparison of how individuals were accessing care and services prior to receiving stable housing and engagement in treatment to how care is accessed and used post stable housing

OUTPUTS:

- Case conferencing meetings with written protocols for data-driven decision-making
- Tracking of attendance at case conferencing committee meetings
- Metrics for number and types of encounters with identified individuals
- Metrics including length of time from entry into CES to appropriate service connections, and appropriate temporary and/or permanent housing options
- Demographics of individuals served



ACTION 2: *INCREASING SHELTER CAPACITY*

The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within the Continuum of Care (CoC) that provide beds and units dedicated to serve individuals experiencing homelessness (per HUD's homeless definition) that includes emergency shelter, transitional housing, hotel/motel vouchers paid by an organization or agency, and seasonal emergency shelter.

A REVIEW OF THE HIC DATA IDENTIFIED THE FOLLOWING TRENDS:

- Year-round shelter beds are administered by providers in only eight municipalities (Barstow, Big Bear Lake, Ontario, Redlands, San Bernardino, Twentynine Palms, Victorville, and Yucca Valley), with only 67% of unsheltered persons living in those cities.
- Four communities identified 50 or more unsheltered persons in their areas and had no beds for unsheltered persons (Colton, Fontana, Rialto, and Highland).
- The number of emergency shelter beds increased 92% from 257 beds in 2017 to 493 beds in 2022.
- The total number of beds provided by motel vouchers increased 48% from 164 beds in 2017 to 243 in 2022.
- Due to the lack of a centralized tracking system coupled with the vast geography of the County acting as a barrier to access, on any given night, 18% of shelter beds remain vacant.

There are not enough shelter beds available in each region of the County to meet the need.

The goal for Action 2 is to work with cities and other partners to increase the supply of year-round permanent shelter by 200 beds throughout the county to accommodate diverse populations.

A MULTITUDE OF TRAUMA-INFORMED APPROACHES AND STRATEGIES WILL BE DEPLOYED:

- Building new partnerships with municipalities and the County's unincorporated areas to host emergency/transitional shelters, safe places to park with access to hygiene and supportive services.
- Developing innovative pilot programs that improve community safety, test innovative low-barrier shelter solutions, and increase partnerships.
- Reducing barriers to shelter such as allowing pets, storage of personal items, greater privacy, allowing access to service delivery partners, and longer and more flexible stays.
- Funding a variety of bed options to increase single-room and single-family occupancies.
- Developing motel voucher programs that include jurisdictions that counted 50 unsheltered persons or more in 2022 and had no shelter beds for unsheltered persons.
- Creating pop-up/mobile shelters.
- Implementing a centralized monitoring system to support maximizing the use of available shelters.
- Training shelter staff and outreach teams in evidence-based processes such as Listen, Empathize, Agree, Partner (LEAP), Motivational Interviewing, and Trauma-informed approaches.

Measures of Success include:

OUTCOMES:

- Increase shelter bed capacity across the County by 60%
- Increase beds occupied by 200
- Increase low-barrier shelters by 10%

OUTPUTS:

- Increase utilization rate from 87% to 95%
- 100% of shelters will be trained in trauma-informed approaches
- 10% of shelters will create low-barrier policies
- 100% of staff are trained in LEAP, Motivational Interviewing, and Trauma-informed approaches





ACTION 3: *SYSTEM IMPROVEMENTS*

In a review of feedback from each stakeholder engagement session, a primary need was consistently identified: the need to improve coordination across the entire continuum of the homelessness service system.

The goal for Action 3 is to improve the overall functioning of the Coordinated Entry System (CES).

A VARIETY OF STRATEGIES WILL BE IMPLEMENTED, INCLUDING:

- Implementing an integrated approach to solving local unsheltered and sheltered homelessness by weaving together all outreach and engagement activities and data through Esri's ArcGIS (Geographic Information Systems) software for mapping and data visualization, and location services.
- Establishing a Coordinated Outreach Resources and Engagement (CORE) Program consisting of street outreach and engagement teams that would meet frequently to ensure street outreach and engagement is nimble enough to regularly engage homeless individuals in a timely manner by appropriate street outreach teams.
- Expanding Housing Search by increasing the number of Housing Locators whose sole responsibility is housing search.

A VARIETY OF STRATEGIES WILL BE IMPLEMENTED, INCLUDING (CONTINUED):

- Advancing the development of a by-name list of all individuals experiencing homelessness by subpopulation that includes a set of data points that integrate into the CES and the Homeless Management Information System (HMIS).
- Conducting weekly case conferencing meetings to identify and recommend the most appropriate temporary and permanent housing interventions for individuals entered into the CES.
- Using data obtained from CoC's annual comprehensive review of CES performance to create a responsive system that ensures that individuals experiencing or at risk of homelessness are matched in a timely manner with the intervention that will most efficiently and effectively end their homelessness.
- Designing and piloting innovative services within alternative centers as a focus on stabilization, recovery or diversion, to support community safety and increased access to services and supports across the continuum.

IMPACT

The action plan builds on existing partnerships, efforts, and programming. Mobilizing partners around well-defined actions can drive positive change across multiple sectors. To that end, shared outcomes and measures will be established that capture the impact at the individual level, across County systems, and community. Examples of potential impacts include, but are not limited to:

- Law and Justice: Reduction in calls for service and arrests for identified individuals
- Behavioral Health: Reductions in unnecessary psychiatric hospitalization and unsheltered consumers
- Public Health: Increase access to preventative health screenings
- Aging and Adult Services: Increase access to safe shelter for aged and disabled population

Measure of Success include:

OUTCOMES:

- Improvements in the length of time from entry into by-name list to CES
- Improvements in the length of time from entry into CES to appropriate service connections, and appropriate temporary and/or permanent housing options

OUTPUTS:

- Demographics of individuals and families being assisted, including where they are being helped
- Process reviews conducted to continuously improve the system





ARMC: Arrowhead Regional Medical Center
CDH: Community Development and Housing

CBO: Community-Based organizations
CoC: Continuum of Care

DAAS: Department of Aging and Adult Services
DBH: Department of Behavioral Health

DAAS: Department of Aging and Adult Services
DPH: Department of Public Health
FBO: Faith-Based organizations

HA: Housing Authority
MCO: Managed Care Organization

TAD: Transitional Assistance Department
WDD: Workforce Development Department



Roadmap to Self-Sufficiency



STAKEHOLDER ENGAGEMENT PROCESS

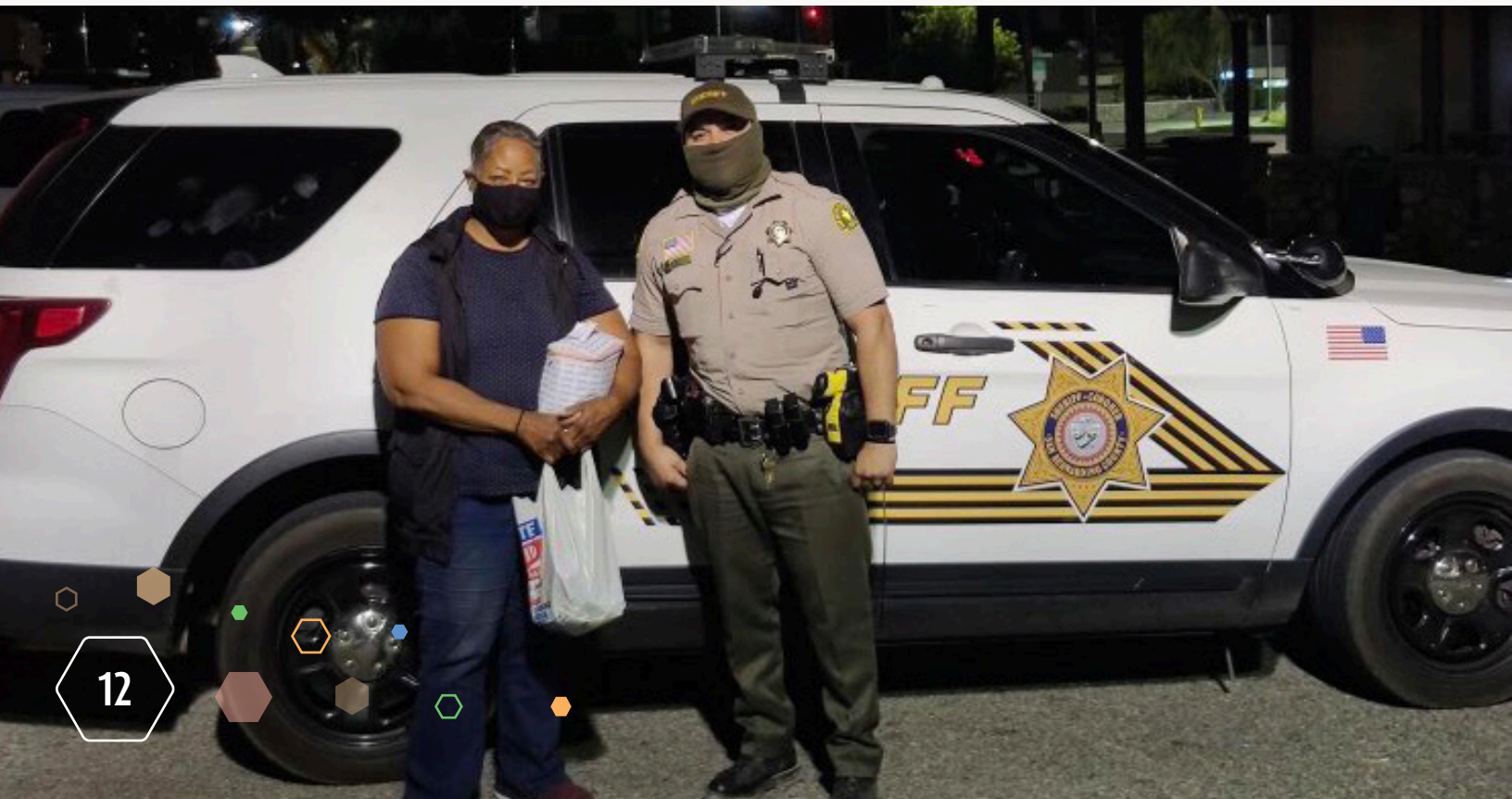
PROCESS OVERVIEW

Community Revitalization engaged diverse stakeholders from throughout the County in the planning, development, and process improvement of the Plan. The first stakeholder engagement process was held from May 2021 through August 2021, hosting 15 meetings with 547 stakeholders to discuss the current needs, strengths, and opportunities for serving homeless individuals and families, as well as those at-risk of homelessness.

Attendance was promoted by publishing and advertising a schedule of meetings via listservs, a network of community partners, and contracted vendors. Due to the COVID-19 pandemic, virtual meetings were held to allow for safe participation and improved access for stakeholders from remote communities.

A special session to engage all 24 cities and towns across the County was hosted by the County Administrative Office. A virtual option was offered in lieu of in-person attendance to maximize access and participation. A total of 45 individuals attended the session with representatives from the City of Barstow, City of Big Bear Lake, City of Chino, City of Chino Hills, City of Colton, City of Fontana, City of Grand Terrace, City of Highland, City of Montclair, City of Needles, City of Rancho Cucamonga, City of Redlands, City of San Bernardino, City of Twentynine Palms, and the Town of Yucca Valley.

Each meeting encouraged open discussion with the goal of empowering stakeholders for the purpose of generating ideas, contributing to decision making, and fostering a County/community partnership that will result in improving access to services and programs offered across the continuum of homeless services. The stakeholder engagement process included a participatory framework for stakeholders to discuss key service areas of the homeless CoC. Attendees participated in breakout discussions for both a Strengths, Weaknesses, Opportunities, and Threats (SWOT) and Political, Economic, Socio-Cultural, and Technological (PEST) analyses.





THE SWOT ANALYSIS ENCOURAGED DISCUSSION ACROSS SIX KEY AREAS:

- Homeless Outreach, Service Promotion, and Communication
- Client Services, including referrals to resources (subsidized housing, food, entitlements, healthcare, case management, rental assistance, and other resources)
- Permanent Housing and Rapid Rehousing
- Technological Capacity
- Financial
- Staff Development

THE PEST ANALYSIS ALLOWED FOR AN OPPORTUNITY TO DISCUSS AND COMMENT ON SOCIETAL, SYSTEM, AND POLICY-LEVEL INFLUENCES. DISCUSSION QUESTIONS INCLUDED, BUT WERE NOT LIMITED TO:

- Are there any other political factors that are likely to change that may affect the homeless community or efforts related to the provision of homeless services?
- Are financial resources available to the homeless increasing or falling? How is this likely to change in the next few years?
- What social attitudes and social taboos affect the transition of homeless individuals and families to housing? Have there been recent socio-cultural changes that might affect this?
- Are there any new technologies on the horizon that could radically affect how we serve and interact with homeless individuals and families?

STAKEHOLDER IDENTIFIED NEEDS AND PRIORITIES

The results from the SWOT and PEST analyses identified and prioritized four themes.



Housing and Shelter



Health



Equity



System Coordination

STEERING COMMITTEE

Upon completion of the stakeholder engagement sessions, representatives from different sectors across the county were engaged to participate in a steering committee.

The steering committee was charged with:

- Reviewing quantitative and qualitative data received via the stakeholder engagement process, including a comprehensive needs assessment and gaps analysis report completed by the Hub for Urban Initiatives.
- Creating the Mission, Vision, and Values statements that guide the Plan.
- Creating recommendations and actions for prioritization in the Plan.



THE RESULT OF THEIR WORK IS AS FOLLOWS.

VISION, MISSION, & VALUES

Vision:

We envision a San Bernardino County where, through partnership, we prevent and reduce homelessness.

Mission:

To create a County in which individuals have access to safe, ~~affordable housing~~ and essential services that support well-being.

CORE VALUES & GUIDING PRINCIPLES:

Collaboration:

We work together to effectively use resources, deliver program models and serve our community in a fiscally-responsible and business-like manner.

Person-Centered:

We partner with individuals experiencing homelessness with respect, dignity, and positive regard to develop accessible solutions, provide housing opportunities and improve our community.

Integrity:

We are dedicated to a high degree of accountability, transparency, and continuous improvement.

Solution-Focused:

We are a solution-focused County that is community-centered, utilizes sustainable efforts to decrease homelessness and meet identified needs of individuals in our community.

Equity and Inclusiveness:

We ensure all individuals have access to the resources they need to prevent or resolve their homelessness.

STAKEHOLDER IDENTIFIED NEEDS & PRIORITIES

HOUSING & SHELTER

Recommendation

Increase housing and shelter supply

Actions

- Develop diverse types of housing and shelter, including affordable housing and housing for extremely low-income individuals.
- Increase the number of emergency shelter and transitional housing beds.
- Provide additional emergency shelter beds during inclement weather.
- Prioritize motel voucher programs for areas with a notable number of unsheltered persons (50 or more unsheltered persons), with priority on unsheltered persons aged 62 and over.
- Reduce barriers to shelter such as allowing for pets, storage of personal items, greater privacy, allowing access for partners/significant others, and longer and more flexible stays.
- Fund a variety of bed options to increase single room and single-family occupancies.
- Create pop-up/mobile shelters.

STAKEHOLDER IDENTIFIED NEEDS & PRIORITIES

HEALTHCARE

Recommendation

Increase access to all aspects of healthcare, including primary care, mental health, substance use, dental, and optometry care.

Actions

- Increase the number of mobile healthcare teams with clinical staff to support individuals experiencing physical ill-health, mental health, and substance use disorders.
- Increase access to the continuum of substance use disorder and mental health supports and treatment.
- Increase access to healthcare and hygiene at shelter sites that include access to showers, bathrooms, meals, and beds.
- Increase system capacity to reintegrate individuals leaving hospitals and higher level care centers to return to their communities.
- Develop and implement strategies to eliminate service and treatment gaps for unsheltered individuals struggling with chronic and severe behavioral and physical illness(es).
- Increase case management and system navigation supports.

STAKEHOLDER IDENTIFIED NEEDS & PRIORITIES

EQUITY

Recommendation

Direct specialized services to the most vulnerable sub-populations

Actions

- Prioritize outreach, engagement, and shelter/housing placement for chronically-unsheltered individuals living with disabilities (physical, behavioral, developmental).
- Prioritize outreach, engagement, and shelter/housing placement for unsheltered youth.
- Prioritize outreach, engagement, and shelter/housing placement for unsheltered and unaccompanied women.
- Prioritize outreach, engagement, and shelter/housing placement for unsheltered persons aged 62 and over.
- Expand client-centered approaches that connect individuals to programs and resources prior to discharge/release from the justice system, behavioral health institutions, and recovery centers.
- Expand work release programs and ensure the experience obtained while incarcerated meets the minimum qualifications needed to obtain a job.
- Dedicate transitional housing for youth ages 18 to 24, as needed to bridge to long-term housing stability.

STAKEHOLDER IDENTIFIED NEEDS & PRIORITIES

SYSTEM COORDINATION & ENHANCEMENT

Recommendation

Expand and Improve Coordination and Functionality of Systems

Actions

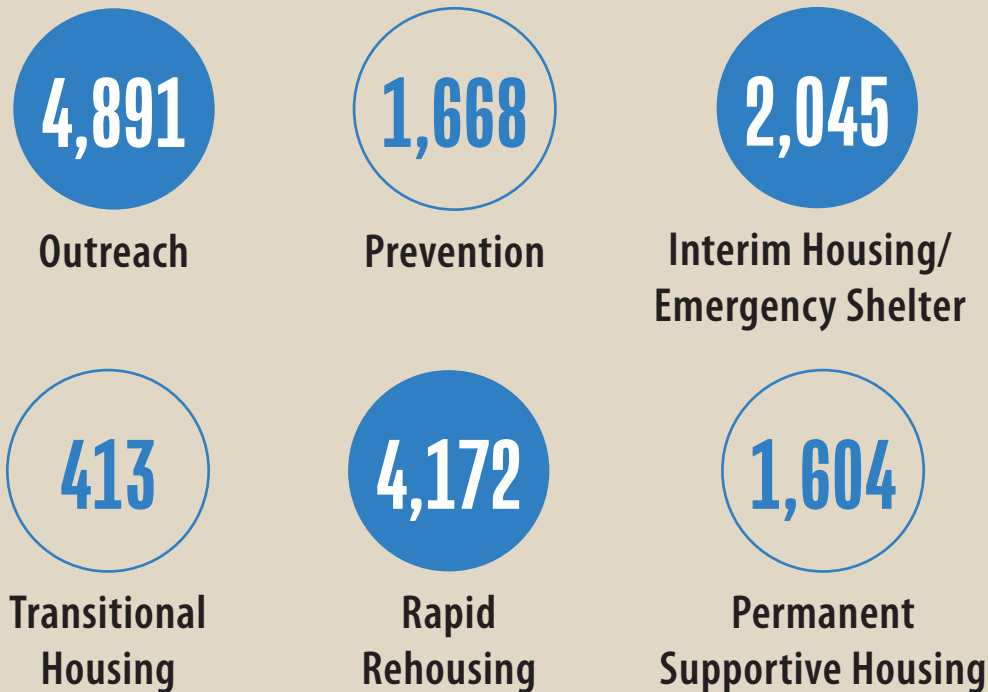
- Improve the Coordinated Entry System (CES), including conducting weekly case conferencing meetings to identify and recommend the most appropriate temporary and permanent housing interventions for individuals in CES.
- Continue to design inclusive, community-wide solutions: stakeholders work together to address community needs, whether through leveraging financial resources, expanding capacity, or establishing cross-sector partnerships.
- Expand housing search by increasing housing locators whose sole responsibility is housing search.
- Enhance the design of the Homeless Management Information System (HMIS) to integrate data points of outreach and engagement activities (for analysis) and incorporate into the geographic information system data hub to facilitate real-time decisions and meet the immediate challenges regarding unsheltered and sheltered homelessness and homeless prevention.
- Identify and establish an entity to coordinate and pursue available funds for the region, establishing a team to pursue philanthropic donations, grant funds to create a flexible funding pool (for use by County, municipalities, non-profits, faith communities, etc.).

LANDSCAPE ANALYSIS OF HOMELESSNESS IN SAN BERNARDINO COUNTY

OUR SUCCESS

Since the establishment of OHS in 2007 and the adoption of the research-based Housing First best practice, San Bernardino County has made significant headway and experienced many successes in addressing homelessness. In a review of the most complete data sets from 2019 and 2022, nearly 21,000 unduplicated individuals were served across the homeless services continuum, which includes homelessness prevention services. Many of the most successful housing-based policies designed to address the homelessness crisis, in particular, rapid re-housing and homeless prevention services have proven successful as 53% of the total individuals served over the two-year period were provided resources to secure and/or maintain housing. In that same two-year time period, nearly 7,000 individuals were connected to a permanent housing solution.

The table below provides an overview of the number of individuals served in 2020 according to the service categories in the CoC. It is important to note that intervention types are not mutually exclusive, and individuals and households may be counted in multiple categories.



Focused partnerships between multiple entities have yielded the best responses. For example, in 2015, the County launched an unsheltered Veterans Initiative that resulted in achieving “functional zero” for unsheltered veterans over a period of time. Functional zero means that the number of individuals experiencing homelessness at a given time does not exceed the community’s ability to house the same number of individuals.

Additional examples of successful initiatives yielding a collective impact for specific populations include:

Successfully providing isolation assistance to more than 2,000 homeless individuals through Project Roomkey. Project Roomkey was established in March 2020 as part of the State's response to the COVID-19 pandemic.

1. Over 780 of the individuals served through Project Roomkey received permanent supportive housing or interim housing.
2. These efforts resulted in an additional award of \$11.4 million in Project Roomkey funds for the County.

Partnered with Homekey housing developers to secure \$8.3 million of State Homekey grant funds to acquire the All Star Lodge in the City of San Bernardino to create 76 cost-effective "doors" of interim housing that are in the process of being converted to permanent housing. Upon completion, this project will result in shelter for 119 individuals/families.

1. This motel/hotel conversion expanded the inventory of housing for those hardest to house and most in need of wraparound services.
2. A non-profit entity provides property management, access to physical and field-based mental health services and case management. These critical elements are essential for residents to achieve stability and self-sufficiency in housing and overall community functioning. For many struggling with complex health issues, compounded by homelessness, All Star Homekey offers lifesaving alternatives to living on the streets.

Secured over \$4 million in State Homekey grant funds to partner with CDH and developers to purchase and operate the Pacific Village Project.

1. Pacific Village, located in Highland, provides long-term interim housing for individuals and families who are at-risk of or experiencing homelessness.
2. The County collaborated with the developer to build out the housing site, comprised of 20 trailers, 1 duplex, and 1 three-bedroom single-family residence, which resulted in 43 individuals/families securing interim housing.
3. The departments of Behavioral Health and Aging and Adult Services provide case management and a wide array of services and supports to assist residents in maintaining safe and stable housing on their journey to recovery and wellness. The Plan requires a commitment of partners and service providers to do "whatever it takes" to provide the life-changing support that many individuals have never experienced.
4. Future plans are to develop a continuum of care campus concept that proposes access to onsite services such as occupational therapy, employment training, individual and group therapy, nutrition, and a health clinic through a collective impact partnership between County departments and contracted providers as an alternative to the higher cost emergency room and hospital services.

OPPORTUNITIES

While there has been much progress in addressing local homelessness, securing funds, and developing a continuum of housing and service solutions, there remains an opportunity to accomplish more through collective efforts. According to the 2022 Point-In-Time Count (PITC), there are over 3,333 individuals experiencing homelessness on any given day in San Bernardino County. This is an increase from prior years and does not include data from 2021, as the PITC was not conducted due to the COVID-19 pandemic. This upward trend is consistent with increases across the State and the nation.

Approximately the same number of persons experiencing homelessness were counted during the 2016 and 2017 PITC, 1,887 and 1,866 persons respectively. The table below shows a significant year over year increase in the number of persons counted as experiencing homelessness between 2016 and 2022. Over 1,200 (1,238) more persons were counted as homeless in 2020 when compared to 2016, which represents an increase of 66%, or two-thirds.

YEAR	TOTAL PERSONS COUNTED	DIFFERENCE FROM PREVIOUS YEAR		TOTAL UNSHELTERED	TOTAL SHELTERED
		NUMBER	PERCENT		
2016	1,887	-	-	1,191	696
2017	1,866	-21	-1.12	1,179	687
2018	2,118	+252	+13.5	1,443	675
2019	2,607	+489	+23.0	1,920	687
2020	3,125	+518	+19.9	2,390	735
2021	<i>*PITC was not conducted due to the COVID-19 pandemic.</i>				
2022	3,333	+208	+6.6%	2,389	944

The table also demonstrates the number of individuals counted as sheltered remained about the same between 2016 and 2019, with the largest increase occurring between 2020 and 2022. Between 2016 and 2022, the number of individuals experiencing sheltered homelessness increased by 248, which represents a 35.6% increase. However, 2,390 individuals were counted as unsheltered in 2020; an increase of 1,199 individuals experiencing unsheltered homelessness, which represents an increase of 100% from 2016. Between 2020 and 2022, the number of unsheltered decreased by one, reversing the upward trend that began in 2018.

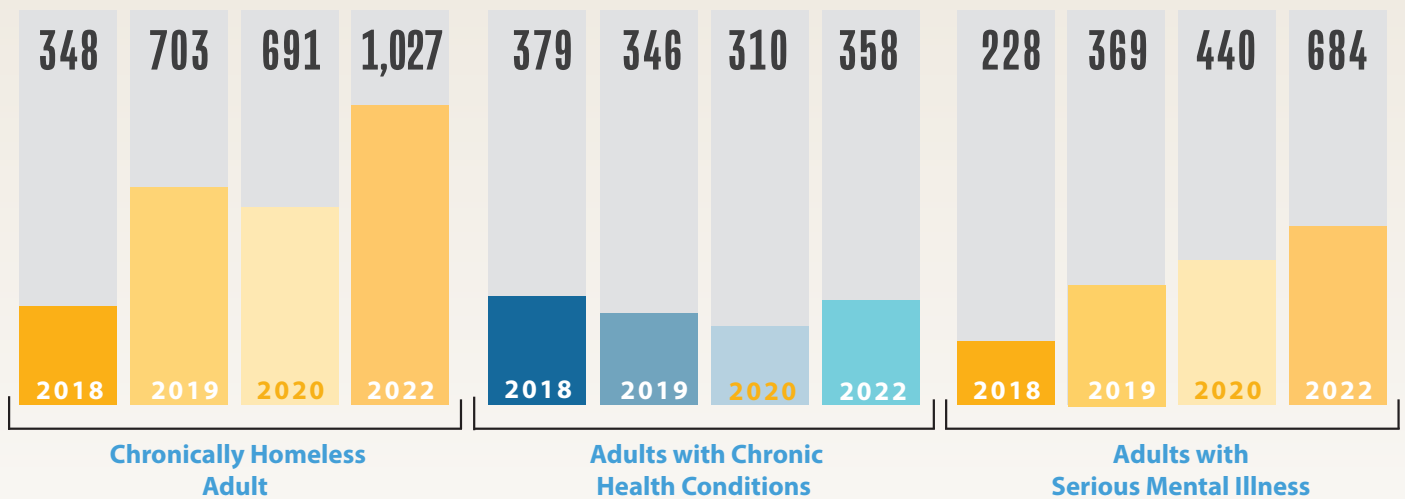


HOUSING AND SHELTER CAPACITY

As noted by the PITC, on any given day in 2022, there were approximately 3,333 homeless individuals. In that same period, there were only 851 transitional and emergency shelter beds available. This represents a significant gap between the numbers of beds available in comparison to the number needed.

In 2022, 1,027 individuals were identified as chronically homeless (44% of 2,292 unsheltered individuals counted in PITC), potentially qualifying for permanent supportive housing beds. Permanent supportive housing is an evidence-based practice for permanently housing chronically homeless individuals with chronic health conditions, individuals with serious mental illness, as additional supports and services are offered with housing/shelter.

INDIVIDUALS QUALIFIED FOR PERMANENT SUPPORTIVE HOUSING



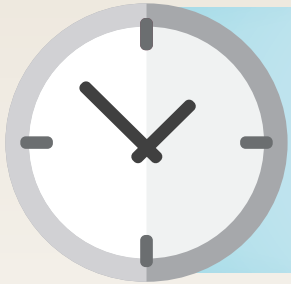
In 2022, there were 1,691 permanent supportive housing beds available, an increase of 342 beds in comparison to 2018.

The number and percentage of vacant permanent supportive housing beds available during “a day like today” for the hundreds of unsheltered adults who are chronically homeless, have chronic health conditions, and/or have serious mental illness is inadequate.

In addition, the number of vacant beds is likely 75 or less, which represents a vacancy rate of approximately 7%.

COST OF LIVING

According to the National Low Income Housing Coalition, the Fair Market Rent (FMR) for a two-bedroom apartment in San Bernardino County is \$1,390. Approximately 40% of San Bernardino County households identify as renters. The hourly wage necessary to afford a two-bedroom apartment is approximately \$55,600 per year (or \$26.73 per hour). The estimated hourly mean renter wage in San Bernardino County is \$15.75 per hour. Under this construct, an individual would need to work 76 hours per week at minimum wage to afford a 2-bedroom rental home. The challenge is exacerbated for individuals living on a fixed income, such as the aging population, whose sole source of support may be through entitlements, such as Social Security. Using this same model, an individual would need to work 61 hours per week, almost two full-time jobs, at minimum wage to afford a single bedroom rental home.



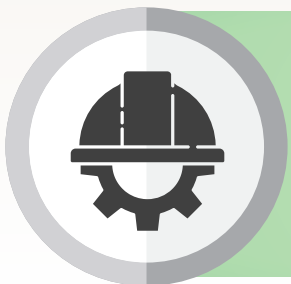
76hr
per week

at Minimum Wage to Afford a
2-Bedroom Rental Home (at FMR)



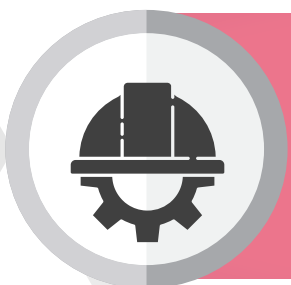
61hr
per week

at Minimum Wage to Afford a
1-Bedroom Rental Home (at FMR)



1.9
full time jobs

at Minimum Wage to Afford a
2-Bedroom Rental Home (at FMR)



1.5
full time jobs

at Minimum Wage to Afford a
1-Bedroom Rental Home (at FMR)

*National Low Income Housing Coalition, Out of Reach 2021

SUB-POPULATIONS

Families with children, seniors, individuals with disabilities, veterans, youth, and young adults are all represented in the county's diverse homeless population. Effectively reducing homelessness for diverse populations necessitates a variety of housing options and supportive services tailored to meet the needs of each sub-populations. For example, individuals fleeing domestic violence may need different housing and supports when compared to veterans. The breakdown of the sub-populations identified is contained in the table below. Shelter options that address the needs of the sub-populations will better ensure that individuals and families have the support they need to transition to stable housing.

SUB-POPULATIONS BREAKDOWN (N=2,373)	#	%
CHRONICALLY HOMELESS ADULTS	1,027	43.5
FAMILIES INCLUDING CHRONICALLY HOMELESS FAMILIES*	10	**
PERSONS W/HIV/AIDS	50	2.1
PERSONS W/MENTAL HEALTH PROBLEMS	684	29
SUBSTANCE USERS	868	36.8
UNACCOMPANIED WOMEN	640	27.1
VETERANS***	166	7
EXPERIENCING HOMELESSNESS BECAUSE FLEEING DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING	166	7

*Families: Of the 10 families, 2 were chronically homeless that included 3 adults and 2 children. The total number of adults in the 10 families was 13 and represents 0.5% of the total adult population of 2,373.

**10 families consisted of 13 adults and 16 children.

***Veterans: 47.4% or 79 of the 166 veterans were chronically homeless.

THE ROAD AHEAD

The completion of the Plan signals a revitalization of the local homeless services system. The need for bold action has never been greater. Implementation of the Plan requires expanded coordination between systems, emphasizes the use of data-informed decision-making, and will require additional stakeholder engagement, as well as the implementation of collective impact approaches. Execution will require tremendous effort, new partnerships, and new strategies that require the entire community to be a part of the solution.

With that, the year ahead promises to be fast-moving with many funding opportunities to address homelessness. Contained in the Appendix is additional data, an overview of funding, and an alignment with service strategies. By building on existing strengths, bringing successful programs to scale, integrating services and programs, and coordinating community efforts, the system will reduce both the number of individuals and families who experience homelessness and the length of time spent homeless.

**FOR INFORMATION RELATED TO THE
HOMELESS STRATEGIC ACTION PLAN, PLEASE VISIT:**



HomelessToHome.sbcounty.gov

ACKNOWLEDGMENT

THANK YOU

Community Revitalization would like to thank the Homeless Strategic Action Plan Steering Committee, the many community stakeholders, individuals with lived experience of homelessness, and organizations whose participation and valuable input helped inform and create the 2022 Homeless Strategic Action Plan.

Andre Bossieux, *Department of Behavioral Health*

Anna Ulibarri, *Water of Life Community Church*

Debra Breidenbach, *Town of Yucca Valley*

Deputy Mike Jones, *San Bernardino County Sherriff*

Don Smith, *Inland Housing Solutions*

Jenna Guzman-Lowery, *City of Redlands*

Jennifer Chambless, *Arrowhead Regional Medical Center*

John Affleck, *Flood Control*

Karen Young-Lowe, *Lighthouse Social Service Centers*

Kevin Mahany, *St Joseph's Medical Center*

Mariann Johnson, *Workforce Development Department*

Natalie Komuro, *City of Ontario*

Paul Fournier, *Mountain Homeless Coalition*

Raul Moreno, *Step Up on Second*

Robert Clark, *Flood Control*

Shannon Bailey, *Human Services Program Development*

Sharon Green, *Victor Valley Family Resource Center*

ACKNOWLEDGMENT

Such an endeavor would not be possible without the collaboration and commitment of the many community groups, faith- and community-based organizations, County departments, city representatives, homeless service providers, law enforcement, and elected officials who participated in the development of this comprehensive Plan.

American Roundtable to Abolish Homelessness

Arrowhead Regional Medical Center

City of Barstow

City of Big Bear

City of Chino

City of Chino Hills

City of Colton

City of Fontana

City of Grand Terrace

City of Highland

City of Montclair

City of Needles

City of Rancho Cucamonga

City of Redlands

City of Redlands Police Department

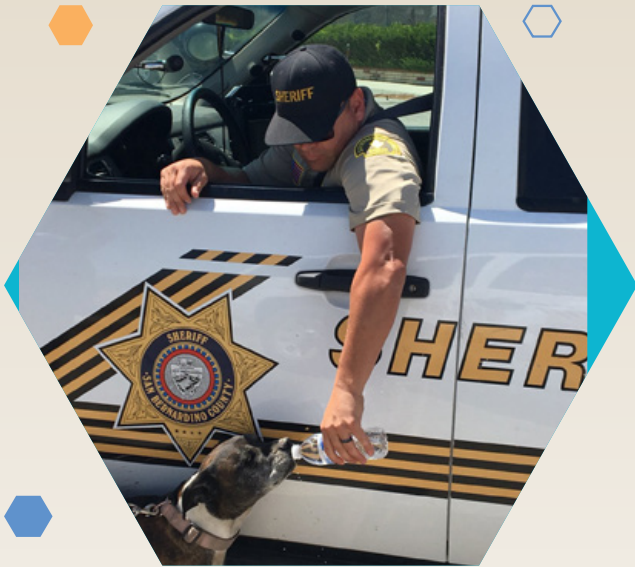
City of San Bernardino

City of Victorville

Housing Authority of the County of San Bernardino

HUB for Urban Initiatives Consulting

Inland SoCal United Way 211



San Bernardino County Administrative Office

San Bernardino County Board of Supervisors

San Bernardino County Community Development and Housing

San Bernardino County Department of Aging and Adult Services

San Bernardino County Department of Behavioral Health

San Bernardino County Department of Child Support Services

San Bernardino County Homeless Partnership

San Bernardino County Human Services

San Bernardino County Office of Homeless Services

San Bernardino County Probation

San Bernardino County Program Development Division

San Bernardino County Public Works

*San Bernardino County Sheriff's Department – Homeless Outreach
Proactive Enforcement (HOPE) Team*

San Bernardino County Transitional Assistance Department

San Bernardino County Transportation Authority

San Bernardino County Veterans Affairs

San Bernardino County Workforce Development Department

Town of Yucca Valley

APPENDICES - APPENDIX A

The table identifies and documents all funds including state, federal, and local funds, currently being used, and budgeted to be used, to provide homelessness-related services and housing opportunities.

Data was gathered from County departments to populate the Landscape Analysis of State, Federal, and Local Funding table, which also serves as a part of the County's Homeless, Housing, Assistance and Prevention Program Round 3 submission.

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided	ALL PEOPLE EXPERIENCING HOMELESSNESS	Populations Served (please "x" the appropriate population(s))			
							People Exp Chronic Homelessness	Veterans	Parenting Youth	Other (families in the child welfare system)
Bringing Families Home (BFH) - via CDSS	FY 2021-2022	\$2,940,892	State Agency	Non-Congregate Shelter/ Interim Housing	Provides housing supports to families receiving child welfare services who are experiencing or at risk of homelessness, increasing family reunification and preventing foster care placement.	x	x			
				Permanent Supportive and Service-Enriched Housing				People Exp HIV/AIDS	Children of Parenting Youth	
				Diversion and Homelessness Prevention				Unaccompanied Youth		x
CalWORKs Housing Support Program (HSP) - via CDSS	FY 2021-2022	\$5,356,125	State Agency	Diversion and Homelessness Prevention	One-Time funds to assist families in the CalWORKs program who are experiencing homelessness		People Exp Chronic Homelessness	Veterans	Parenting Youth	
				Rental Assistance			People Exp Severe Mental Illness	People Exp HIV/AIDS	Children of Parenting Youth	
				Non-Congregate Shelter/ Interim Housing			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (CalWORKs families)	x
Continuum of Care Program (CoC) - via HUD	FY 2021-2022	\$14,388,683.00	Federal Agency	Permanent Supportive and Service-Enriched Housing	Supports a broad array of intervention designed to assist individuals and families experiencing homelessness, particularly those living in places not meant for habitation, located in sheltering programs, or at imminent risk of experiencing homelessness.		x	x	x	
				Diversion and Homelessness Prevention			People Exp Chronic Homelessness	Veterans	Parenting Youth	
				Non-Congregate Shelter/ Interim Housing			People Exp Severe Mental Illness	People Exp HIV/AIDS	Children of Parenting Youth	
				Rental Assistance			x	x		Other (please enter here)
				Outreach and Engagement			People Exp Substance Abuse Disorders	Unaccompanied Youth		

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided			Populations Served (please "x" the appropriate population(s))						
Encampment Resolution Grants - via Cal ICH	FY 2021-2022	\$1,787,998.00	State Agency	Outreach and Engagement	One time general fund to partner with local governments in addressing encampment challenges.	ALL PEOPLE EXPERIENCING HOMELESSNESS		TARGETED POPULATIONS (please "x" all that apply)						
				x				People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth		
				x				People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth		
				x				People Exp Substance Abuse Disorders	x	Unaccompanied Youth	x	Other (Homeless Encampments)		
Emergency Solutions Grants (ESG) - via HCD	FY 2021-2022	\$3,500,000.00	State Agency	Diversion and Homelessness Prevention	Assisting individuals to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness	ALL PEOPLE EXPERIENCING HOMELESSNESS		TARGETED POPULATIONS (please "x" all that apply)						
				x				People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth		
				x				People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth		
				x				People Exp Substance Abuse Disorders	x	Unaccompanied Youth		Other (please enter here)		
Emergency Solutions Grants - CV (ESG-CV) - via HCD	FY 2021-2022	\$4,246,600.00	State Agency	Outreach and Engagement	Supports interventions designed to prevent, prepare, and respond t the COVID-19 emergency	ALL PEOPLE EXPERIENCING HOMELESSNESS		TARGETED POPULATIONS (please "x" all that apply)						
				x				People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth		
				x				People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth		
				x				People Exp Substance Abuse Disorders	x	Unaccompanied Youth	x	Other (COVID-19 positive)		
Home Safe - via CDS		\$3,112,629	State Agency	Diversion and Homelessness Prevention	Administered through Department of Aging and Adult Services. One time funds over three years to support the safety and housing stability of individuals involved in adult protective services.	ALL PEOPLE EXPERIENCING HOMELESSNESS		TARGETED POPULATIONS (please "x" all that apply)						
								People Exp Chronic Homelessness		Veterans		Parenting Youth		
								People Exp Severe Mental Illness		People Exp HIV/ AIDS		Children of Parenting Youth		
								People Exp Substance Abuse Disorders		Unaccompanied Youth		Conserved Adults		

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided	Populations Served (please "x" the appropriate population(s))					
Homekey (via HCD)		\$4,122,000	State Agency	Non-Congregate Shelter/ Interim Housing	One Time funds for acquisition and rehabilitation of facilities. Applications submitted by: City of Redlands (\$28M) and Fontana (\$3.8M). City of Victorville awarded \$28M for acquisition (\$23M) and COSR (\$5M) to build over 100 connect homes for a total of 170 individuals.	ALL PEOPLE EXPERIENCING HOMELESSNESS	x	People Exp Chronic Homelessness	Veterans	TARGETED POPULATIONS (please "x" all that apply)	
				Permanent Supportive and Service-Enriched Housing				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Parenting Youth	
				Outreach and Engagement				People Exp Substance Abuse Disorders	Unaccompanied Youth	Children of Parenting Youth	
										Other (Homeless Encampments)	
Homeless Housing, Assistance and Prevention Program (HHAP) - via Cal ICH	FY 2021-2022	\$2,845,118.00 \$1,300,625.00 \$728,350.00	State Agency	Outreach and Engagement	One time funds for local jurisdictions with flexible funds to continue efforts to end and prevention homelessness. Includes Round 1, 2 and 3 for both CoC and County	ALL PEOPLE EXPERIENCING HOMELESSNESS	x	People Exp Chronic Homelessness	Veterans	TARGETED POPULATIONS (please "x" all that apply)	
				Systems Support Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Parenting Youth	
				Non-Congregate Shelter/ Interim Housing				People Exp Substance Abuse Disorders	Unaccompanied Youth	Children of Parenting Youth	
				Rental Assistance						Other (please enter here)	
Housing and Disability Advocacy Program (HDAP) - via CDSS	FY 2021-2022	\$3,857,169 non-competitive allocation; \$1,155,127 reappropriated funding allocation	State Agency	Outreach and Engagement	TAD administered one time funds to assist people experiencing homelessness and living with a disability. Requires a local match (recently reduced from 100% to 25%) and supports permanent housing assistance, case management, and support for completion of disability packets	ALL PEOPLE EXPERIENCING HOMELESSNESS	x	People Exp Chronic Homelessness	Veterans	TARGETED POPULATIONS (please "x" all that apply)	
								People Exp Severe Mental Illness	People Exp HIV/ AIDS	Parenting Youth	
				Permanent Supportive and Service-Enriched Housing				People Exp Substance Abuse Disorders	Unaccompanied Youth	Children of Parenting Youth	
Project Roomkey and Rehousing - via CDSS	FY 2021-2022	\$11,409,117.00	State Agency	Non-Congregate Shelter/ Interim Housing	One time funding to support non-congregate shelter for individuals and families experiencing homelessness as impacted by COVID-19 emergency	ALL PEOPLE EXPERIENCING HOMELESSNESS	x	People Exp Chronic Homelessness	Veterans	TARGETED POPULATIONS (please "x" all that apply)	
				Rental Assistance				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Parenting Youth	
				Diversion and Homelessness Prevention				People Exp Substance Abuse Disorders	Unaccompanied Youth	Children of Parenting Youth	
										Other (please enter here)	

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided	Populations Served (please "x" the appropriate population(s))					
						TARGETED POPULATIONS (please "x" all that apply)					
Permanent Local Housing Allocation	FY 2021-2022	\$3,857,169 non-competitive allocation; \$1,155,127 reappropriated funding allocation		Outreach and Engagement	Funded via SB2 (Chapter 364, Statutes of 2017) for predevelopment, acquisition, rehabilitation, etc. Provides COSR (Pacific Village \$3M) and supports for individuals and families						
	FY 2022-2023			Systems Support Activities		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth
	FY 2023-2024			Non-Congregate Shelter/ Interim Housing		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth
	FY 2024-2025			Diversion and Homelessness Prevention		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Substance Abuse Disorders	x	Unaccompanied Youth	x	Other (please enter here)
Community Development Block Grant (CDBG) - via HUD	FY 2021-2022	\$7,389,880.00	Federal Agency	Rental Assistance		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness		Veterans		Parenting Youth
				Non-Congregate Shelter/ Interim Housing			People Exp Severe Mental Illness		People Exp HIV/ AIDS		Children of Parenting Youth
				Diversion and Homelessness Prevention			People Exp Substance Abuse Disorders		Unaccompanied Youth	x	At or below 80% AMI
Emergency Solutions Grants (ESG) - via HUD	FY 2021-2022	\$1,246,626.00	Federal Agency	Diversion and Homelessness Prevention		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
				Outreach and Engagement			People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth
				Systems Support Activities			People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth
				Administrative Activities			People Exp Substance Abuse Disorders	x	Unaccompanied Youth		Other (please enter here)
Emergency Solutions Grants - CV (ESG-CV) - via HUD	FY 2021-2022	\$8,594,080.00	Federal Agency	Outreach and Engagement		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
				Diversion and Homelessness Prevention			People Exp Chronic Homelessness	x	Veterans	x	Parenting Youth
				Systems Support Activities			People Exp Severe Mental Illness	x	People Exp HIV/ AIDS	x	Children of Parenting Youth
				Administrative Activities			People Exp Substance Abuse Disorders	x	Unaccompanied Youth		Other (please enter here)

Funding Program (choose from drop down options)	Fiscal Year (select all that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Supported with Funding (select all that apply)	Brief Description of Programming and Services Provided	Populations Served (please "x" the appropriate population(s))				
HOME - American Rescue Plan Program (HOME-ARP) - Via HUD	FY 2021-2022	\$12,717,363.00	Federal Agency	Non-Congregate Shelter/Interim Housing	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
				People Exp Chronic Homelessness		x	Veterans	x	Parenting Youth	
				People Exp Severe Mental Illness		x	People Exp HIV/ AIDS	x	Children of Parenting Youth	
				People Exp Substance Abuse Disorders		x	Unaccompanied Youth		Other (please enter here)	
HOME Program - via HUD	FY 2021-2022	\$17,800,000.00	Federal Agency	Non-Congregate Shelter/Interim Housing	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
				People Exp Chronic Homelessness		x	Veterans	x	Parenting Youth	
				People Exp Severe Mental Illness		x	People Exp HIV/ AIDS	x	Children of Parenting Youth	
				People Exp Substance Abuse Disorders		x	Unaccompanied Youth		Other (please enter here)	
Community Development Block Grant - CV (CDBG-CV) - via HUD	FY 2021-2022	\$8,906,464.00	Federal Agency	Outreach and Engagement	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
				People Exp Chronic Homelessness		x	Veterans	x	Parenting Youth	
				People Exp Severe Mental Illness		x	People Exp HIV/ AIDS	x	Children of Parenting Youth	
				People Exp Substance Abuse Disorders		x	Unaccompanied Youth		Other (please enter here)	



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