



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

Meeting date, time, and place Date: **December 11, 2025**
 Time: **10:00 a.m. – 11:30 a.m.**
 Location: **Performance, Education, Resource Center**
 217 East Club Center Drive Suite A (Enhance Classroom)
 San Bernardino, CA 92408

CES Committee members must attend the meeting in person.
 The public may observe the meeting online at:

[Join the meeting now](#)

Meeting ID: 252 892 481 508 79

Passcode: ME2866iB

Dial in by phone

[+1 661-568-6806](tel:+16615686806), [769032873](tel:+16615686806)# United States, Santa Clara

[Find a local number](#)

Phone conference ID: 769 032 873#

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 am – 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.	Consent	
1.	Approve Minutes of October 9, 2025, CES Committee Meeting – William Lamas, Chair	10:05 am – 10:10 am Pgs. 3-11

Item No.	Discussion/Action Item/Deferred Items	
2.	Receive Presentation from The InnROADs Team on their Outreach Efforts. - East Valley Team, InnROADs	10:10 am – 10:25 am Pgs. 12-27
3.	Receive Presentation from HealthCare in Action on their Outreach Efforts. - Kristen Malaby, HealthCare In Action	10:25 am – 10:40 am Pgs. 28-34
4.	Receive Update on Contact Center Data, Demographic Breakdown by Region, and Needs and Referral count. – Aziza Manuel, Inland Southern California United Way 211+	10:40 am – 10:55 am Pg. 35
5.	Receive Update on Homeless Management Information Systems (HMIS) Data by Regions for Program Enrollments and Exits. – Jevita Webster, Office of Homeless Services	10:55 am – 11:10 am Pgs. 36-38
6.	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	11:10 am – 11:20 am
Committee Member Comments		
	Individual committee member comments. Each member is given 3 minutes to make comments.	11:20 am – 11:30 am
Adjournment		
Next CES Meeting	Date: February 12, 2026 Time: 10:00 am – 11:30 AM Location: TBD	11:30am

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 OUTREACH AND COORDINATED ENTRY SYSTEM 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.



**Minutes for San Bernardino County Homeless Partnership
Outreach and Coordinated Entry System (CES) Committee Meeting**
October 9, 2025, from 10:00 a.m. – 11:30 p.m.

Minutes Recorded and Transcribed by Nancy Felix City of Redlands

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	William Lamas, Chair	The meeting was called to order at 10:05 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 members of the public who joined the CoC meeting in person, 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, Sue Walker, Kameron Grosvenor <p>Members arriving late:</p> <ul style="list-style-type: none"> Sharon Green <p>Members absent:</p> <ul style="list-style-type: none"> Manuel Tristan
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
Election of new CES Committee Member.	William Lamas, Chair	<p>The Chair opened item # 1 and opened nominations for a new Outreach and CES Committee member.</p> <p>The following individuals were nominated and accepted nomination:</p> <ul style="list-style-type: none"> Myrna Lopez – Step Up on Second Maricela Manzo – Inland Housing Solutions

		<ul style="list-style-type: none"> Both nominees provided brief introductions highlighting extensive experience working with people experiencing homelessness, from outreach through program management. Service coverage across all of San Bernardino County, including the High Desert and multiple CES regions. <p>The Chair opened the items for public comments.</p> <p>No public comments were made.</p> <p>No Discussion and Questions from the Committee Members:</p> <p>Vote was taken on the nomination of Myrna Lopez:</p> <ul style="list-style-type: none"> 0 members were in favor: 4 members were opposed: William Lamas, David Rabindranath, Kameron Grosvenor, Sue Walker 0 members recused: 2 members absent during this vote: Sharon Green, Manuel Tristan <p>The committee voted not to elect Myrna Lopez as the new Outreach and CES Committee member.</p> <p>Vote was taken on the nomination of Maricela Manzo:</p> <ul style="list-style-type: none"> 4 members were in favor: William Lamas, David Rabindranath, Kameron Grosvenor, Sue Walker 0 members were opposed: 0 members recused: 2 members absent during this vote: Sharon Green, Manuel Tristan <p>The committee voted to elect Maricela Manzo as the new Outreach and CES Committee member and she joined the committee table.</p> <p>Being no other discussion, The Chair closed item # 1.</p>
Appointment of CES Committee Secretary.	William Lamas, Chair	<p>The Chair opened item # 2 and provided the following information:</p> <ul style="list-style-type: none"> The Secretary is a non-voting member of the committee. The Chair recommended appointing Nancy Felix, City of Redlands, to serve as CES Committee Secretary to assist with agendas, minutes, and meeting coordination. <p>The Chair opened the items for public comments.</p> <p>No public comments were made.</p> <p>No discussion and Questions from Committee Members:</p>

		<p>Vote was taken on the nomination of Maricela Manzo:</p> <ul style="list-style-type: none"> • 4 members were in favor: William Lamas, David Rabindranath, Kameron Grosvenor, Sue Walker • 0 members were opposed: • 0 members recused: • 2 members absent during this vote: Sharon Green, Manuel Tristan <p>The committee voted to appoint Nancy Felix as the new Outreach and CES Committee secretary and she joined the committee table.</p> <p>Being no other discussion, The Chair closed item # 2.</p>
	PRESENTER	ACTION/OUTCOME
Approve Minutes of August 28, 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. No public comments were made.</p> <p>David Rabindranath made a motion to approve the consent calendar and was seconded by Sue Walker</p> <p>No discussion and Questions from Committee Members:</p> <p>Vote was taken:</p> <ul style="list-style-type: none"> • 5 members were in favor: William Lamas, David Rabindranath, Kameron Grosvenor, Sue Walker, Maricela Manzo • 0 members were opposed: • 0 members recused: • 2 members absent during this vote: Sharon Green, Manuel Tristan <p>The motion was approved.</p>
PRESENTATION / INFORMATION SHARING	PRESENTER	ACTION/OUTCOME
Receive Presentation on Office of Homeless Services Outreach Efforts.	Karyn Garner, Office of Homeless Services	<p>The Chair opened item # 6 and recognized Karyn Garner for presentation.</p> <p>The Chair opened the items for public comments. No public comments were made</p> <p>Karyn Garner presented the following:</p> <ul style="list-style-type: none"> • Karyn Garner, Program Specialist and lead for the Office of Homeless Services (OHS) Street

		<p>Outreach Team, provided an overview of OHS outreach efforts. She explained that the Street Outreach teams engaged individuals experiencing homelessness who were not connected to services or who were living on the streets and in encampments. The team provided immediate resources such as shelter referrals, food, health care connections, and linkages to emergency shelters and other housing programs, while working to build trust and encourage ongoing engagement with services.</p> <ul style="list-style-type: none"> • She reported that the outreach teams were designed as multidisciplinary teams that would include social workers, mental health counselors, substance use counselors, and peer support specialists. These staff assisted individuals in locating and applying for emergency shelter or permanent housing and supported them with paperwork and eligibility requirements. The teams coordinated access to social services, benefits, and identification replacement, and worked with specific subpopulations such as veterans, youth, families, LGBTQ+ individuals, and people with disabilities. • Karyn noted that the teams provided transportation support such as bus passes, rides, and shuttles to shelters, medical appointments, and job interviews. They also distributed basic needs items such as hygiene kits, socks, blankets, tents, and other survival gear. The outreach staff created CARE plans and SMART goals tailored to clients' immediate and long-term needs. • She emphasized that the outreach model focused on coordination with cities, service providers, law enforcement, and health care entities to promote a solution-focused, multi-agency approach. Resource fairs were organized in targeted areas to build multidimensional connections to care. She stated that there were currently three outreach workers, with a long-term plan to expand to twelve workers as hiring progressed. <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> • David Rabindranath - thanked Karyn Garner for presenting and acknowledged the value of the information shared. • William Lamas - acknowledged that Pastor Sharon Green had arrived at the meeting. • David Rabindranath - asked which cities OHS planned to focus on and how often OHS expected to be present in the other cities each month. • Karyn Garner - stated that OHS planned to focus on the five cities with the highest Point-in-Time Count numbers: San Bernardino, Colton, Ontario, Victorville, and Fontana. She explained that, due to the small team size, they were currently going out one to two times per month, but hoped to increase to three to four times per month as the team expanded. • Kameron Grosvenor - asked if there was a timeline for ramping up to the full staffing level of twelve outreach workers. • Karyn Garner - reported that two additional staff members were expected to start by the end of the month and that the team anticipated having about eight outreach workers by the following year. • Maricela Manzo - asked how individuals were referred to the outreach team, what the current process was for receiving leads, and how OHS collaborated with local nonprofits and partners that were doing similar outreach work or lacked their own outreach capacity. • Karyn Garner - explained that she had been reaching out to partners to build collaboration, attending multiple Teams meetings with partner agencies, nonprofit organizations, and faith-based groups. She
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		<p>stated that the team aimed to include partners in resource fairs and that OHS was actively working to connect and coordinate through meetings and introductions.</p> <ul style="list-style-type: none"> • Maricela Manzo - asked how the current referral process worked in conjunction with the Coordinated Entry System and other systems in place. • Karyn Garner - stated that referrals could be made by calling the OHS office, and that individuals in crisis could call 211, which would then refer them to OHS. She explained that calls to OHS were routed to her team, which then attempted to assist the client directly. • William Lamas - asked whether the outreach team was entering data into HMIS and whether the team used HMIS data to support ongoing services. • Karyn Garner - confirmed that the team was actively using HMIS, documenting all data and using additional tools to identify areas with high concentrations of clients served. • William Lamas - asked about sustainability, whether the team was short-term, and whether the work relied heavily on specific funding sources or general funds, as well as whether there were concerns about funding at the federal and state levels. • Karyn Garner - stated that the team was intended to be long-term and that, to her knowledge, there were no funding concerns at that time. • David Rabindranath - asked how the OHS outreach team would work with the central hubs through 211. • Karyn Garner - responded that 211 and OHS would need to work together to determine how to create a strong working relationship and support one another while avoiding duplication of efforts. • Sharon Green - raised concerns about duplication of services, noting that multiple nonprofits, the County, and other agencies were conducting outreach but there were still challenges in effectively housing people. She asked how the system would ensure that people were housed and not just placed temporarily in hotels. • Karyn Garner - explained that the OHS outreach team functioned not only as an outreach team but also as a wraparound service team. She stated that clients placed in motels were connected to program specialist staff who worked on rapid rehousing, voucher connections, and housing placements. She emphasized that the team provided intentional services to help clients remain housed and receive ongoing resources and support during the transition. • Sharon Green - asked how clients in areas such as Apple Valley and Hesperia, where resources were limited, were being served. • Karyn Garner - stated that she was not able to fully answer that question at the time, but noted that if clients in those areas reached out and were in crisis, the team would attempt to respond to their needs. • Maricela Manzo - asked how OHS planned to collaborate with existing systems when OHS was taking some outreach work in-house, and how the County would differentiate its role from nonprofits, particularly when both might pursue similar funding sources. She asked what the long-term plan was to avoid competing with nonprofits for funding. • Karyn Garner - responded that she did not believe OHS intended to stop providing funding to nonprofits that requested it. She explained that some funding sources, such as BHBH, were provided through the Department of Behavioral Health rather than OHS directly, and emphasized that OHS
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		<p>aimed to be a partner rather than to micromanage or replace nonprofit efforts.</p> <ul style="list-style-type: none"> William Lamas - stated that Karyn Garner would be invited back in two months to provide an update and address the issues raised. <p>Being no other discussion, The Chair closed item # 6.</p>
Receive Update on Contact Center Data, Demographic breakdown by region, and Needs and Referral count.	Aziza Manuel, Inland Southern California United Way (ISCUW) 211+	<p>The Chair opened item # 4 and recognized Aziza Manuel for presentation.</p> <p>The Chair opened the items for public comments. No public comments were made.</p> <p>Aziza Manuel presented the following:</p> <ul style="list-style-type: none"> Aziza Manuel provided an overview of CES case conferencing and contact center data related to Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) referrals. She reported that since March 2025, 211 had enrolled 2,758 individuals into the C Agency, with full enrollments, assessments, services, and case notes recorded in HMIS. She noted that more than 3,000 individuals were on the housing queue, waiting for housing opportunities. She explained that 211 had been working closely with supportive housing providers, including Step Up and the Housing Authority, to identify available units and effectively utilize them. She stated that available Housing Authority slots had decreased from 30 to 4 over the past six months. Aziza reported that 211 had matched 107 clients to Rapid Re-Housing programs; while some clients were ultimately not a good fit after intake, approximately 90% of those 107 clients were housed due to thorough file reviews and an extensive process. She noted that PSH referrals primarily involved Step Up and the Housing Authority, and that the process required coordination with the Department of Behavioral Health (DBH) for verification, which could take months. She emphasized the importance of maintaining updated services and case notes in HMIS, noting that in some cases clients had received duplicate rapid rehousing from two different programs because of case note issues. She stated that she provided HMIS training for providers four to five times per month at the ACS level. Aziza explained that referrals came from the HMIS by-name list and community partner referrals, and that each referral included a completed file with required documents, although many clients lacked necessary documentation, causing delays toward housing goals. She noted that the County had very limited housing resources and that OHS and 211 were working closely to prioritize the most vulnerable individuals on the queue and to collaborate with outreach and housing providers to improve outcomes. <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> Sharon Green - thanked Aziza Manuel for her support and for keeping partners involved and stated that collaboration among partners was essential for achieving the best outcomes. William Lamas - asked whether it was possible to track the length of time between a client being matched and when the client was housed.

		<ul style="list-style-type: none"> • Aziza Manuel - responded that she would need to request a report based on enrollment dates and match dates, and that a customized report could likely be developed using the enrollment date as the starting point. • Kameron Grosvenor - asked whether clients were exited from Coordinated Entry at enrollment or when they were placed in housing. • Aziza Manuel - explained that clients were exited when they were placed and that providers could select exit destinations such as family, PSH, RRH, jail, or reunification with family. She noted that HMIS auto-exited clients after 90 days without service updates or case notes, which could result in HMIS indicating that clients were homeless even if they were not. • Maricela Manzo - asked if there was a way to run reports on housing move-in dates to show how many people were moving into housing each month. • Aziza Manuel - stated that such reports would require the names of all providers and programs involved. She explained that they could run reports on move-in dates for specific programs and then match those dates to clients in the CE Agency, such as by looking at IHS, Keys programs, and other rapid rehousing providers. <p>Being no other discussion, The Chair closed item # 4.</p>
Receive Update on Homeless Management Information Systems (HMIS) Data by regions for program enrollments and exits.	Jevita Webster, Office of Homeless Services	<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> <ul style="list-style-type: none"> • Jevita Webster presented referral statistics for Coordinated Entry for the period April 1, 2025 – June 30, 2025. She reviewed slides showing the overall number of programs receiving referrals during that timeframe and listed the agencies involved. • She reported that CE sent out 370 outbound referrals to partner agencies. There were 200 pending referrals, with the oldest pending 391 days and an overall average pending time of 82 days for the period. She summarized the number of completed referrals by category and described the types of referrals and program areas in which they were completed. • Jevita explained that expired referrals were removed from the queue after a certain period of no action. She also presented data on denied referrals, categorized by reasons such as “other,” out of jurisdiction, and already served. She noted that there were 65 cases categorized as “other,” 10 out-of-jurisdiction denials, and 9 cases in which clients had already been served. • She reviewed how referrals were broken down by program type, including emergency shelter, transitional housing, permanent supportive housing, rapid rehousing, homeless prevention services, and street outreach. She noted that emergency shelter referrals involved multiple clients referred with one referral to DBH, Mercy House, Lutheran services, and the City of Victorville. • Jevita provided details on transitional housing referrals, noting one pending referral with Artisan’s House. She then summarized permanent housing and services referrals, including Operation Grace,

		<p>and highlighted that the Department of Behavioral Health had the highest number of active PSH referrals.</p> <ul style="list-style-type: none"> • She reviewed a slide showing outbound referrals from the CE agency to rapid rehousing programs, noting that most referrals went to the City of Victorville. She also summarized homeless prevention referrals, which showed outcomes by status (pending, in process, accepted or denied), and reported that services referrals involved providers such as the City of Victorville, Inland Counties Legal Services, and With Open Arms, with a small number of pending referrals. • For street outreach, she reported that most referrals remained pending, primarily with Inland SoCal, followed by Victorville, United Way, and others, and noted denial data including denials of female clients in Victorville. She concluded with an explanation of the outreach map and instructions on how to use it. <p>Discussion and Questions from the Board:</p> <ul style="list-style-type: none"> • William Lamas - requested that a slide be added showing how many clients were enrolled in each outreach program and how many had exited to shelter or housing. • Jevita Webster - agreed to include data on outreach programs and those clients who had exited to shelter or housing. • David Rabindranath - requested a slide showing the top ten outreach programs. • Jevita Webster - agreed to include data on the top outreach programs and the clients who exited from those programs. <p>Being no other discussion, The Chair closed item # 5.</p>
BOARD MEMBER COMMENTS	PRESENTER	ACTION/OUTCOME
		<p>The Chair opened the floor for comment from the members</p> <p>Discussion ensued:</p> <ul style="list-style-type: none"> • Maricela Manzo - thanked everyone for the opportunity to be part of the Committee. She stated that her organization served as a community support, ECM, and rapid rehousing provider for the CoC across all of San Bernardino County, and that they were willing to collaborate with all partners. She noted that the flow of referrals had slowed due to changes in community supports through IEHP, which had lengthened the time needed to get people into housing, but stated that the organization continued to pursue housing for referred individuals. • Sue Walker - reported that she had received the first referral with all of the required paperwork included, acknowledging the effort involved in assembling complete files. • Kameron Grosvenor - welcomed Maricela to the Committee, stating that she would bring valuable background knowledge helpful to Committee discussions, and thanked David for allowing Nancy Felix to serve as Secretary. • Sharon Green - emphasized the importance of working collaboratively to ensure that those most in

		<p>need were reached, expressed appreciation for the team, and stated that she valued the collective effort.</p> <ul style="list-style-type: none"> • David Rabindranath - requested that all Board members email their designated alternates to him and William, noting that the Co-Chairs could not have alternates. • William Lamas - thanked all presenters and stated that the Board would be revisiting the CES Policies and Procedures Manual, which had been finalized one year prior, to assess it and identify areas for improvement. He noted that the Board would seek feedback from Aziza's team and Board members and that future meetings would include presentations from local CES regional hubs to provide additional feedback beyond what 211 presented.
ADJOURNMENT		
		Meeting adjourned at 11:25pm
Next Meeting		<p>The next Outreach and CES Meeting will be held as follows:</p> <p>December 11, 2025 10:00 a.m. – 11:30 a.m. Location: TBD</p>

MHSA Homeless and Supportive Services



MHSA Legislative Goals

Reduce homelessness and increase safe and permanent housing

- Decrease rates of homelessness for clients
- Increase residence stability and safe and permanent housing

Increase the network of community services

- Increase in the number of collaborative partners
- Increase in self-help/support/12-step/community/school group or healthcare provider attendance and frequency per consumer
- Increase care coordination

SB County Homeless Partnership

Office of Homeless Services

Interagency Council on Homelessness

- Board of Supervisors
- Elected City Officials
- Law Enforcement and Justice
- Director of Community Development and Housing Agency
- Director of Human Services
- Director of the Department of Behavioral Health
- Director of the Housing Authority of San Bernardino County
- Elected Homeless Provider Network Representatives
- Homeless/Formerly Homeless Representative

Homeless Provider Network

- Public, private, and non-profit service providers
- Community and faith-based organizations
- Housing organizations

Homeless and Supportive Services Program

InnROADs

- “Street Medicine”
- Treatment for mental health, substance use disorders, and medical issues
- Collaboration of
 - DBH
 - Sheriff’s Dept.
 - Dept. of Public Health
 - Dept. of Aging and Adult Services
- Collaborate with ARMC and outreach teams

Homeless Outreach and Support Team (HOST) – Housing Navigation

- Navigation and housing search for permanent supportive housing (PSH)
- Referrals come from Housing Authority and Coordinated Entry System (CES)/211
- Community Supports through IEHP
 - Housing Navigation
 - Housing Deposits
- Fill vacancies for DBH MHSA housing.

Homeless Outreach and Support Team (HOST) – Outreach

- Outreach and Engagement
- Co-located with law enforcement
- SSI applications for homeless residents that are not connected to a treatment provider
- Represent DBH Homeless and Supportive Services at community events.

Supportive Services

- Tenancy Supports and mental health supportive services for all residents in permanent supportive housing
- Services provided through contracted Full Service Partnerships
- Services provided in resident’s homes and community
- Link to all needed resources to maintain wellness and housing

InnROADs

Innovative Remote Onsite Assistance Delivery (InnROADs) is an MHSA project that provides street-based treatment for mental health and is now MHSA funded , substance use disorders, and medical issues to residents experiencing both homelessness and a severe mental illness. Teams are interdepartmental, and services are provided by:

4 Teams (West Valley, East Valley, High Desert, and Morongo Basin)

- Clinical Therapists and Drug and Alcohol Counselor – Department of Behavioral Health (DBH)
- Social Service Practitioner – Department of Aging and Adult Services (DAAS)
- Nurse – Department of Public Health (DPH)
- Sheriff Deputy – Sheriff

1 Mobile Medical Team

- Psychiatric Nurse Practitioner – Department of Behavioral Health (DBH)
- Psychiatric Technician – Department of Behavioral Health (DBH)

InnROADs – Teams

There are 4 InnROADs Teams

Overview:

- Respond to referrals and requests from partner agencies, cities, businesses, and community
- Proactive engagement model working with other law enforcement and allied agencies to assist those living in encampments and other areas
- Deliver services “in the moment” and connect to other resources for those with more intensive needs

Service Areas:

- Services are focused on, but not limited to, the seven cities that make up 80% of our County’s homeless population
 - East Valley – San Bernardino and Redlands
 - West Valley – Ontario, Fontana, and Colton
 - High Desert – Victorville and Barstow

InnROADs – Teams

Sheriff's Department – Deputy Sheriff

- Complete VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) to enter residents into the Coordinated Entry System.
- Collaborate with crisis services that may lead to hospitalization. This includes possible transportation and monitoring residents as they are being admitted.
- Provide safety and oversight of the area being served
- Work in collaboration with local law enforcement

InnROADs – Teams

Department of Public Health – Registered Nurse

- Provide First Aid
- Assist residents in enrolling for Medi-Cal insurance
- Enrollment and linkages to primary care doctors, dentists and optometrist
- Coordinate or provide transportation to needed non-emergency healthcare
- Attend appointments to advocate on behalf of a resident, if appropriate
- Assist in obtaining prescription medication
- Counseling for medication support, dietary issues, and medical conditions
- Offer vaccinations and screenings
- Provide testing and treatment for sexually transmitted infections
- Support mobile medical doctors and nurse practitioners

InnROADs – Teams

Department of Aging and Adult Services – Social Service Practitioner

- Liaison to the Office of the Public Guardian
- Assist with Adult Protective Services investigations
- Provide case management and outreach
- Link seniors and dependent adults to services

Department of Behavioral Health – Alcohol and Drug Counselor

- Conduct screening and assessment for substance use disorders
- Coordinate with the DBH Screening, Assessment, and Referral Center (SARC) for residential and outpatient treatment
- Provide education and distribute Narcan to all residents who would benefit from its use

InnROADs – Teams

Department of Behavioral Health – Clinical Therapists

- Respond to referrals and requests from partner agencies, cities, businesses, and community
- Provide engagement and treatment to those who are experiencing severe mental illness and/or substance use disorders who are severely impaired and unable to live independently
- Provide clinical assessments
- Partner with outreach teams to provide treatment to the residents they serve

InnROADs – Teams

1 Mobile Medical Team – Led by the Department of Behavioral Health

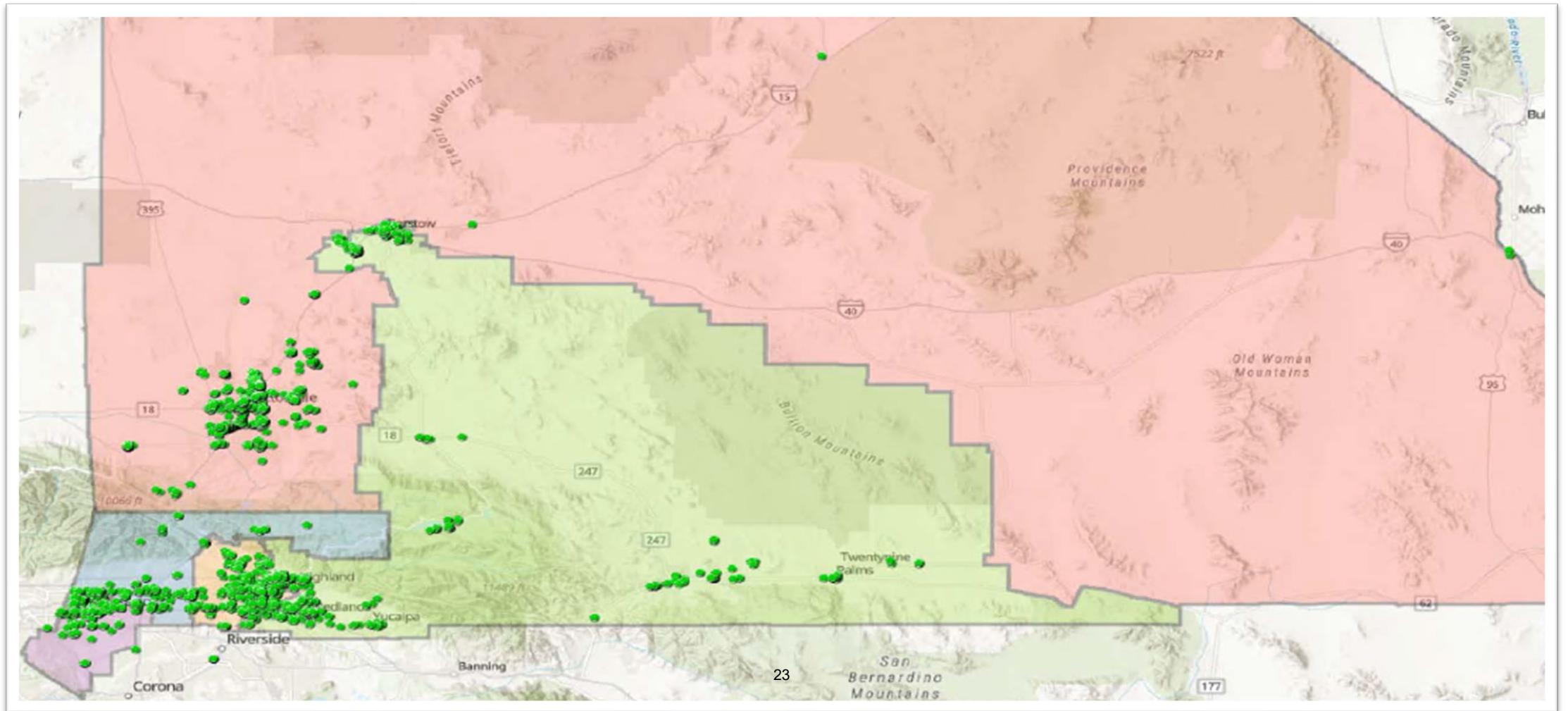
Overview

- Collaborate with Rapid Response Teams, Regional Engagement Teams, and local outreach teams (in conjunction with Regional Engagement Teams) to provide psychiatric evaluation and treatment in the field

Services Provided

- Psychiatric evaluation and treatment
- Assist with obtaining and administering medication and injections
- Providing psychiatric clearances for residential treatment and placement
- Coordinating with other street medicine teams for medical issues

InnROADs Outreach Locations



InnROADs Referral Information

InnROADs Referrals

909.387.7406

DBHInnROADsReferrals@dbh.sbcounty.gov

InnROADs Success Story



“Jessica”, an unhoused InnROAD’s client successfully delivered a healthy baby boy on 2/14/25. The InnROAD’s team provided continuous support and encouragement, ensuring the client attended her prenatal appointments and took care of her health and wellness. Without these efforts, the client may not have received the necessary care and could have delivered her baby in unsafe conditions due to her homelessness. While custody matters are still being addressed, with the baby temporarily placed in protective custody, we are proud that both mother and child are healthy and safe.

The InnROAD’s East team assisted “Jeff” in obtaining his California ID, which enabled him to meet the requirements of US Vets. His information was then forwarded to the HOPE Team to facilitate his connection with US Vets and ensure he receives the necessary support. Jeff now has housing opportunities that he did not have before and is receiving improved/appropriate care.



InnROADs Success Story



“Allen” was homeless in Apple Valley and struggling with both mental health issues and substance abuse. The INNRoad’s team assisted him in getting connected to the Valley Sar Walk-in crisis center and evaluated for medications. Allen was open to a potential shelter and the team coordinated him getting into the then “interim shelter” now newly opened Wellness Center in Victorville. After his time up at the center, we coordinated a more stable shelter bed where Allen continued to receive therapy and case management services. Allen was stabilized and desired to start working. INNRoads assisted with linkage to a local trucking school, that he attended and completed. Allen is now gainfully employed with a trucking company and is working regularly. During this time, INNRoads provided support and assistance to the client which allowed him to stay connected to his medications and linkage to a potential housing program that will provide rental assistance and housing navigation.





Behavioral Health

Thank You!



Street Medicine in the IE

Presented by:

Kristen Malaby

***Care Management Supervisor, San Bernardino
Healthcare in Action- Inland Empire***

Eddie Menacho, PA-C

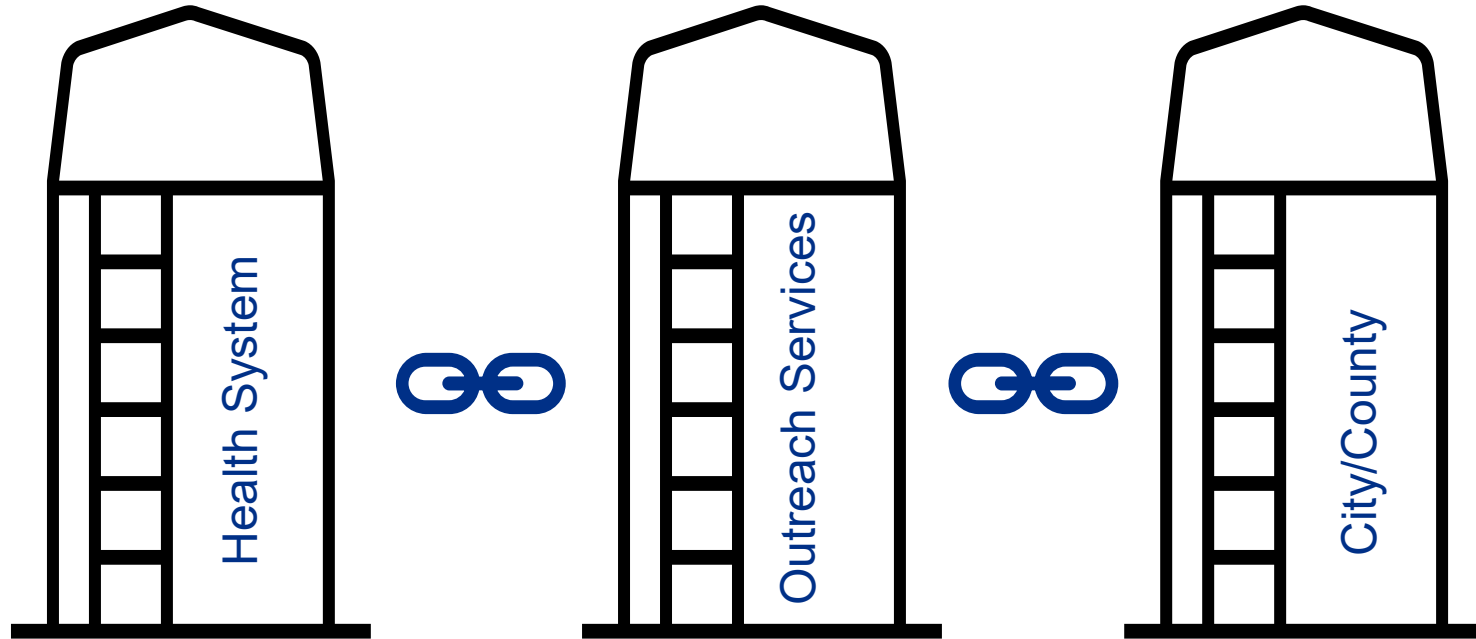
***Regional Medical Director,
Healthcare in Action- Inland Empire***

Model 1: Subdelegation or Wrap-Around Contract



***Note:** HIA's wrap-around services are certified as Enhanced Care Management and Housing Transition Navigation Community Supports Service under CalAIM.

State of Homeless Care in the IE



Street Medicine

Multiple Outreach Teams





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**24/7 Patient Line/Referral Line:
213-669-6453**



CES Case Conferencing Data:**Total enrollment in CE Agency since July 2025: 1,850****RRH Referrals Since July 2025****Total: 104**

Region	Referrals
Central Region	49
High Desert	2
West Valley	53

PSH Referrals Since July 2025**Total: 51**

Region	Referrals
Central	15
High Desert	20
West Valley	9
Mountain	1
Veteran PSH	6

All referrals came either from the HMIS By-Name List or through community partner referrals. Each referral includes a completed file with all required documents specific to that case. However, many of the clients we serve initially lack the necessary documentation, which often delays progress toward their housing goals. Our team works with them over several months, providing ongoing support to ensure they obtain the required documents and successfully complete their housing packet. Housing in San Bernardino County remains limited, so we work closely with our PSH and RRH providers each week to stay informed on availability and better support our clients.

Referral Outcomes Dashboard

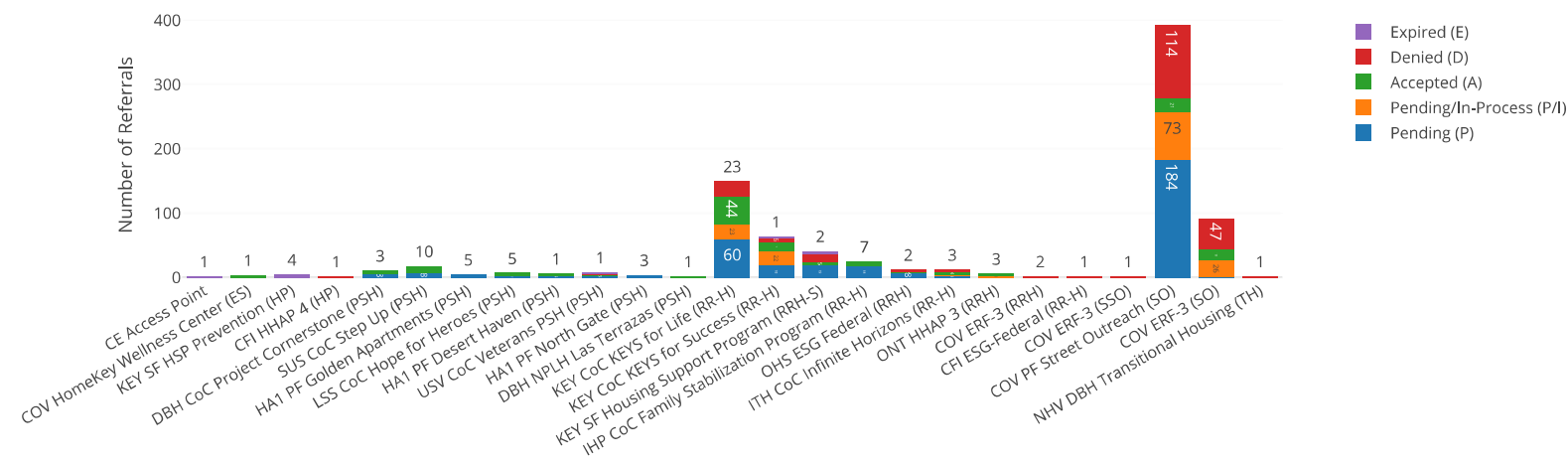
KPI Summary

KPI	Value
Total Referrals	869
Total Accepted	142
Total Denied	217
Top Exit Destination	Rental no subsidy

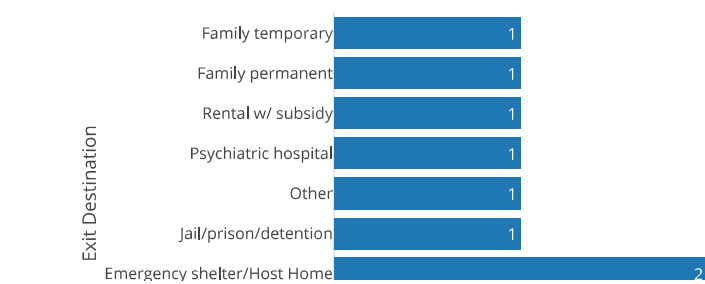
Referral Outcomes by Agency

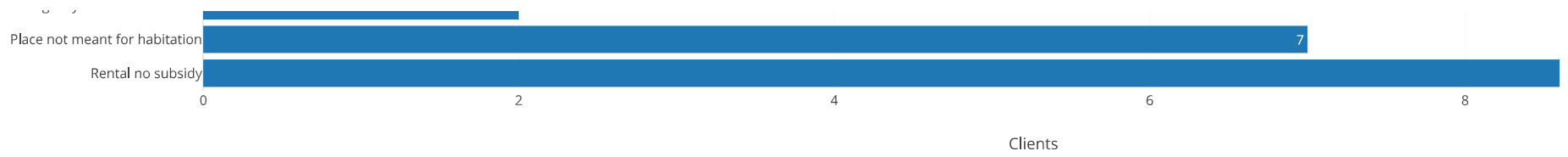


Referral Outcomes by Program



Most Common Exit Destinations





Income Change After Program Exit

Income Change After Program Exit

