



Regular Meeting of the:
Outreach and Coordinated Entry System (CES) Committee

Meeting date, time, and place Date: **February 12, 2026**
Time: **10:00 a.m. – 11:30 a.m.**
Location: **San Bernardino County Fire Headquarters**
598 S. Tippecanoe Avenue, (2nd Floor)
San Bernardino, CA 92415-0451

CES Committee members must attend the meeting in person.

The public may observe the meeting online at:

Join the meeting now

Meeting ID: 274 346 127 683 27

Passcode: 4Fi6Sf97

Dial in by phone [+1 661-568-6806,,652372068#](tel:+16615686806,,652372068#) United States, Santa Clara
[Find a local number](#) Phone conference ID: 652 372 068#

Note: Public participation at the meeting via Teams is being offered as a courtesy and may be unavailable if technology fails. In the event of a disruption that prevents the meeting from being broadcasted or receiving public comment, the in-person meeting of the CES Committee will continue. Should you wish to participate remotely, please remember to MUTE your phones. DO NOT place this call on hold should you get another call. hang up and then rejoin the meeting.

To address the CES Committee regarding an item on the agenda, or an item within its jurisdiction but not on the agenda, please complete and submit a Public Comment Request form or if you are joining us virtually, indicate by typing “Public Comment” in the chat box. Requests must be submitted before the item is called for consideration. Speakers may address the CES Committee for up to three (3) minutes total on the consent agenda, up to three (3) minutes on each item on the Discussion agenda, and up to three (3) minutes total on Public Comment.

Time 10:00 am

Call to Order	Chair or Designee will call the meeting to order	10:00 – 10:05 am
Invocation/ Pledge	Chair or Designee will lead the Invocation and Pledge of Allegiance	
Introductions	Chair or Designee will lead the Introductions of the CES Committee Members	

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

Public Comment	Any member of the public may address the CES Committee on any matter not on the agenda that is within the subject matter jurisdiction of the CES Committee.	
Item No.	Action Items	
1.	Election of CES Committee Members. – William Lamas, Chair	10:05 am – 10:30 am Pg. 3
Item No.	Consent	



2.	Approve Minutes of December 11, 2025, CES Committee Meeting – William Lamas, Chair	10:30 am – 10:35 am Pgs. 4-11
Item No.	Discussion and Presentations	
3.	Receive Presentation on Office of Homeless Services Outreach Efforts. - Karyn Garner, Office of Homeless Services	10:35 am – 10:50 am Pgs. 13-17
4.	Receive Update on Contact Center Data, Demographic Breakdown by Region, and Needs and Referral count. – Aziza Manuel, Inland Southern California United Way (ISCUW) 211+	10:50 am – 11:05 am Pgs. 18-20
5.	Receive Update on Homeless Management Information Systems (HMIS) Data by Regions for Program Enrollments and Exits. – Jevita Webster, Office of Homeless Services	11:05 am – 11:20 am Pgs. 21-24
Committee Member Comments		
	Individual CES Committee member comments. Each member is given 3 minutes to make comments.	11:20 – 11:30 am
Adjournment		
Next CES Meeting	April 9, 2026 10:00 a.m. – 11:30 a.m. Location: TBD	

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 CES COMMITTEE MEETINGS ARE 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 92408-0044. <https://sbchp.sbcounty.gov/> AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE, SUITE 200, SAN BERNARDINO, CA 92408-0044.



Office of Homeless Services
560 East Hospitality Lane, Suite 200 • San Bernardino, CA 92415-0044
Phone: (909) 501-0610 • Fax: (909) 501-0622
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Election of New Members

Date February 12, 2026

Presenter William Lamas, Chair

Announcements

The Outreach and Coordinated Entry System (CES) Committee is seeking two new voting members to support and help guide outreach and coordinated entry efforts within our community. This is an opportunity for interested individuals to contribute their expertise and play an active role in advancing this important work.

The Committee will accept nominations for new CES Committee voting members. After nominations are closed, each nominee will be provided up to three minutes to present their qualifications. Existing voting members of the CES Committee will then conduct a roll call vote on each nominee. Up to two nominees receiving a majority vote will be confirmed as voting members of the CES Committee.



**Minutes for San Bernardino County Homeless Partnership
Outreach and Coordinated Entry System (CES) Committee Meeting**
December 11, 2025, from 10:00 a.m. – 11:30 p.m.

Minutes Recorded and Transcribed by Nancy Felix City of Redlands, Jalen Cleveland OHS

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	William Lamas, Chair	The meeting was called to order at 10:08 a.m.
Outreach and CES Committee Members Present by Roll Call	William Lamas, Chair	<p>The Chair recognized the Outreach and CES Committee member roll call. Members of the public are not introduced. There were over 15 members of the public who joined the meeting in person and over 10+ via Zoom and/or telephoned in.</p> <p>The following Outreach and CES Committee members or their alternates were present at the meeting:</p> <ul style="list-style-type: none">• William Lamas, David Rabindranath, Maricela Manzo, Kameron Grosvenor <p>Members arriving late:</p> <ul style="list-style-type: none">• Sharon Green (10:20 AM) <p>Members absent:</p> <ul style="list-style-type: none">• Sue Walker
PUBLIC COMMENTS	PRESENTER	ACTION/OUTCOME
	William Lamas, Chair	<p>The Chair opened the floor to Public Comments</p> <p>No public comments were made.</p> <ul style="list-style-type: none">• No public comments were made <p>The Chair closed Public Comment.</p>
CONSENT ITEMS	PRESENTER	ACTION/OUTCOME
Approve Minutes of October 9th, 2025, CES Committee Meeting	William Lamas, Chair	<p>The Chair opened the consent calendar portion of the agenda.</p> <p>The Chair opened the items for public comments.</p> <p>No public comments were made.</p> <p>Kameron Grosvenor made a motion to approve the consent calendar and was seconded by Maricela Mazo</p>

		<p>No discussion and Questions from Committee Members:</p> <p>Vote was taken:</p> <ul style="list-style-type: none"> • 4 members were in favor: William Lamas, David Rabindranath, Kameron Grosvenor, Maricela Manzo • 0 members were opposed: • 0 members recused: • 2 members absent during this vote: Sue Walker, Sharon Green <p>The motion was approved.</p>
PRESENTATION / INFORMATION SHARING	PRESENTER	ACTION/OUTCOME
Receive Presentation from The InnROADs Team on their Outreach Efforts.	InnROADs Team - Sheriff Carlos Ortiz, Brianna Camacho, Sophia Hernandez, Marshall West	<p>The Chair opened item # 2 and recognized The InnROADs Team for presentation.</p> <p>The Chair opened the items for public comments.</p> <p>No public comments were made</p> <p>The InnROADs Team presented the following:</p> <ul style="list-style-type: none"> • The presentation explained that InnROADs operates within the broader San Bernardino County Homeless Partnership framework, which includes collaboration among County departments, law enforcement, healthcare, behavioral health, housing partners, community-based organizations, and faith-based organizations. The InnROADs program was described as an MHSA project providing street-based mental health treatment, substance use services, and medical support, with teams operating countywide through regional assignments, including East Valley, West Valley, High Desert, and Morongo Basin areas. • Presenters detailed the role of the Homeless Outreach and Support Team (HOST), including housing navigation and outreach functions. Housing navigation activities include assisting clients with navigation and housing searches for permanent supportive housing, with referrals originating from the Housing Authority and the Coordinated Entry System (CES)/211. Outreach functions include street-based engagement, coordination with law enforcement, assistance with SSI applications for individuals not connected to treatment providers, and representation of DBH Homeless and Supportive Services at community events. • The team outlined supportive services provided to individuals placed in permanent supportive housing, including tenancy supports and ongoing mental health supportive services delivered through contracted partnerships, in residents' homes, and in community settings. • Specific departmental roles were described, including: • The Sheriff's Department, whose deputies assist with outreach, collaboration with local law enforcement, completion of VI-SPDAT assessments to support CES prioritization, and coordination with crisis services that may lead to hospitalization or monitored transport for individuals in crisis. • The Department of Public Health, with registered nurses providing first aid, assisting with Medi-Cal

enrollment, linking clients to primary care, dental, and optometry services, coordinating or providing non-emergency medical transportation, attending appointments to advocate for clients, assisting with prescription medications, providing medication support counseling, offering vaccinations and screenings, conducting testing and treatment for sexually transmitted infections, and supporting mobile medical providers in the field.

- The Department of Aging and Adult Services, with social service practitioners serving as liaisons to the Office of the Public Guardian, assisting with Adult Protective Services investigations, providing outreach and case management, and linking seniors and dependent adults to appropriate services.
- The Department of Behavioral Health, including alcohol and drug counselors who conduct substance use disorder screenings and assessments, coordinate with the DBH Screening, Assessment, and Referral Center (SARC) for residential and outpatient treatment, and provide education and distribute Narcan, as well as clinical therapists who respond to referrals from partner agencies, cities, businesses, and community members, conduct clinical assessments, and provide engagement and treatment for individuals experiencing severe mental illness and substance use disorders.
- The presenters also described the Mobile Medical Team, led by the Department of Behavioral Health, which collaborates with rapid response teams, regional engagement teams, and outreach teams to provide psychiatric evaluation and treatment in the field, assist with medication administration and injections, provide psychiatric clearances for residential treatment and placement, and coordinate with other street medicine teams for medical issues.

Discussion and Questions from the Board:

- Kameron Grosvenor – Asked how the team balances time between responding to client crises and conducting routine outreach activities during a typical week.
- Carlos Ortiz– Explained that time allocation varies, sometimes closer to 50/50 and at other times more heavily focused on crisis response, emphasizing the importance of continuous engagement and trust-building with clients.
- David Rabindranath – Asked how InnROADs coordinates with cities beyond Redlands, whether cities are responsive, and if joint outreach occurs.
- Carlos Ortiz – Responded that cities have generally been responsive and collaborative, noting that coordination depends on capacity and timing, but partnerships are positive overall.
- William Lamas - Asked whether InnROADs enters client information into HMIS and whether the program is MHSA-funded, including whether Proposition 1 impacts funding.
- Carlos Ortiz– Responded that all contacts are entered into HMIS and that funding details are not always shared directly with field teams.
- William Lamas – Asked about the percentage of clients considered chronically homeless.
- Carlos Ortiz- Responded that definitions vary by situation but estimated approximately 60–70% of clients served meet a chronic homelessness profile.
- William Lamas – Asked about impacts of prison and jail releases on homelessness and whether reentry populations are being linked to services.
- Carlos Ortiz– Responded that reentry coordination occurs, including collaboration with probation and reentry divisions, though some individuals experience homelessness after release due to limited

		<p>supports.</p> <ul style="list-style-type: none"> • Maricela Manzo – Asked how quickly the team responds to referrals and how long engagement typically takes. • Carlos Ortiz– Responded that staff attempt same-day or next-day engagement when possible, with multiple follow-up attempts if individuals are not immediately located. • Maricela Manzo – Asked how many contacts it typically takes to build rapport with individuals experiencing homelessness. • Carlos Ortiz– Responded that, on average, it may take five to six engagements, though this varies by individual. <p>There being no other discussion, The Chair closed item # 2.</p>
PRESENTATION / INFORMATION SHARING	PRESENTER	ACTION/OUTCOME
Receive Presentation from HealthCare in Action on their Outreach Efforts.	Kristen Malaby- Care Management Supervisor, HealthCare in Action Robert Mora – Lead case Manager, HealthCare in Action	<p>The Chair opened item # 3 and recognized Kristen Malaby and Robert Mora for presentation and provided the following information</p> <p>The Chair opened the items for public comments. No public comments were made</p> <p>Kristen Malaby presented the following:</p> <ul style="list-style-type: none"> • HealthCare in Action (HIA) presented an overview of its street medicine program, which began operations in 2023. Presenters described HIA as a street-based medical team providing clinical care and care management services to individuals experiencing homelessness, in partnership with the County through Medi-Cal. Services discussed included full primary care, clinical care management, mental health services, and substance use treatment delivered directly in unsheltered settings. • The presentation described HIA's wrap-around service model, which includes case management, social work support, housing navigation, transportation to social services and medical appointments, and longitudinal care focused on continuity across care transitions and facilities. Presenters emphasized that services are delivered wherever patients are located, including washes, wooded areas, and under freeways. • Kristen Malaby identified several partner organizations HIA works with, including InnROADs, Riverside University Health System Behavioral Health, Social Work Action Group (SWAG), Lighthouse Social Services, The Salvation Army, United Way, Arrowhead United Way, HOPE The Mission, and STEP UP. • Robert Mora shared a client example describing an individual who was initially hesitant to engage in services and was actively using fentanyl at the time of first contact. Over time, HIA staff were able to build rapport, connect the client to medical care, facilitate surgery for a serious medical condition, assist with obtaining dental care, support the client in securing Supplemental Security Income (SSI), and ultimately help the client transition into senior housing. • Kristen Malaby acknowledged IEHP and Medi-Cal as key partners in supporting medical services

		<p>and care delivery.</p> <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> • Maricela Manzo - Asked whether Health Care in Action offers ride-along opportunities for partners. • Kristen Malaby – Responded that ride-alongs are welcomed but kept limited in size due to confidentiality and the clinical nature of services. • William Lamas – Asked about the success rate of short-term post-hospital referrals and recuperative care placements. • Kristen Malaby – Responded that referrals can be processed quickly when beds are available but noted that several recuperative care facilities have recently closed, significantly limiting capacity. • William Lamas - Asked whether Health Care in Action is seeing an influx of individuals from neighboring counties. • Kristen Malaby – Responded that inter-county movement does occur and emphasized the need for better HMIS data sharing between counties to accurately track client movement. • Kameron Grosvenor – Asked how the loss of recuperative care partners is affecting day-to-day operations. • Kristen Malaby – Responded that staff remain highly active in the field but that the lack of recuperative care has created barriers to stabilizing medically vulnerable clients. • Maricela Manzo - Asked how clients are being connected to housing in the absence of recuperative care options. • Kristen Malaby – Responded that Health Care in Action continues to provide housing navigation and tenancy supports through managed care contracts and partnerships with housing providers. Thankfully, we have relationships with Salvation Army and all these other organizations. • David Rabindranath - Asked whether the organization has funding tied to rapid rehousing or permanent housing and whether future contracts could integrate housing resources more directly with street medicine. • Kristen Malaby - Responded that housing has become a growing component of their work and that future contract structures may further integrate housing and health services. • David Rabindranath - Asked whether Health Care in Action is engaging with the Coordinated Entry System (CES). • Kristen Malaby - Responded that the organization is actively integrating into CES and HMIS and plans to prioritize referrals through that system. <p>Being no other discussion, The Chair closed item # 3.</p>
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<p>Receive Update on Contact Center Data, Demographic breakdown by region, and Needs and Referral count.</p>	<p>Rebecca Speigel, Inland Southern California United Way (ISCUW) 211+</p>	<p>The Chair opened item # 4 and recognized Rebecca Speigel for presentation.</p> <p>The Chair opened the items for public comments. No public comments were made.</p> <p>Rebecca Speigel presented the following:</p> <ul style="list-style-type: none"> • An overview of Contact Center and Coordinated Entry-related data, noting that clients often move between jurisdictions and service areas, which can impact how data is captured and interpreted. She reviewed enrollment and referral activity beginning in July 2025. • Since July, there have been 150 total enrollments reflected in the data set. She explained that many of these enrollments originate through 211, which she described as commonly referred to as "211" by the public. She clarified that the data being presented specifically reflects calls to the housing line of 211, rather than the full volume of 211 calls, which includes many other service requests beyond housing. • She further explained that, in addition to 211 housing calls, the data includes referrals generated through the CE Agency (Coordinated Entry Agency) component, which some providers are still learning to use. Ms. Speigel emphasized that the CE Agency workflow is relatively new but provides a consistent way to measure referral activity across the county collectively. • Since July, there have been 104 total referrals by region, including 61 referrals to Permanent Supportive Housing (PSH). She noted that referral activity fluctuates month to month and that July reflected a higher volume compared to subsequent months. • She explained that this data is reviewed on a monthly basis and stressed the importance of recognizing provider contributions when referrals and placements occur. Ms. Speigel emphasized that accurate and complete data entry is essential for accountability across funders, providers, and the system as a whole. • Rebecca Speigel reiterated that data quality is dependent on data input, stating that reports and exports are only as reliable as the information entered into HMIS. She encouraged providers to consistently and thoroughly enter data into HMIS to ensure that future exports accurately reflect system activity and outcomes. <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> • No discussion and questions from Committee Members <p>Being no other discussion, The Chair closed item # 4.</p>
<p>Receive Update on Homeless Management Information Systems (HMIS) Data by regions for program enrollments and exits.</p>	<p>Jevita Webster, Office of Homeless Services</p>	<p>The Chair opened item # 5 and recognized Jevita Webster for presentation.</p> <p>The Chair opened the items for public comments. No public comments were made</p> <p>Jevita Webster presented the following:</p>

- An overview of HMIS data focused on program enrollments, exits, and referral outcomes by region. She explained that the data covered the period from July through September 2025 and was intended to show outcomes related to agencies receiving referrals, the programs those referrals were connected to, and the destinations clients exited to after participation.
- Jevita Webster reported that the total number of referrals reviewed during this period was 869. Of those referrals, 186 were accepted, while 217 referrals were denied. She noted that one of the most common exit destinations reflected in the data was permanent housing without subsidies, which represented the highest exit outcome category shown.
- She further explained that the City of Victorville reflected the highest number of denied referrals, while agencies associated with KEYS reflected both the highest number of referrals received and the highest acceptance rates during the reporting period.
- Walked the Committee through several data visualizations. She explained that one table allowed providers to view their own referral outcomes, with expired referrals representing denials, and highlighted how differences between accepted, denied, and expired referrals are reflected in the data. She clarified that the data is provider-specific and allows agencies to see how referrals progress through the system.
- Additional charts reviewed during the presentation showed the program types associated with referrals and how referrals are distributed across different agencies and neighborhoods. Ms. Webster explained that these visuals help illustrate where referrals are going geographically and programmatically.
- Reviewed exit data, explaining that another graph displayed exit destinations from programs, including exits from temporary shelter and rental programs with subsidies. She stated that approximately 72% of recorded exits reflected positive destination outcomes, noting that this figure represents an increase when compared to earlier reporting periods.

Discussion and Questions from the Board:

- William Lamas - Asked whether there is a process being considered to allow HMIS systems to communicate with each other across counties and whether data sharing is being explored.
- Jevita Webster - Responded that applications and data processes are being reviewed and that discussions about sharing data are underway, though it is unclear whether this is being addressed at the county or provider level.
- William Lamas - Referenced discussion from a prior meeting and asked whether a list of all outreach teams operating within the county could be provided. Clarified that the request was for the total number of outreach providers, broken down by region.
- Jevita Webster - Confirmed that the information could be compiled and shared by region.
- Maricela Manzo - Asked about the noticeable discrepancy between referral numbers shown in the HMIS dashboard and those reflected in the CES report, noting that HMIS showed approximately 869 referrals while the CES report reflected significantly fewer referrals.
- Jevita Webster - Explained that the CES report reflects referrals generated by users with access to the CE Agency system and that not all referrals across programs are captured in the CES numbers, which accounts for the difference between the two data sets.

		Being no other discussion, The Chair closed item # 5.
BOARD MEMBER COMMENTS	PRESENTER	ACTION/OUTCOME
Discussion and Possible Action on the Adoption of Continuum of Care Board Member Removal Process (Governance Charter, Chapter 3) for the outreach & CES Committee	William Lamas, Chair	<p>The Chair opened item # 6 and presented the following:</p> <ul style="list-style-type: none"> • The Chair presented a possible action to adopt the Continuum of Care (CoC) Board Member Removal Process, as outlined in Chapter Three of the Governance Charter, for application to the Outreach and Coordinated Entry System (CES) Committee. • For context, the Chair explained that Chapter Three of the Governance Charter establishes a formal process for addressing potential violations or inactivity by CoC board members. The process begins with an initial review conducted by the Chair, Vice Chair, and Secretary. If the committee member under review holds one of these officer positions, that individual is required to recuse themselves from participating in the review. • If, following the review, the officers determine that removal is warranted, the member under review is given the opportunity to voluntarily resign in order to avoid a full committee vote. Should the member choose not to resign, the matter is then brought forward to the full committee for consideration. • The process further specifies that removal of a committee member requires a two-thirds (2/3) affirmative vote of the active committee members, excluding the member who is the subject of the removal proceedings. • The Chair explained that adopting this process would align the Outreach and CES Committee's member removal procedures with those already established for the CoC Board under the Governance Charter. The intent of adopting the process is to provide clarity, consistency, and a formal mechanism for addressing situations where committee participation or compliance becomes an issue. <p>The Chair opened the items for public comments.</p> <ul style="list-style-type: none"> • No public comments were made <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> • Kameron Grosvenor – Asked what types of violations or circumstances would trigger use of the removal process. • William Lamas – Responded that the process is primarily intended to address inactivity and participation issues, and that additional information regarding violations could be provided to committee members if needed. • Sharon Green – Stated that she opposed adopting any provisions from the Governance Charter, expressing her belief that the Charter is "out of whack." She announced that, as a result of this position, she was stepping down from her committee role. <p>David Rabindranath made a motion to adopt the Continuum of Care Board Member Removal Process as outlined in Chapter Three of the Governance Charter and was seconded by Maricela Mazo</p>

		<p>Vote was taken:</p> <ul style="list-style-type: none"> • 4 members were in favor: William Lamas, David Rabindranath, Kameron Grosvenor, Maricela Manzo • 1 member were opposed: Sharon Green • 0 members recused: • 1 members absent during this vote: Sue Walker <p>The motion was approved.</p> <p>Being no other discussion, The Chair closed item # 6</p>
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BOARD MEMBER COMMENTS

- **William Lamas** - Stated that nominations and elections to fill the vacant seat will be held at the next regularly scheduled meeting. He thanked the presenters, including the InnROADs team and Health Care in Action, for their presentations. Mr. Lamas commented on the importance of Coordinated Entry, United Way, and HMIS data, noting that significant changes are occurring at the federal level. He noted that upcoming federal executive order decisions may result in major system shifts and emphasized the need for the committee to remain data-oriented and collaborative. Mr. Lamas further stated that continued partnership and collective effort will be essential to position the County to submit strong applications and secure future federal funding.

ADJOURNMENT

		Meeting adjourned at 11:29pm
Next Meeting		<p>The next Outreach and CES Meeting will be held as follows:</p> <p>February 12, 2026 10:00 a.m. – 11:30 a.m. Location: TBD</p>



Homeless Services

Office Of Homeless Services Outreach & Engagement



What Has Been Accomplished

- OHS CalAIM-Community Supports (SO) engaged and enrolled 107 individuals
- Resources Fairs: 2**
 - Resources fairs were conducted in Public Works high profile locations. These locations were within the city of San Bernardino
- Coordination and Collaboration with 8 different cities**
 - OHS coordinated and collaborated with the cities of Redlands, Victorville, Fontana, Colton, San Bernardino, Bloomington, Rialto, and Ontario
- Partnership with 17 different county/non-profit agencies**
 - OHS and County/Non-profit Agencies: HIA, InnRoads, HOST, 211, Symba, AMRC, Salvation Army, Water of Life, Public Health, etc.

Focused Resources Fairs

- OHS continues to focus efforts on seeking to bridge the gap of client's access to resources
- OHS will support unincorporated and county line land by offering and coordinating resources

Growing Partnership with SARC

- OHS is focusing on expanding their relationship with BH agencies for supporting our clients

Continued Support for Surrounding Cities

- OHS focus continues to be supporting cities within the county by collaborating with city teams, non-profits, and other agencies in the efforts to decrease homelessness

Additional Programs within the OHS Department

- OHS continues to support and develop programs for the county

Bringing Families Home

- Supporting families and youth who are at risk of homelessness with family reunification to avoid foster care placement
- BFH coming into OHS: Goes to board in February

Additions to the Team

- OHS has added a Mental Health and Drug and Alcohol counselors to the team. The team continues to grow and OHS is actively working on team structure. The Behavioral Health aspect of the outreach team is supported by OHS MFT for behavioral health collaborative efforts

Transitional Rent

- Through community supports, Medi-Cal will support individuals experiencing homelessness with up to six months of rental assistance
- Transitional Rent coming into OHS: July 1st, 2026

Continued Community Supports

Thank you Questions?

Office of Homeless Services

Carla Embers

Carla.Embers@hss.sbccounty.gov

Program Manager

Karyn Garner

Karyn.Garner@hss.sbccounty.gov

Program Specialist II



Total enrollment in CE Agency since Sep 2025: 1,869

RRH Referrals Since Sep 2025

Total: 133

Region	Referrals
Central Region	119
High Desert	9
West Valley	5

PSH Referrals Since July 2025

Total: 52

Region	Referrals
Central	11
High Desert	15
West Valley	23
Veteran PSH	3

Updates:

We are noticing that many referrals have not been updated in HMIS, including notes, services, or attempted contacts. We kindly ask that partners make it a priority to regularly update HMIS throughout the entire housing process, not only once a client is housed. There are many important steps that happen before housing placement, and documenting this information is essential for coordination. Our team spends a great deal of time and resources helping clients gather documentation and become document ready so their files can be accepted by providers. Recently, we have received several calls from clients who are feeling frustrated and confused because they have not heard from anyone for several months after submitting their paperwork. When we review HMIS and do not see updates, we are unable to determine what outreach or progress has occurred, which makes it difficult to support both clients and providers.

Even if you are unable to reach or locate a client, it is very helpful for HMIS notes to reflect all attempted contacts and outcomes. This information helps us respond accurately to client questions, avoid duplicated efforts, and ensure everyone is working with the same information.

We truly value our partnership and appreciate all the work you do. Thank you for helping us keep HMIS up to date so we can better support our shared clients and ensure a smoother process for everyone involved.

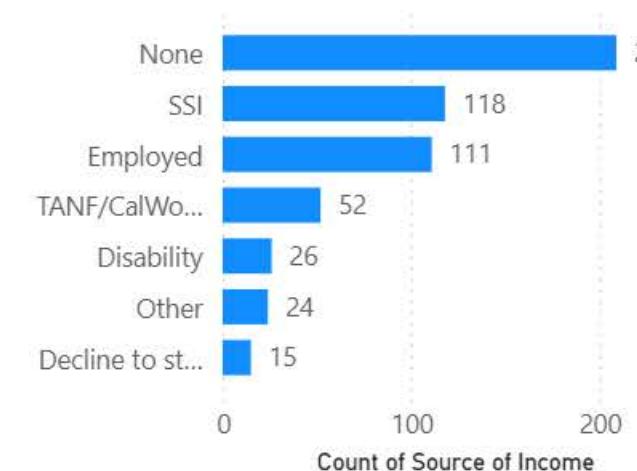
Q&A?

San Bernardino County

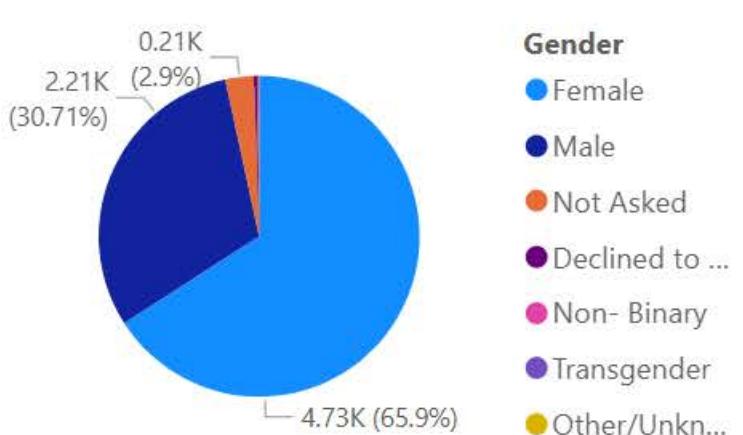
City

- Amboy
- Angelus Oaks
- Apple Valley
- Arrowhead Farms
- Baker
- Barstow
- Big Bear City
- Big Bear Lake

Source of Income



Gender



Homeless

609

At Risk of Homelessness

420

Count of Age by Age



Needs

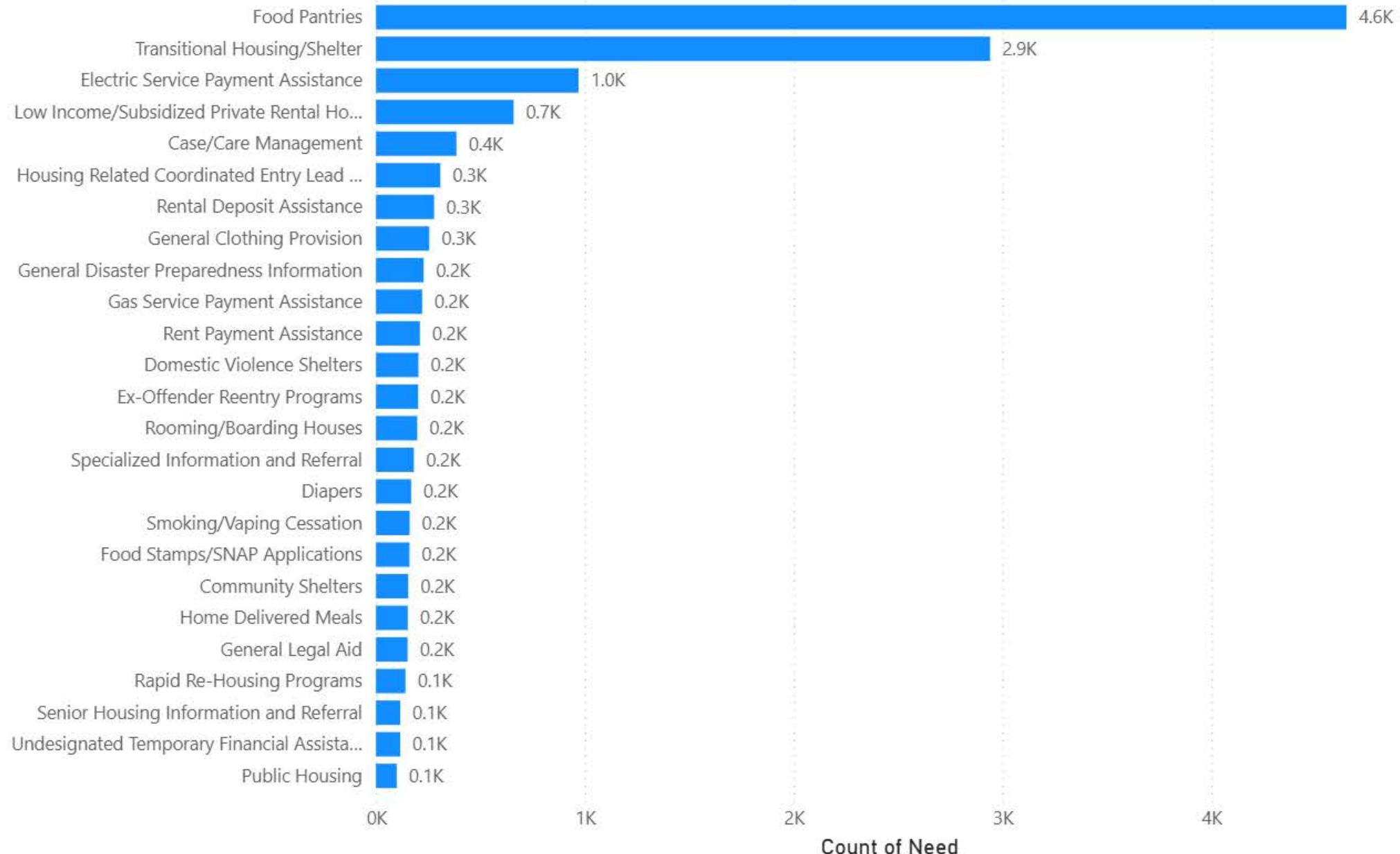
Referral: Created Date

10/1/2025 12/31/2025

City

- (Blank)
- Angelus Oaks
- Apple Valley
- Arrowhead Farms
- Barstow
- Big Bear City
- Big Bear Lake
- Bloomington
- Blue Jay
- Cedarpines Park
- Chino
- Chino Hills
- Colton
- Corona
- Crest Park

Count of Need by Need



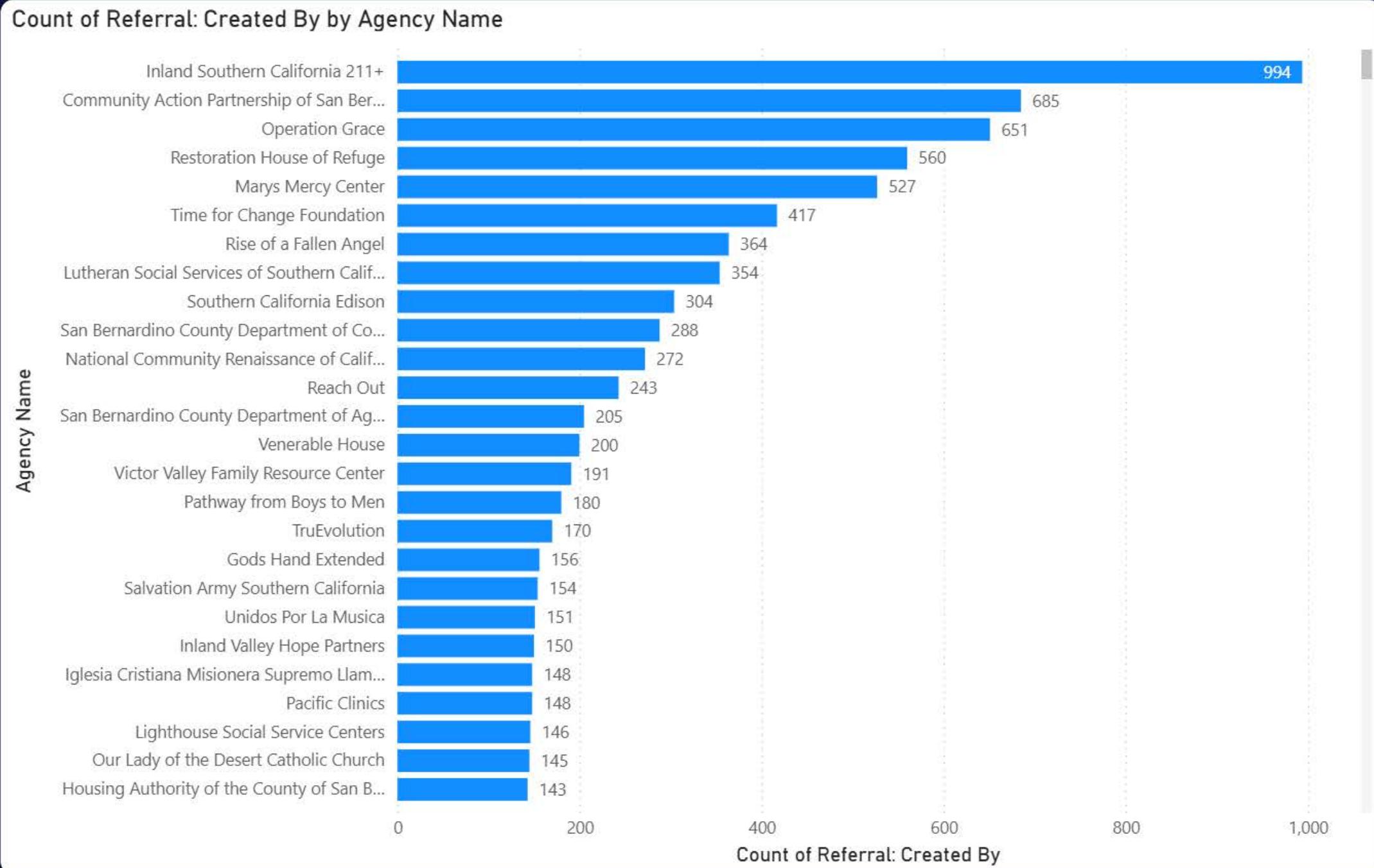
Referrals

Referral: Created Date

10/1/2025 12/31/2025

City

- (Blank)
- Angelus Oaks
- Apple Valley
- Arrowhead Farms
- Barstow
- Big Bear City
- Big Bear Lake
- Bloomington
- Blue Jay
- Cedarpines Park
- Chino
- Chino Hills
- Colton
- Corona
- Crest Park



Coordinated Entry Engagement, Placement, and Queue Activity

VI-SPDAT ≥ 10 | Oct 1 – Dec 31, 2025
San Bernardino County

Clients Engaged by Street Outreach & Emergency Shelter

*Some clients exited one project and were active in another (or re-enrolled) during the same period.

Clients Engaged by Street Outreach & Emergency Shelter

VI-SPDAT ≥ 10 | Oct-1-2025 / Dec -31-2025

306

Total Clients

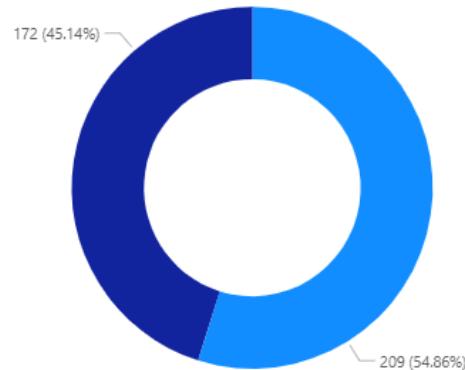
168

Exited Clients

187

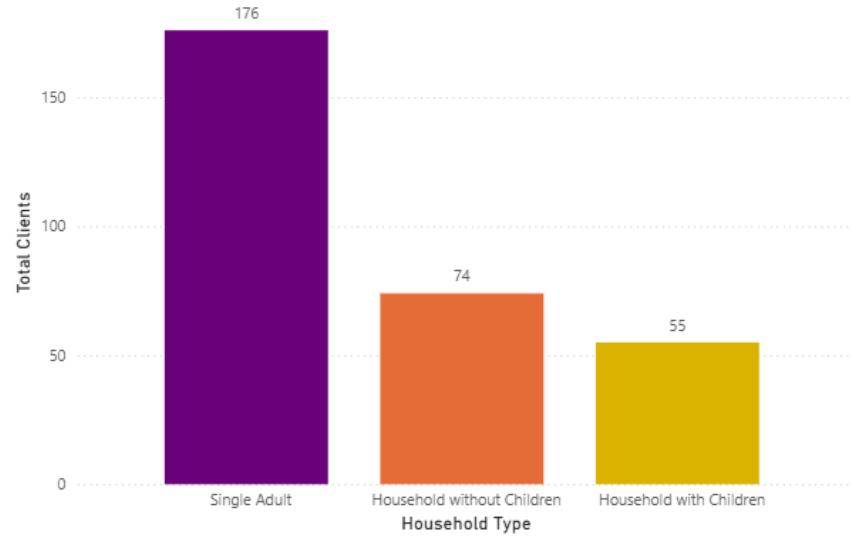
Active Clients

Total Clients by Project Type



Project Type Code ● Street Outreach ● Emergency Shelter – Entry Exit

Total Clients by Household Type



Housing Placements by Program (RRH, PSH, TH)

*Client counts represent unduplicated individuals.

Enrollment counts represent total program participation.

Active enrollments are defined as enrollments without an exit date.

Housing Placements by Program

RRH, PSH, and TH | VI-SPDAT \geq Oct-1-2025 / Dec -31-2025

Total Clients Served (Unduplicated)

889

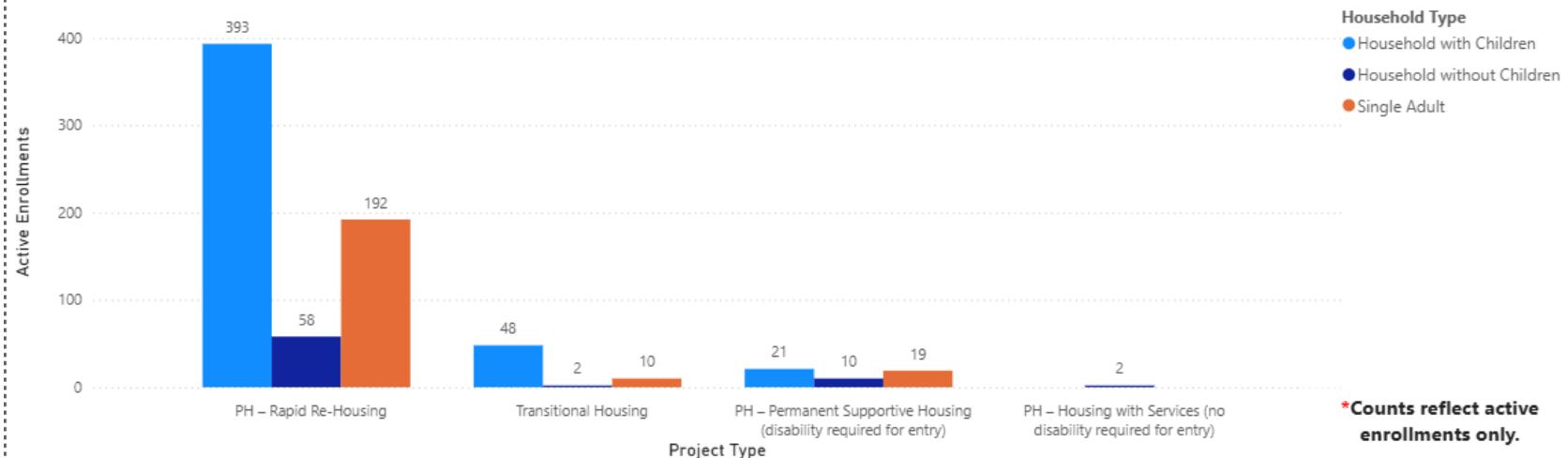
Active Enrollments

756

Total Program Enrollments

905

Active Enrollments by Project Type and Household Type



Clients on Outreach & Housing Queues

Clients on Outreach & Housing Queues

Outreach & Housing | VI-SPDAT ≥ 10 | Oct-1-2025 – Dec-31-2025

Clients on Outreach Queue

34

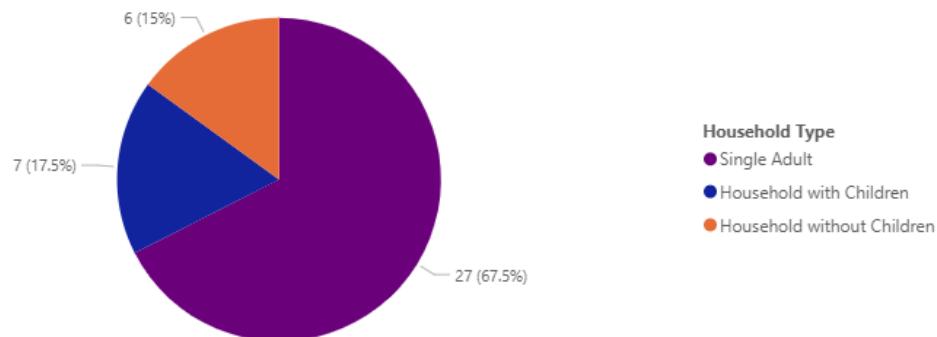
Clients on Outreach or Housing Queue (Unduplicated)

40

Clients on Housing Queue

38

Clients on Outreach or Housing Queue by Household Type



Queue overlap note: Clients may be active on more than one community queue at the same time. Of the 40 clients currently on Outreach or Housing queues, 32 are active on both queues, 2 are on Outreach only, and 6 are on Housing only.