Office of Homeless Services
560 E. Hospitality Lane, Suite 200 • San Bernardino, CA 92408-0044
Phone: (909)501-0610
Email: ohs@hss.sbcounty.gov • Website: https://sbchp.sbcounty.gov/

Agenda of the

Continuum of Care (CoC) Board Meeting

Date: **October 28, 2026**
Time: **9:00 am – 11:00 am**
Location: **Performance, Education, & Resource Centers**
217 East Club Center Drive, Pavillion Conference room
San Bernardino, CA 92408

CoC Board Members will be attending the meeting in person.
The public may observe the meeting online at:

Microsoft Teams meeting
Join: https://teams.microsoft.com/meet/2545586276847662?p=5sG6cSab28JPWrnvyA
Meeting ID: 254 558 627 684 766 2 Passcode: iQ2Ye2P5

Dial in by phone +1 661-568-6806,,472068344# Phone conference ID: 472 068 344#

Note: Public participation at the Continuum of Care (CoC) Board 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 CoC Board 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 CoC Board 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 the meeting 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 CoC Board 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.

Call to Order	Chair or Designee will call the meeting to order.
Invocation & Pledge	Chair or Designee will lead the Invocation and Pledge of Allegiance.
Introductions	Chair or Designee will lead the Introductions of the CoC Members by roll call.
Agenda Items:	The following items are presented for informational, consent, and discussion purposes.
Public Comment	Any member of the public may address the CoC Board on any matter not on the agenda that is within the subject matter jurisdiction of the CoC Board.
Information Sharing	

San Bernardino County HOMELESS PARTNERSHIP

Office of Homeless Services
560 E. Hospitality Lane, Suite 200 • San Bernardino, CA 92408-0044
Phone: (909)501-0610
Email: ohs@hss.sbcounty.gov • Website: https://sbchp.sbcounty.gov/

1	Receive an update from the Office of Homeless Services on the Homeless Housing Assistance and Prevention (HHAP) Round 6 grant funding and the Housing and Homelessness Incentive Program (HHIP) funding. - Annette Florez, Office of Homeless Services	*Pg. 4*
Consent Items Items listed on the Consent Calendar are expected to be routine and non-controversial and will be acted upon in one motion as the first item of business on the Discussion Calendar. If the CoC Board directs that an item listed on the Consent Calendar be held for further discussion, the item will be addressed under "Deferred Items," the second item listed on the Discussion Calendar.		
2	Approve minutes of August 6, 2026, CoC Board Special Meeting. - Supervisor Joe Baca Jr., Chair	*Pgs. 5 - 12*
3	Ratify two letters of support for Family Assistance Program consisting of one letter for Primary Prevention Youth Homelessness Demonstration Program through the Family and Youth Services Bureau and the other for the Youth Homeless System Improvement & Youth Homelessness Demonstration Program application through the U.S. Department of Housing and Urban Development. - Supervisor Joe Baca Jr., Chair	*Pgs. 13 - 14*
4	Approve the 2027 schedule of regular meetings for the Continuum of Care (CoC) Board. - Supervisor Joe Baca Jr., Chair	*Pg. 15*
Discussion/Action Items Action on Consent Calendar. The motions and votes for Consent Calendar items are taken as a single action. Abstentions or recusals for specific Consent Calendar items are recorded on the minutes. **Deferred Items**		
5	Receive a presentation on the 2027 Point In Time Count's planning process. - Claudia Doyle, Office of Homeless Services	*Pgs. 16 - 25*
6	Receive and file the results of the Continuum of Care (CoC) Full Membership election and recognize the newly elected Continuum of Care Board Members and Continuum of Care Facilitators for the term starting on January 1, 2027, to December 31, 2028 - Anna Ulibarri, CoC Co-Facilitator	*Pg. 26*

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<table>
<tr><td>7</td><td>Receive and file the results of the Continuum of Care (CoC) Full Membership vote on the Continuum of Care Strategic Plan at its May 27, 2026, Full Membership meeting.

- Anna Ulibarri, CoC Co-Facilitator</td><td>Pgs. 27 - 114</td></tr>
<tr><td>8</td><td>Approve the reallocation of Homeless Housing Assistance and Prevention (HHAP) Round 5 grant funding for Youth Set Aside from Lutheran Social Services of Southern California to Family Assistance Program for relinquished funds in the amount of $35,000.00.

- Annette Florez, Office of Homeless Services</td><td>Pg. 115</td></tr>
<tr><td>9</td><td>Approve the funding recommendation for the Request for Application (RFA) Homeless Housing Assistance and Prevention (HHAP) Round 4 grant for the East Desert Region for the amount of $98,524.29 and authorize the Office of Homeless Services (OHS) to initiate and administer HHAP CoC funded contract awards.

<table><tr><th>Recommended Agency</th><th>Award Amount</th></tr><tr><td>Jewish Family Service of San Diego</td><td>$98,524.29</td></tr></table>
- Annette Florez, Office of Homeless Services</td><td>Pgs. 116 - 117</td></tr>
</table>

Adjournment

The next regularly scheduled Continuum of Care (CoC) Board meeting is scheduled for:

Wednesday, January 27, 2027, from 9:00 am – 11:00 am
Performance, Education, Resource Centers
217 East Club Center Drive Suite A (Enhance Classroom)
San Bernardino, CA 92408

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 CoC Board meetings are accessible to persons with disabilities. If you require a reason modification or accommodation for a disability 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 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. Agenda and documentation can be obtained there or by email. OHS@hss.sbcounty.gov

Office of Homeless Services
560 East Hospitality Lane, Suite 200 • San Bernardino, CA 92415-0044
Phone: (909) 501-0610 • Fax: (909) 501-0622
Email: homelessrfp@hss.sbcounty.gov • Website: http://www.sbcounty.gov/sbchp

Update – Homeless Housing Incentive Program and Homeless Housing Assistance Prevention Program Round 6 Funding Opportunities

Date October 28, 2026

Presenter Annette Florez, Office of Homeless Services

Receive an update on Homeless Housing Incentive Program and Homeless Housing Assistance Prevention Program Round 6 Funding Opportunities

The Office of Homeless Services (OHS) is preparing to release the Homeless Housing Incentive Program (HHIP) Request for Application (RFA) for Categories 1 and 5 on November 12, 2026. A total of $3,438,756 will be available through the RFA, consisting of $438,756 for Category 1 and $3,000,000 for Category 5.

A mandatory in-person bidders conference is scheduled for November 19, 2026, with applications due December 10, 2026. Following the application deadline, OHS will conduct minimum threshold and financial reviews, followed by application review and scoring.

Funding recommendations are anticipated to be finalized in early January and presented to the CoC Board for consideration on January 27, 2027. Following CoC Board approval and completion of the required County review and approval processes, the current target for Board of Supervisors consideration is March 2027.

OHS is also developing the HHAP Round 6 RFA, with the release now tentatively scheduled for December 3, 2026. A bidders conference is tentatively scheduled for December 10, 2026, providing prospective applicants with an overview of the funding opportunity, application requirements, and RFA process.

Following the application period, OHS will conduct minimum threshold and financial reviews, and qualified applications will proceed through the established review and recommendation process, including review by Regional Steering Committee evaluators and consideration by the applicable Regional Steering Committees before recommendations are presented to the CoC Board at the February 24, 2027, CoC Board Meeting. The goal is to have funding recommendations for the Board of Supervisors approval in April 2027.

Minutes for San Bernardino County Homeless Partnership
Continuum of Care (CoC) Board Special Meeting
August 6, 2026, from 9:00am – 11:00am.

Minutes Recorded and Transcribed by Adriana Cueto, Office of Homeless Services

TOPIC	PRESENTER	ACTION/OUTCOME
Call to Order	Supervisor Joe Baca Jr., Chair	The meeting was called to order at 10:02 am.
Continuum of Care (CoC) Board Members Present by Roll Call	Supervisor Joe Baca Jr., Chair	The Chair recognized Annette Florez to conduct the Continuum of Care (CoC) Board Member roll call. Members of the public are not introduced. There were over 30 members of the public who joined the CoC meeting in person, via Teams and/or telephoned in. The following Continuum of Care (CoC) Board Members or their alternates were present at the meeting: • Supervisor Joe Baca Jr., Gilbert Ramos, Derek Armstrong, Tyrese Crawford, Acquanetta Waren, David Rabindranath, Maelena Enriquez, Wayne Hamilton, Allison Towne, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Antoinette Jackson, Kameron Grosvenor, Jeff Little, Sue Walker. Members arriving late: None Members absent: • Wayne Hamilton • Lakita Johnson • Shanikqua Freeman
PUBLIC COMMENTS	**PRESENTER**	**ACTION/OUTCOME**
	Supervisor Joe Baca Jr., Chair	The Chair opened the floor to Public Comments Public comments were made. • Edward Torres • Dr. Craig Turley • Zazette Scott • Don Smith

		The Chair closed Public Comment.
CONSENT ITEMS	**PRESENTER**	**ACTION/OUTCOME**
Approve Minutes of April 29, 2026, CoC Board Meeting. Ratify letter of support for the City of Ontario's application to the California Encampment Resolution Funding (ERF) Program.	Supervisor Joe Baca Jr., Chair	The Chair opened the consent calendar portion of the agenda. The Chair opened the items for public comments. No public comments were made. The Chair opened the items for comment by the CoC Board members. No Discussion ensued. Sandra Ibarra made a motion to approve the consent calendar and was seconded by Tyrese Crawford. Vote was taken: • 16 members were in favor: Supervisor Joe Baca Jr., Gilbert Ramos, Derek Armstrong, Tyrese Crawford, David Rabindranath, Maelena Enriquez, Wayne Hamilton, Allison Towne, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Antoinette Jackson, Kameron Grosvenor, Jeff Little, Sue Walker. • Members Opposed: None • Members Recused: None • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved.
DISCUSSION / ACTION ITEMS	**PRESENTER**	**ACTION/OUTCOME**
		Notice: Due to Supervisor Baca's and Annette Florez's recusal, the appointment of David Rabindranath as Chair and Antoinette Jackson as Secretary was addressed separately. County Counsel reviewed and approved the appointments.
Item 4: Receive and approve the Grant Review Committee's (GRC) recommendation for the U.S. Department	Marcus Dillard, Chief, Office of Homeless Services	Supervisor Baca Jr., The Chair opened item #4 and recognized Marcus Dillard to provide a presentation on the Grant Review Committee's recommendation for funding.

of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program Competition applications for Tier 2 Transition Grants for the following agencies, including their rating, ranking, and tiering, and authorize the Office of Homeless Services (OHS) to submit the approved and ranked applications with the CoC Consolidated Application to HUD. Tier 2. Transition Grants		Marcus Dillard provided the following updates: Stated that there is pending litigation that could lead to the HUD NOFO being rescinded. The Chair opened the item for public comments. Public comments were made. • Darryl Evey The Chair opened the item for discussion to the CoC Board members: No Discussion ensued. Tyrese Crawford made a motion to approve Item #4 and was seconded by David Rabindranath. Vote was taken: • 13 members were in favor: Supervisor Joe Baca Jr., Gilbert Ramos, Tyrese Crawford, David Rabindranath, Acquanetta Waren, Wayne Hamilton, Allison Town, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Lakita Johnson, Sue Walker. • Members Opposed: None • Members recused: Maelena Enriquez, Kim Williams, Kameron Grosvenor, Jeff Little • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved. There being no further discussion, the Chair closed item # 4.

BOARD MEMBER COMMENTS		
		The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. No Discussion ensued.
Item 6: Receive and approve the Grant Review Committee's (GRC) recommendation for the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program Competition applications for Tier 2 Domestic Violence (DV) Bonus New Projects for the following agencies, including their rating, ranking, and tiering, and authorize the Office of Homeless Services (OHS) to submit the approved and ranked applications with the CoC Consolidated Application to HUD. Tier 2. DV Bonus New Projects	Marcus Dillard, Chief, Office of Homeless Services	Supervisor Baca Jr., The Chair opened item #6 and recognized Marcus Dillard. Marcus Dillard provided the following updates: City of Redlands, Blessing Center, Woman of Worship & Warfare applied for Tier 2 DV Bonus New Projects. The Chair opened the item for public comments. No public comments were made. The Chair opened the item for discussion to the CoC Board members: No Discussion ensued. Antoinette Jackson made a motion to approve Item #6 was seconded by Sandra Ibarra. Vote was taken: • 13 members were in favor: Supervisor Joe Baca Jr., Gilbert Ramos, Derek Armstrong, Tyrese Crawford, Acquanetta Waren, Maelena Enriquez, Allison Tow, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Antoinette Jackson, Kameron Grosvenor, Jeff Little, Sue Walker. • Members Opposed: None • Members recused: David Rabindranath • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved. There being no further discussion, the Chair closed item # 6. The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. No Discussion ensued.
DISCUSSION / ACTION ITEMS	**PRESENTER**	**ACTION/OUTCOME**

Item 3: Receive and approve the Grant Review Committee's (GRC) recommendation for the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program Competition applications for Tier 1 Renewals for the following agencies, including their rating, ranking, and tiering, and authorize the Office of Homeless Services (OHS) to submit the approved and ranked applications with the CoC Consolidated Application to HUD. Tier 1. Renewing Agencies	Marcus Dillard, Chief, Office of Homeless Services	The acting chair David Rabindranath opened item #3 and recognized Marcus Dillard. Marcus Dillard provided the following updates: There is litigation that could lead to this HUD NOFO being rescinded. The Chair opened the item for public comments. No public comments were made. The Chair opened the item for discussion to the CoC Board members: No Discussion ensued. Tyrese Crawford made a motion to approve Item #3 and was seconded by Paul Fournier. Vote was taken: • 13 members were in favor: David Rabindranath, Acquanetta Waren, Maelena Enriquez, Wayne Hamilton, Allison Town, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Lakita Johnson, Sue Walker. • Members Opposed: None • Members recused: Supervisor Joe Baca Jr., Gilbert Ramos, Derek Armstrong, Karen Young-Lowe, Kameron Grosvenor, Jeff Little. • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved. There being no further discussion, the Chair closed item # 3. The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. No Discussion ensued.
Item 5: Receive and approve the Grant Review Committee's (GRC) recommendation for the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program	Marcus Dillard, Chief, Office of Homeless Services	The acting chair David Rabindranath opened item #5 and recognized Marcus Dillard. Marcus Dillard provided the following updates: Family Assistance Program, HMIS Expansion, Water of Life Community Church, Step Up on Second, Salvation Army applied for Tier 2 CoC New projects. The Chair opened the item for public comments.

Competition applications for Tier 2 CoC Bonus New Projects for the following agencies, including their rating, ranking, and tiering, and authorize the Office of Homeless Services (OHS) to submit the approved and ranked applications with the CoC Consolidated Application to HUD. Tier 2. CoC Bonus New Projects		No public comments were made. The Chair opened the item for discussion to the CoC Board members: No Discussion ensued. Tyrese Crawford made a motion to approve Item #5 and was seconded by Sandra Ibarra. Vote was taken: • 11 members were in favor: Tyrese Crawford, David Rabindranath, Allison Town, Acquanetta Waren, Karen Young-Lowe, Paul Fournier, Sandra Ibarra, Antoinette Jackson, Kameron Grosvenor, Jeff Little, Sue Walker. • Members Opposed: None • Members recused: Supervisor Joe Baca Jr., Gilbert Ramos, Derek Armstrong, Maelena Enriquez, Kim Williams. • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved. There being no further discussion, the Chair closed item # 5. The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. No Discussion ensued.
Item 7: Receive and approve the Grant Review Committee's (GRC) recommendation for the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program Competition for the Planning Grant for the following agency and authorize the Office of Homeless Services (OHS) to submit with the CoC Consolidated Application to HUD.	Marcus Dillard, Chief, Office of Homeless Services	The acting chair, David Rabindranath opened item #7 and recognized Marcus Dillard. Marcus Dillard provided the following updates: There is litigation that could lead to this HUD NOFO being rescinded. The Chair opened the item for public comments. No public comments were made. The Chair opened the item for discussion to the CoC Board members: No Discussion ensued.

		Acquanetta Warren made a motion to approve Item #7 and was seconded by Sandra Ibarra. Vote was taken: • 13 members were in favor: Derek Armstrong, Tyrese Crawford, David Rabindranath, Acquanetta Warren, Allison Town, Karen Young-Lowe, Kim Williams, Paul Fournier, Sandra Ibarra, Antoinette Jackson, Kameron Grosvenor, Jeff Little, Sue Walker. • Members Opposed: None • Members recused: Supervisor Joe Baca Jr., Gilbert Ramos, Maelena Enriquez, Kameron Grosvenor. • Absent: Wayne Hamilton, Lakita Johnson, Shanikqua Freeman, The motion was approved. There being no further discussion, the Chair closed item #7. The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. No Discussion ensued.
BOARD MEMBER COMMENTS		
		Notice: Supervisor Joe Baca, Jr. has resumed his role as Chair of the Continuum of Care (CoC) Board, following his previous recusal, and Annette Florez returned her role as secretary.
		The Chair opened the floor for comments from the Continuum of Care (CoC) Board members. Discussion ensued: • Sandra Ibarra–Requested reports be made. • Paul Fournier–Mentioned nominations for board positions, RSC, Agencies, are coming up to consider who should be on the board. • Kim Williams– Thanked the Grant Committee. • Tyrese Crawford– Addressed training and Zazette Scott's public comment and thanked Darryl Evey for his comment.
ADJOURNMENT		
		Meeting adjourned at 10:50am
		Next Meeting:

		October 28, 2026 Performance, Education, Resource Center 217 East Club Center Drive Suite A San Bernardino, CA 92408

San Bernardino County Homeless Partnership
San Bernardino County Continuum of Care
Administrative Entity Office
560 E. Hospitality Lane, Suite 200, San Bernardino, CA 92408-0044
Office: (909) 501-0610

July 24, 2026

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
451 7th Street, S.W.
Washington DC 20410

RE: RE: Youth Homelessness System Improvement & Youth Homelessness Demonstration Program Application

To Whom It May Concern,

On behalf of the San Bernardino City and County Continuum of Care (CoC), I am writing to express my support for Family Assistance Program's application for the FY 2024 and FY 2025 Youth Homelessness Demonstration Program (YHDP) and Youth Homelessness System Improvement (YHSI) Grant Programs. If approved, the project will provide transitional housing and supportive services for homeless youth while also improving San Bernardino County's youth homelessness response system.

Family Assistance Program has been serving San Bernardino County since 1985. The agency has nearly four decades of experience providing housing and supportive services to vulnerable populations, including homeless and runaway youths. For more than 15 years, the agency has offered youth programming, including drop-in center services, street outreach, in-school advocacy, emergency shelter, and transitional housing. In 2025, the agency provided transitional housing and emergency shelter to 242 youths and served 594 youths through its community drop-in centers.

Since 2022, Family Assistance Program has been the lead agency for a HUD CoC-funded Joint Transitional Housing and Rapid Re-Housing project, which provides housing for survivors of domestic violence. They also oversee the Youth Coordinated Entry System, helping youth to connect to housing and supportive services across San Bernardino County.

Youth homelessness remains a major issue in San Bernardino County. According to the County's 2026 Point-in-Time Count, 361 youths experienced homelessness. Among homeless students, 88% live in overcrowded households, 6% live in motels, 4% live in shelters, and 2% live unsheltered. Family Assistance Program will address youth homelessness by offering transitional housing and supportive services for up to 24 months, including case management, employment and educational support, public benefits assistance, and life skills training.

I hope you will consider Family Assistance Program's proposal, as it offers the potential to provide meaningful and lasting support for homeless youth in San Bernardino County.

Respectfully,

Supervisor Joe Baca Jr.
Chair,
San Bernardino County Continuum of Care

San Bernardino County Homeless Partnership

San Bernardino County Continuum of Care
Administrative Entity Office
560 E. Hospitality Lane, Suite 200, San Bernardino, CA 92408-0044
Office: (909) 501-0610

SBCHP
San Bernardino County
HOMELESS PARTNERSHIP

August 17, 2026

Family and Youth Services Bureau
330 C Street, SW
Washington, DC 20201

RE: Family Assistance Program - Primary Prevention Youth Homelessness Demonstration Program

To Whom It May Concern,

I am writing in support of Family Assistance Program's application for the Primary Prevention Youth Homelessness Demonstration Program. This project will help San Bernardino County identify young people at risk of homelessness earlier and connect them and their families with support before they become homeless. I believe this program will have a tremendous impact on the lives of at-risk youth.

Family Assistance Program has been an active partner in our community for many years. The organization participates in the San Bernardino County Continuum of Care, serves on multiple committees, and manages the Youth Advisory Board. They also oversee the Youth Coordinated Entry System, helping youth connect to housing and supportive services across the county. Through this work, Family Assistance Program has built strong relationships with organizations and systems that serve youth.

Family Assistance Program has served San Bernardino County since 1985 and has provided youth-focused services for more than 15 years, including street outreach, drop-in center services, emergency shelter, care coordination, and transitional housing. In 2025, Family Assistance Program provided emergency housing and supportive services to 481 youth ages 11 to 17 throughout the county. This experience has given the organization valuable insight into the challenges that can put young people at risk of homelessness.

Preventing youth homelessness takes all of us working together. This project will build on existing partnerships across San Bernardino County to identify risks earlier, connect youth and families with resources, and address challenges before they lead to homelessness.

As Chair of the San Bernardino County Continuum of Care, I support Family Assistance Program's efforts to strengthen our community's response to youth homelessness and help more young people remain safe and stable. I encourage you to give this application your full and fair consideration consistent with all applicable laws and regulations.

Sincerely,

Supervisor Joe Baca Jr.
Chair,
San Bernardino County Continuum of Care

Office of Homeless Services
560 East Hospitality Lane, Suite 200 • San Bernardino, CA 92415-0044
Phone: (909) 501-0610 • Fax: (909) 501-0622
Email: ohs@hss.sbcounty.gov • Website: http://www.sbchp.sbcounty.gov

Continuum of Care (CoC) Board 2027 Meeting Schedule

Date: October 28, 2026

Presenter: Supervisor Joe Baca Jr.

Meetings will be held on the 4th Wednesday of the months listed below from 9-11 am. The address for the meetings along with the agenda packets will be provided through the OHS mailbox at least 72 hours in advance of the meeting in accordance with the Brown Act.

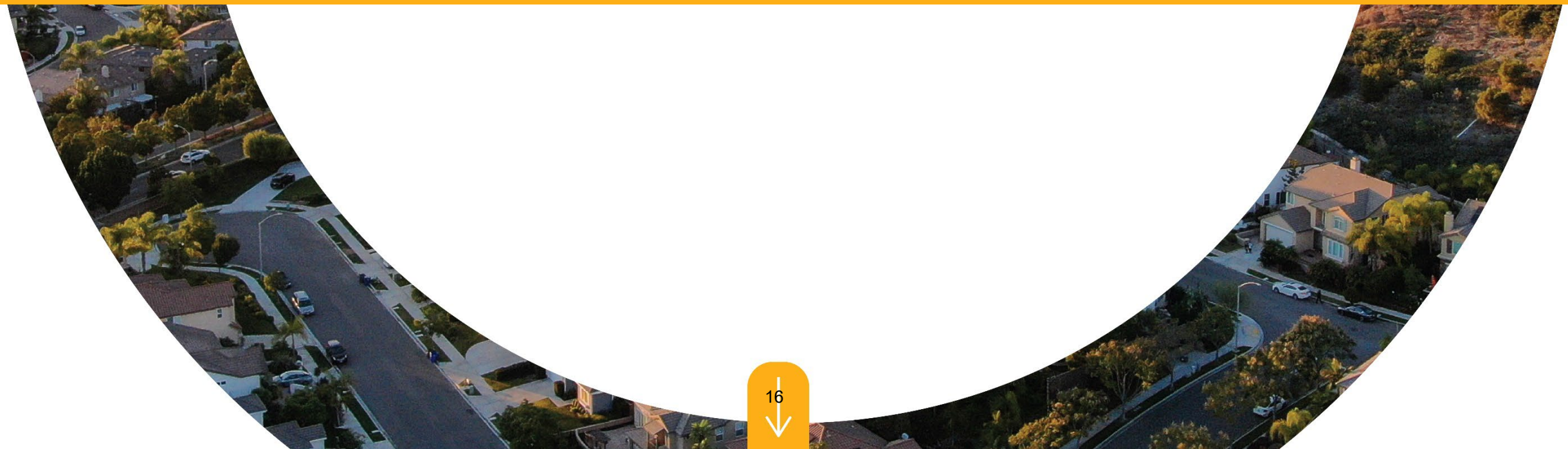
The following are the proposed meeting dates for 2027, but special sessions may be added as needed to discuss critical matters as determined by the CoC Chair.

Date and meeting Location
January 27, 2027
February 24, 2027
April 28, 2027
June 23, 2027
August 25, 2027
October 27, 2027
November-**DARK**
December-**DARK**

Item #5

SAN BERNARDINO COUNTY

2027 POINT-IN-TIME COUNT



2027 PITC

San Bernardino County Continuum of Care (CoC) will conduct their Point in Time Count (PITC) on Thursday,
January 28, 2027, from 6 a.m. – 10 a.m.

The PITC is a:

- Count of sheltered and unsheltered people experiencing homelessness
- Literal count (snapshot) of all the people experiencing homelessness in our community on a single night in January

2027 PITC

Federal Requirements

The U.S. Department of Housing and Urban Development (HUD) requires all CoCs receiving McKinney-Vento Homeless Assistance Grants to conduct an annual count of **sheltered** homeless individuals (in emergency shelters, transitional housing, and Safe Havens) during a single night in the **final 10 days of January**.

Unsheltered counts are federally required at least every other year (in odd-numbered years), though many communities choose to perform them annually to:

- track homelessness trends
- guide local service planning
- Identifying sub-population shifts
- PITC data is submitted to HUD through the Homeless Data Exchange (HDX)

PITC

WHY IS IT CONDUCTED IN JANUARY?

The PITC is conducted by every Continuum of Care (CoC) nationwide in the last 10 days of January

- **The same timeframe ensures:**
  - Consistency across the United States
  - Trends are monitored appropriately
- **The count is set for a night in winter because each CoC is most likely maximizing its resources to serve people's needs**
  - This timing provides a more precise picture of who is unable to access emergency shelter or other crisis response assistance
- **Done at end of the month to ensure people who can only pay for temporary housing part of the month are included in the count**

2027 PITC

Countywide Planning & Coordination

Office of Homeless Services
Lead coordination, methodology, training, communications, and reporting.

City PITC Leads
Local planning, geographic knowledge, volunteer coordination and day-of deployment.

Providers & Partners
Sheltered data, outreach experience, local knowledge and field participation.

Regional Coordination
Support coverage and connections across San Bernardino County regions.

Volunteers
Complete training and carry out assigned count activities using approved procedures.

2027 PITC

Training for Volunteers

- Regional Training
  - One in-person training per region
- Two Virtual training – 1 evening and 1 during work hours
- *New – **Office Hours** for technical assistance with the ArcGIS Survey123 app
- *New – self-paced online Training Module
- Materials and Trainings will be posted on the SBCHP website

Volunteer Registration will open by November 5th after the PITC Leads Kick off meeting.

2027 PITC PIT PLUS

PITC tells us who is experiencing homelessness. PIT Plus creates an opportunity to respond during the count.

Pit Plus Connects and Responds:

- Field teams note individuals who request assistance during PITC engagement.
- The Command Center and participating partners match needs with available services, eligibility, and capacity.
- When possible, partners facilitate placement, transportation or other immediate support; unresolved requests are documented for outreach follow-up.

2027 PITC

Tool Kit for City Leads

A practical resource to support consistent planning, communication, and participation across the CoC.

- The Toolkit provides a consistent reference for partners; city leads and the CoC.
- Toolkit materials can support recruitment, training, field readiness and consistent messaging across the CoC.

The Toolkit will be released at the City Lead Kick-Off Meeting on November 5, 2026. A copy will also be emailed to CoC Board Members and Regional Steering Committee Co-Chairs.

Additional Information

This year City Deployment Centers will receive volunteer bags, volunteer t-shirts, and incentive hygiene bags.

- Volunteer Appreciation Bags – small bag containing practical items to be used during field operations to help volunteers stay prepared and comfortable during the PITC.
- Incentive Hygiene Bags – backpacks containing essential hygiene and personal care items will be provided to PITC survey participants as an acknowledgement for their time and participation in the 2027 PITC Survey.

Final Report is expected to be completed by late Spring 2027

QUESTIONS?

Claudia Doyle

909-501-0617

Claudia.Doyle@hss.sbcounty.gov

Annette Florez

909-501-0645

Annette.Florez@hss.sbcounty.gov

SAN BERNARDINO COUNTY

www.SBCounty.gov

CONGRATULATIONS

To the Newly Elected
Continuum of Care Board Members and CoC Facilitators

Member Representation	CoC Board Member
Board of Supervisors	Supervisor Joe Baca Jr.
San Bernardino County Human Services	Gilbert Ramos
Director Community Development & Housing	Derek Armstrong
San Bernardino County Superintendent of Schools	Tyrese Crawford
Stakeholder City Representative	David Rabindranath
Government Representative elected through the CoC Nominating process	Acquanetta Warren
Member At-Large Consumer	Timothy (Pluto) Monsalve
	Donna Blanton
Member At-Large	Shanikqua (Shaq) Freeman
	Erika Lewis-Huntley
	Rishad Mitha
	Robert Carrillo
	Jonathan Ingles
Service Provider	Susan (Sue) Walker
	Sharon Green
	Antoinette (Nettie) Jackson
	Kim Williams
	ZaZette Scott
	Marisela Manzo

CoC Facilitators
Darryl Evey
Kyra Stewart

CoC Action Plan

- Summary/Recap
- Regional Priorities
- Call to action

What? Why?

What is a Strategic Plan? Why have one?

- A comprehensive roadmap for the entire Continuum of Care:
  - Vision and mission
  - Goals
  - Implementation plan
  - Monitoring and evaluation
- Help to understand gaps, needs, resources and successes for the entire County
- Develop a cohesive vision and direction that accounts for all regions
- Allocate resources, align efforts and improve coordination to meet vision and goals

Vision, Mission and Guiding Principles

Vision Statement

- All individuals and families across San Bernardino County, regardless of their economic conditions, will have access to safe, secure, stable, affordable, permanent housing and needed supportive services.

Mission Statement

- To collaborate across all regions and sectors in the county, using a person-centered approach, to connect individuals and families to a diverse range of supportive services and long-term sustainable housing that fits their unique needs.

Guiding Principles

Housing is a Human Right

Every individual deserves to be treated with respect, dignity and empathy, regardless of their circumstances. Solutions need to be designed around the person, not program rules. Prioritizing the physical and emotional well-being of every person in the county can empower people to build independence and self-sufficiency.

Housing is a Social Determinant of Health

Housing is needed to ensure health, safety, and stability for all individuals and families in the region. However, stability depends on income and opportunity, not just housing placement.

Strong Decision-Making is guided by Data and Evidence

Data-driven solutions rely on evidence, not assumptions. Continuous learning and evaluation should be core to the approach to reduce and end homelessness.

Creative and Innovative Solutions will Benefit the Entire Community

Housing and service providers need to embrace creative, evidence-based approaches that will prevent and end homelessness. They can rely on flexibility and creativity in addressing barriers to housing, employment, and stability. The work should inspire belief and hope in the possibility of change

It is Essential to Value the Voices of People with Lived Experience

People who have lived experience of homelessness have unique voices and roles in the design of solutions to prevent and end homelessness. The community needs to create a variety of opportunities to understand their point of view and respond to their concerns.

There is Shared Ownership and Responsibility for the Homelessness Crisis

No one can sit by without acting. As a region, we must partner collaboratively – with County departments, community-based organizations, Cities, businesses, neighbors, and individuals – to be responsible and accountable together for responding to homelessness. We can no longer work in siloes and should avoid duplication of effort.

The Disparities that Exist Across the Homeless System of Care Can't Be Ignored

Racial, gender, sexual orientation, and other inequities persist and need to be addressed so that all county residents can equitably access fair housing, resources, and opportunities. Systems must identify and serve everyone in need, even when they are not visible in traditional data sources.

5 Major Goals for Next 5 Years

1. Increase permanent and affordable housing capacity and provide the resources needed to ensure people can maintain stable housing
2. Improve information, coordination, and collaboration between County agencies, Cities, the CoC and Regional Steering Committees
3. Improve and expand shelter, interim housing, and low-barrier services
4. Develop and invest in a CoC-wide prevention and diversion program, which lowers the barriers for people at risk of or experiencing homelessness to access services and housing by providing an improved education and resource program
5. Strengthen the homeless response system so that it is data-driven, fair, and results-oriented

Big Picture Concepts

1. This is a living document. It is intended to move us forward and help us measure progress.
2. It is to be visited regularly, not put on a shelf to be admired.
3. It is both CoC-wide and region-specific.
4. Regional strategies are set, maintained, monitored and modified by the regions themselves to achieve the 5 goals.
5. It requires participation by all interested parties.
6. County and regional dashboards to track progress.

Call to Action – Get Involved

Region	Primary Coverage Areas	Co-chairs	Regional meeting day/time
Central Valley	Colton, Fontana, Grand Terrace, Highland, Loma Linda, Rialto, Redlands, San Bernardino, Yucaipa	**Mark Nuaimi** markn@wateroflifecc.org **Zazette Scott** zazette45@gmail.com **Jonathan Hernandez** marjohhernandez@fontanaca.gov	**1st Weds, 1-3pm**
West Valley	Fontana, Ontario, Rancho Cucamonga, Chino, Upland, Montclair	**Don Smith** donsmithsolutions@outlook.com **Erika Lewis-Huntley** erika.lewis-huntley@cityofrc.us	**2nd Weds, 9-11am**
High Desert	Victorville, Barstow, Apple Valley, Hesperia, Adelanto	**Nettie Jackson** ajackson@symbacenter.org **Amanda Uptergrove** auptergrove@adelantoca.gov	**2nd Tues, 2-4pm**
East Desert	Joshua Tree, 29 Palms, Morongo Valley	**Robin Schlosser** director@reachout29.org **April Ramirez** aramirez@29palms.org **Christina Benton** cbenton@29palms.org	**3rd Thu, 10-11:30am**
Mountains	Lake Arrowhead, Big Bear Lake, Running Springs, Crestline	**Wendell Wilson** wendellw@mtnhomeless.com **Paul Fournier** paul@bigwins.group	**2nd Mon, 1:30-3pm**

To be added to the mailing list for Regional Steering Committee meetings, please email the Office of Homeless Services at

OHS@hss.sbcounty.gov

ON OUR WAY HOME:

The San Bernardino CoC Regional Action Plan on Homelessness

2026 - 2030

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Executive Summary

Over the past several years, like so much of the nation, San Bernardino County (the county) has seen a massive increase in homelessness among its residents. Since 2019, the number of people who are homeless there has increased 47%. In 2025, this meant that 3,837 people were experiencing homelessness. Of these, more than half (69%) were living unsheltered, meaning that they are sleeping outside, in tents, vehicles, abandoned buildings or other places not meant for human habitation. At the same time, the cost of living in the county is more expensive than ever. Median rents have spiked 46% since 2019, a number which far outpaces income growth, and leaves nearly one-third of the county's renters severely cost-burdened.

San Bernardino is an immense and diverse county. To account for this, homeless response through the Continuum of Care (CoC) is divided into five regions to ensure that need and service delivery are tailored to the local population. Across these five regions there are profound geographic and cultural differences, as well as an imbalance in resources, shelter and housing. At the same time, each of the regions must work together as a unified Continuum to coordinate efforts and align services across the county.

With all of this in mind, On Our Way Home: The San Bernardino CoC Regional Action Plan on Homelessness 2026-2030 is a comprehensive roadmap designed to address and end homelessness through a coordinated, regional approach. The plan addresses the unique geographic and economic challenges of each region to ensure that residents have an equitable pathway to stability regardless of their location.

The success of this plan hinges on the pursuit of its five core goals: expanding permanent and affordable housing, formalizing system coordination, increasing low-barrier shelter options, investing in prevention and diversion, and maintaining a data-driven infrastructure. Grounded in the guiding principles that housing is a human right and a social determinant of health, the CoC is committed to a system that prioritizes the voices of those with lived experience and aggressively confronts racial and geographic disparities.

This plan is intended to be a living document, evolving alongside the needs of the community while maintaining strict accountability through measurable performance targets and transparent data sharing. Ending homelessness in San Bernardino County is a shared responsibility that requires the sustained collaboration of County departments, city governments, service providers, and the community at large. By executing these strategies with urgency and empathy, the CoC aims to realize its vision: a future where every individual and family in the county has access to a safe, secure, and permanent home

Introduction

On Our Way Home: The San Bernardino CoC Regional Action Plan on Homelessness 2026-2030 (the Plan) provides a clear roadmap to strengthen homelessness response by the CoC and throughout the county. It outlines the Continuum's vision, mission and core priorities, aligning current efforts, resources, and initiatives to the goals and strategies it puts forth.

San Bernardino County

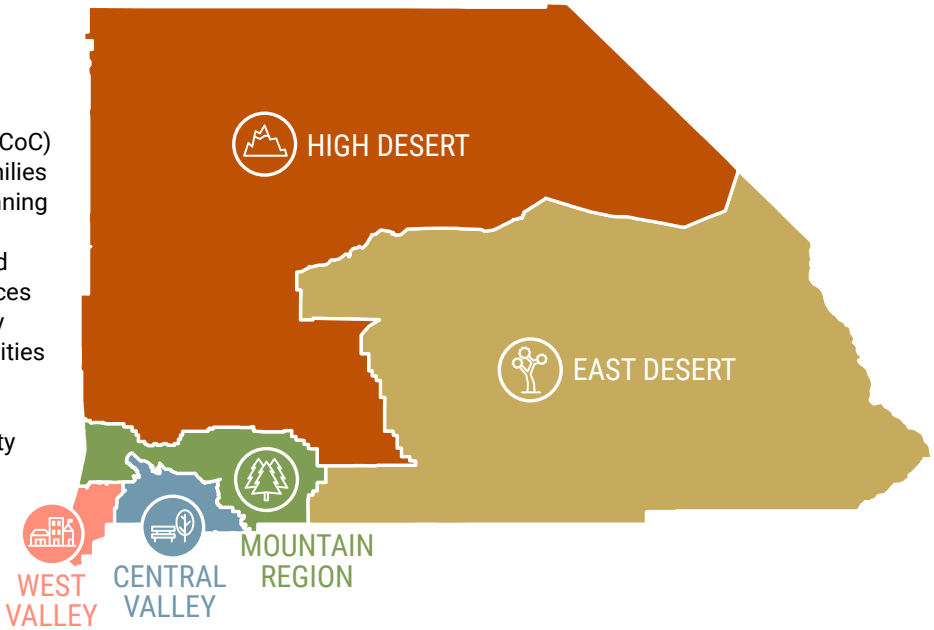
As the largest county in the contiguous United States, San Bernardino County encompasses a vast and diverse geographic area, from suburban communities near Los Angeles to rural mountain and desert regions. Located in southeastern California, it has a population of over 2.2 million residents, making it the fifth most populous County in California and more populous than 15 states.

In 2024, more than 250,000 of these residents (13% of the total population) lived below the federal poverty level. The county's median household income is $88,924, which is about 12% lower than the California median. However, recent numbers suggest that incomes in San Bernardino are rising more quickly than elsewhere in the state, increasing by 30% since 2019 compared to 26% statewide.

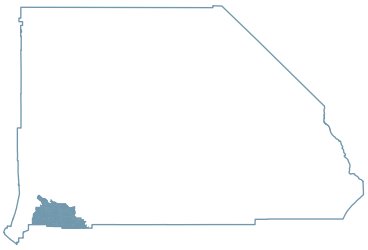
Despite these gains, increases in the cost of living in the county outpace rising incomes. According to the U.S. Census Bureau, the median rent in the area increased by 46% since 2019. Close to one third of renters in the county are considered severely cost burdened, meaning that more than 50% of their income goes to rent.

The San Bernardino County CoC

The San Bernardino County Continuum of Care (the CoC) coordinates housing and services for homeless families and individuals across the county. The CoC is a planning body, comprised of housing and service providers, municipalities, community-based organizations, and others. Because of its size and diversity, the CoC faces unique challenges in developing a cohesive strategy that also responds to the distinct needs of communities across the county.

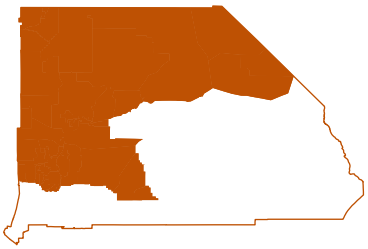


To help attend to the breadth and scope of the county and its residents, the CoC is organized into five Regional Steering Committees (RSCs) based on geography which enables more effective, customized, and timely regional coordination and service delivery. Through the RSCs, homeless service providers and their partners coordinate the delivery of services available throughout the CoC. All five RSCs participate in the CoC-wide Coordinated Entry System (CES) (a system for identifying, assessing, referring and connecting people to housing and homeless assistance) and the Homeless Management Information System (HMIS) (a database that collects client-level data on homelessness). In addition, the RSCs collaborate with one another through the CoC's Board and Committees. Information about the five RSCs is provided below, as well as in customized, specific Regional Implementation Plans.



Central Valley RSC

The Central Valley region is home to many of the county's most urban and suburban parts, including cities such as San Bernardino, Fontana and Redlands. The Central Valley is the population and service hub of the county and contains a high concentration of shelter services, health care facilities, and outreach programs. The area faces a massive housing affordability crisis, especially as people from nearby counties get priced out of their own housing markets. According to the 2025 Point-in-Time count (PITC), the Central Valley had the highest number of people experiencing both sheltered and unsheltered homelessness in the county.

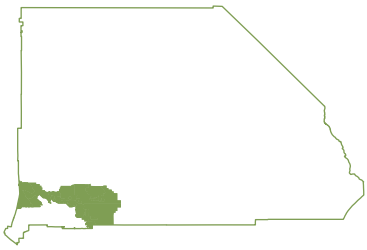


High Desert RSC

The High Desert region covers an expansive, largely rural area that also includes cities such as Victorville, Barstow, Apple Valley, and Hesperia. Over recent years the population has grown in this region, especially relative to other more urban counterparts. The area's extreme temperatures and limited water resources present challenges for people experiencing housing instability and homelessness. The region's geographic size presents access issues; it is not easy for residents to obtain health care, behavioral health services, housing and other supportive services, especially in the High Desert's more rural and isolated areas. Local providers lack the capacity or staff to provide the mobile and flexible outreach required to serve area residents. In the 2025 PITC, the High Desert experienced a marked increase in the number of people living in shelters, alongside a similar decrease in the number of people living unsheltered.

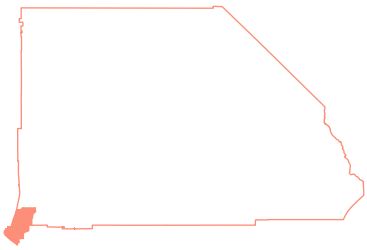
East Desert RSC

The East Desert region, which stretches to the Arizona border, includes Joshua Tree National Park and many smaller, more remote communities like Twentynine Palms, Needles, and Yucca Valley. Despite having the lowest unemployment in the county, the East Desert has the highest percentage of people living in poverty, according to the U.S. Census Bureau. In addition to its extreme geographic challenges, there is an insufficient supply of local shelters, behavioral health providers, and homeless services. Severe weather, transportation deserts, and areas of isolation impact unhoused residents and make regional collaboration and mobile service delivery critical. There is also a relative dearth of County and CoC presence in the East Desert. The area's challenges are compounded by the booming short-term rental market, which has led to a decline in the supply of long-term rentals and a sharp increase in the cost to buy a home. Multi-family housing is also limited.



Mountain RSC

The Mountain region is comprised of the San Bernardino Mountains and its communities, such as Big Bear Lake, Lake Arrowhead, and Running Springs. It is a popular year-round tourist destination where many of the properties are either vacation homes or, increasingly, short-term rentals. This leads to an extremely high vacancy rate of 57% according to the U.S. Census Bureau, meaning that more than half of the total rental units in the region are unoccupied at any given time. The 2025 PITC indicated that the Mountain Region has the least number of people experiencing homelessness, but individuals are dispersed throughout the geography. Transportation to and from the area is extremely limited, making access difficult, especially during winter storms or wildfire threats.



West Valley RSC

The West Valley includes some of the most suburban and economically developed parts of the county, including cities like Ontario, Rancho Cucamonga, and Upland. It benefits from its proximity to Los Angeles, with access to a skilled workforce, diversified economy, and a strong logistics, retail, and manufacturing presence. The West Valley has experienced rapid growth in recent years, which has introduced infrastructure and housing development challenges, while also increasing diversity and the need for more culturally competent providers. The U.S. Census Bureau indicates that it is the second most populated region in the county, with the highest median income and median rents. The West Valley also has the lowest vacancy rates in the county, at only 4%. According to the PITC, the number of people experiencing unsheltered homelessness in the region has steadily increased between 2022 and 2025.

Summary of Previous Planning Efforts

Builds on the past efforts of the CoC, its RSCs, the County of San Bernardino, and its cities, which have previously or are currently engaged in various individual and collective strategic planning efforts.

In 2019, San Bernardino County, multiple local cities, and the CoC developed the San Bernardino Homeless Action Plan: A Multi-Jurisdiction Approach. The 2019 Plan outlines community-driven steps to address homelessness, with the goal to align jurisdictions, data sources, intake and assessment processes, interventions, subpopulation focus, and funding sources.

In 2022, San Bernardino County developed the Homeless Strategic Action Plan: Homeless to Home, which focuses on increasing coordination across County departments, expanding the impact of housing and homeless programs, and strengthening partnerships to achieve a collective impact. The County plan uses a data-driven approach to allocate resources, services, and programs effectively. The County is currently in the process of updating the plan for 2026 and beyond.

San Bernardino County's Consolidated Plan (2025-2030) identifies and prioritizes the county's community development and housing needs. The Consolidated Plan outlines a strategic approach to distributing federal grant money to areas with the greatest needs. The County of San Bernardino is the lead on developing the plan with participation from several cooperating cities and unincorporated areas.

The San Bernardino Council of Governments (SBCOG) is currently launching a Homeless Strategic Plan that will include all 24 cities and 5 County Supervisorial Districts in the planning effort.

Coordination and planning across all five RSCs have generally occurred informally, outside of the broader county planning efforts. Within each RSC, providers have built strong collaborative partnerships, however, formal RSC plans have not been developed.

Overview of the Five-Year Plan

Like many communities across the country, San Bernardino County is experiencing an increase in homelessness, particularly unsheltered homelessness. This ongoing challenge requires a coordinated response that unites the CoC around shared goals, while also recognizing the unique needs, strengths, and resources of each RSC.

The CoC developed On Our Way Home: The San Bernardino CoC Regional Action Plan on Homelessness 2026-2030 in partnership with all five RSCs and other key partners. Its aims to establish clear, practical strategies to strengthen and expand the overall homelessness response system so that it is coordinated across the county, informed by the unique concerns of each region, and grounded in equity, to address and end homelessness in San Bernardino County.

VISION

All individuals and families across San Bernardino County, regardless of their economic conditions, will have access to safe, secure, stable, affordable, permanent housing and needed supportive services.

MISSION

To collaborate across all regions and sectors in the county, using a person-centered approach, to connect individuals and families to a diverse range of supportive services and long-term sustainable housing that fits their unique needs.

Guiding Principles

Housing is a Human Right

Every individual deserves to be treated with respect, dignity and empathy, regardless of their circumstances. Solutions need to be designed around the person, not program rules. Prioritizing the physical and emotional well-being of every person in the county can empower people to build independence and self-sufficiency.

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Housing is needed to ensure health, safety, and stability for all individuals and families in the region. However, stability depends on income and opportunity, not just housing placement.

Strong Decision-Making is guided by Data and Evidence

Data-driven solutions rely on evidence, not assumptions. Continuous learning and evaluation should be core to the approach to reduce and end homelessness.

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Housing and service providers need to embrace creative, evidence-based approaches that will prevent and end homelessness. They can rely on flexibility and creativity in addressing barriers to housing, employment, and stability. The work should inspire belief and hope in the possibility of change

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People who have lived experience of homelessness have unique voices and roles in the design of solutions to prevent and end homelessness. The community needs to create a variety of opportunities to understand their point of view and respond to their concerns.

There is Shared Ownership and Responsibility for the Homelessness Crisis

No one can sit by without acting. As a region, we must partner collaboratively – with County departments, community-based organizations, Cities, businesses, neighbors, and individuals – to be responsible and accountable together for responding to homelessness. We can no longer work in siloes and should avoid duplication of effort.

The Disparities that Exist Across the Homeless System of Care Can't Be Ignored

Racial, gender, sexual orientation, and other inequities persist and need to be addressed so that all county residents can equitably access fair housing, resources, and opportunities. Systems must identify and serve everyone in need, even when they are not visible in traditional data sources.

Goals and Strategies

Over the next five years, the CoC will unite around bold, targeted strategies to dramatically reduce homelessness in the county, guided by key goals to drive measurable change and transform lives:

GOAL 1
Permanent and Affordable Housing

Increase permanent and affordable housing capacity and provide the resources needed to ensure people can maintain stable housing.

GOAL 2
Coordination

Improve information, coordination, and collaboration between County Departments, Cities, the CoC, and RSCs.

GOAL 3
Shelter and Services

Improve and expand shelter, interim housing, and low-barrier services.

GOAL 4
Prevention and Diversion

Develop and invest in a CoC-wide prevention and diversion program, including an improved education and resource effort, to lower barriers to housing and services for people at risk of or experiencing homelessness.

GOAL 5
Data and Performance

Strengthen the homeless response system so that it is data-driven, fair, and results-oriented

The Planning Process

Over the course of more than a year, the CoC collected and analyzed data from sources and individuals across the county. The CoC used the data to build this Plan by identifying local gaps and needs, highlighting workable solutions to address them, and developing the language and structure for the plan and its implementation.

An in-depth review of existing **qualitative and quantitative data** including from the annual PITC; HMIS; the Housing Inventory Count (HIC); System Performance Measures (SPMs); the U.S. Department of Housing and Urban Development's Comprehensive Housing Affordability Strategy (CHAS); the U.S. Census Bureau data; CoC policies and procedures; and past strategic plans. See Appendix B for additional information.

A **SWOT analysis** done by each of the five RSCs and their members; monthly meetings with RSC leaders from all five RSCs; regular meetings with the staff of the County's Office of Homeless Services (OHS), as well as presentations and discussions at CoC regular membership meetings and a **half-day workshop** with more than 100 CoC members in November 2025.

Focus Groups of people with lived expertise of homelessness or housing instability from each of the five regions of the CoC (see Appendix C); **focus groups and interviews** with County staff from Departments that touch the homelessness response system.

A **communitywide survey** with more than 350 respondents, including community members, interest holders, housing and service providers, neighbors, businesses, and people with lived experience of homelessness. (See Appendix D for more information about survey results.)

Homelessness in San Bernardino County

IN 2025

8,657† people
were served by the CoC

Representing
5,429† individual households

3,837* people were **experiencing homelessness** in San Bernardino County on any given night.

69%* were unsheltered, living in places not meant for human habitation such as on the streets and in tents, vehicles and makeshift shelters.

Of those who were living unsheltered*

66%	12%	18%	2%	2%
Central Valley	High Desert	West Valley	Mountain Region	East Desert

Of those who were living sheltered*

59%	30%	7%	1%	3%
Central Valley	High Desert	West Valley	Mountain Region	East Desert

45%† were people in families with children.

38%† had a disabling condition

20%† had experienced domestic violence

14%† were Veterans

38%* were chronically homeless
meaning that they experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition

57%† of households were experiencing homelessness for the first time

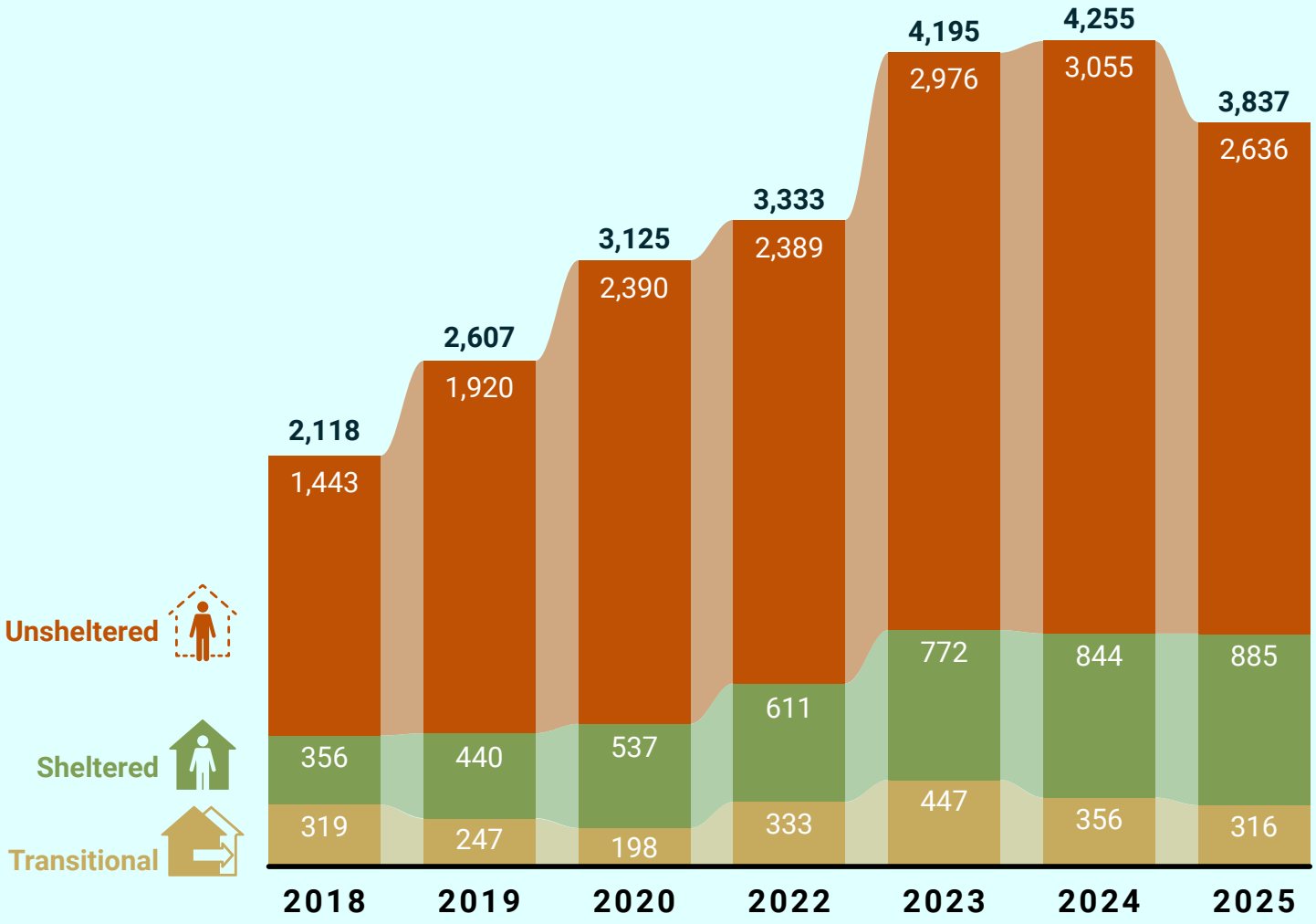
A Note About Data

This report draws on a range of data sources, including the Homeless Management Information System (HMIS), Point-in-Time Count (PITC), and data from the U.S. Census Bureau, among others. Each source provides a different lens on homelessness: HMIS offers ongoing, service-based data of individuals who interacted with the homeless system of care, PITC captures a snapshot of homelessness on a single night, and Census data provides broader demographic and housing context. Because homelessness is complex and often undercounted, no single dataset can fully represent its scope or characteristics.

To present a more complete and accurate picture, this report integrates information from these varied sources. It is important to note that these datasets may cover different time periods, use distinct methodologies, or define key terms differently. As a result, comparisons across sources should be interpreted with care. Together, however, they offer a more comprehensive understanding of homelessness trends, needs, and gaps within the community.

* from the 2025 PITC (PIT count) † from HMIS data from the 2025 fiscal year

PITC 2018-2025



The 2025 PITC showed a 10% decrease from 2024, including a 14% decrease in people living unsheltered. Despite this recent decrease, the most recent PITC results still represent a significant upward trend in recent years, with homelessness increasing 47% since 2019.

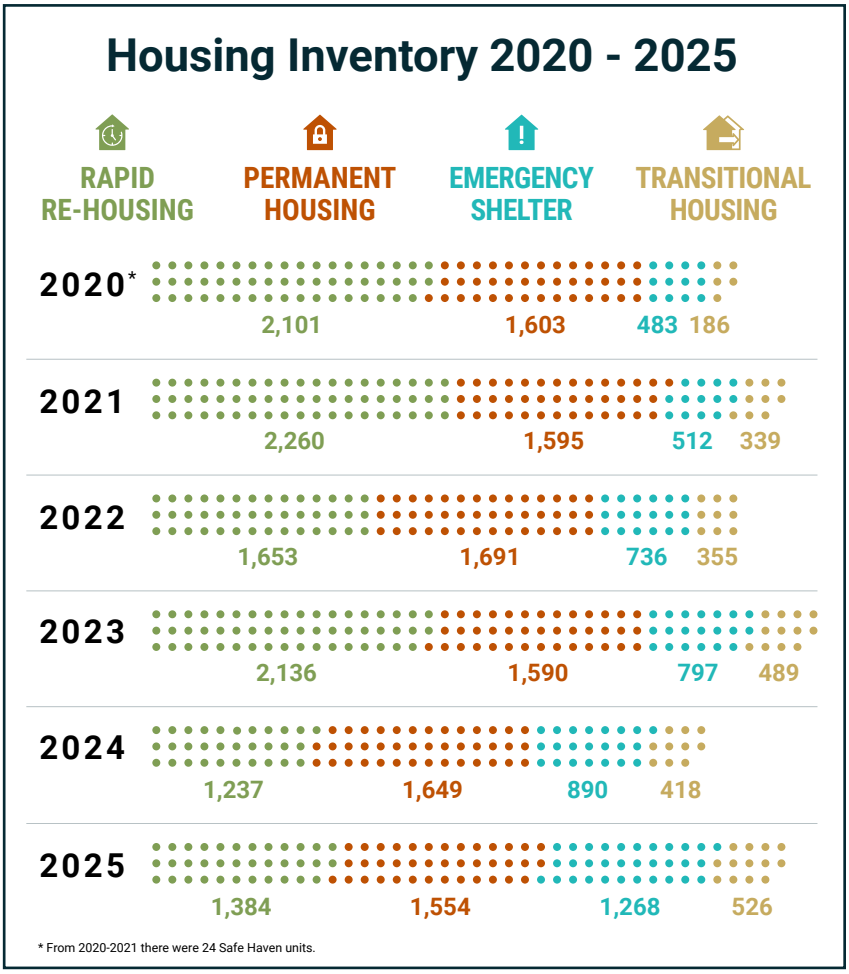
Current Efforts to Reduce Homelessness in San Bernardino County

This section provides a high-level snapshot of the county's homeless response system, highlighting the key programs, partnerships, and resources working together to reduce homelessness and support long-term housing stability.

Countywide Shelter and Housing Capacity[1]

San Bernardino's shelter and housing capacity refers to the total number of people or households who can be served at any given time within the homeless response system. It includes available beds or units across different types of programs, such as emergency shelters, transitional housing, rapid rehousing and permanent supportive housing. In practical terms, these numbers represent the system's ability to move people experiencing homelessness into stable, long-term housing.

Over the past several years the number and nature of available shelter and housing beds across San Bernardino has changed dramatically. Much of this has to do with the emergence and eventual loss of COVID-era funding programs, which helped to create temporary housing opportunities. Thus, between 2023 and 2024, when many of the federal and state programs ended, the total available beds in the county decreased significantly by 16%. In sum, the county lost 899 rapid rehousing beds during this period. At the same time, there was an increase in permanent supportive housing (59 more beds) and emergency shelter (93) beds, but it was not enough to offset the loss.



[1] Information about shelter and housing capacity in San Bernardino County comes from the CoC's Housing Inventory Count (HIC), completed annually during the last 10 days of January. The HIC provides an annual snapshot of shelter and bed inventory which allows the CoC to track changes over time. All the data in this section is pulled from the CoC's HIC data from January 2025 unless otherwise indicated.

By 2025, however, the county increased the number of beds available for every type, except permanent housing, which declined 6%, resulting in a 2025 total bed count close to 90% of 2023 levels.

As of January 2025, San Bernardino had

1,268
Emergency Shelter Beds

526
Transitional Housing Beds

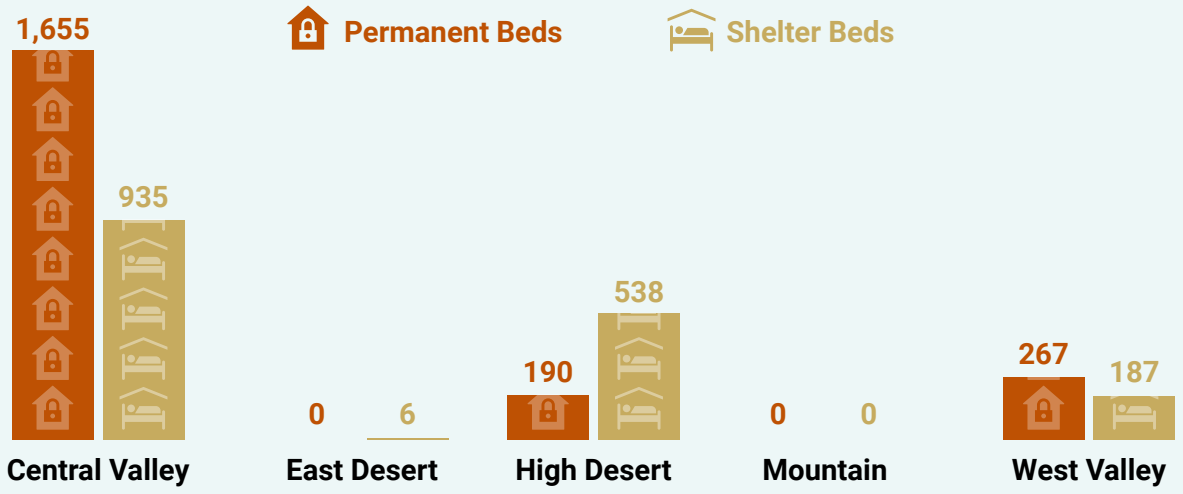
1,384
Households in Rapid Re-Housing beds

1,554
Permanent Housing

Regional Patterns of Need and Capacity

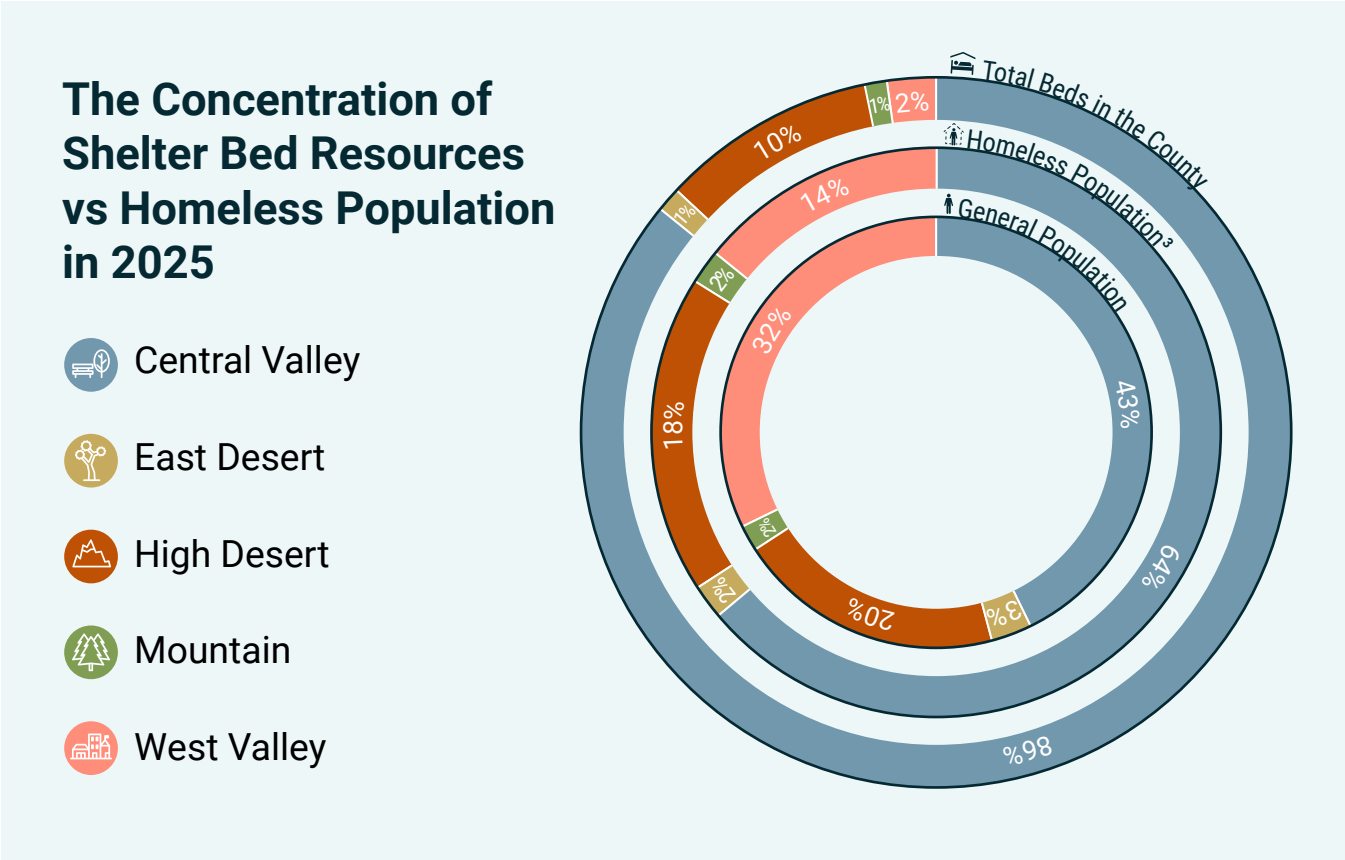
Just as bed availability and system capacity fluctuate over time at the county level, inventory is also unevenly distributed across regions. This reflects important differences in regional population, local needs, service patterns, and resource availability.

Housing and Bed Inventory by Region (2022-2027)[2]



[2] The data in this chart is based on voluntary self-reporting by individual cities about the number of permanent and shelter beds built or in the pipeline from 2022-2027 and may be incomplete or inaccurate. Nevertheless, it is included because it provides a useful illustration of the trends in housing inventory across the county.

The planned and existing investments in housing and shelter beds show a strong concentration of resources in the Central Valley, with comparatively limited capacity in other regions. This pattern is reinforced in broader system data, which shows a geographic imbalance between population, need, and available resources.



The Central Valley, for example, represents 43% of the general population and 64% of the homeless population. However, as the primary hub for both need and services it contains a disproportionate 86% of all beds available throughout the county. In contrast, the West Valley is home to 32% of the county's general population and 14% of its homeless population, but has only 2% of beds, indicating a significant gap between local need and capacity. The High Desert shows a smaller but similar imbalance, with moderate population and need but comparatively limited resources. The East Desert and Mountain regions account for smaller shares of both general population and the PITC, and each contains only 1% of the county's beds.

Taken together, the data indicate a system in which resources are heavily centralized in the Central Valley's hub, with other regions experiencing comparatively limited capacity relative to both population and need.

[3] These numbers are based on the 2025 PITC which provides a snapshot of homelessness on a single night and does not capture the full scope or dynamics of homelessness throughout the year. It may undercount certain populations, including those who are unsheltered but not visible, those temporarily doubled up, or those who avoid enumeration efforts.

Performance of the Current Homeless Service System

All CoCs across the country are required to report System Performance Measures (SPM) annually to HUD. The SPMs use data from HMIS to indicate the CoC's progress toward reducing homelessness.

SPMs provide insight into how effectively the county's homelessness response system moves people from homelessness to permanent housing over time. The most recent SPMs[4] for San Bernardino County show:

A majority (57%) of the people exiting shelter or interim housing are successfully moving into **permanent housing**

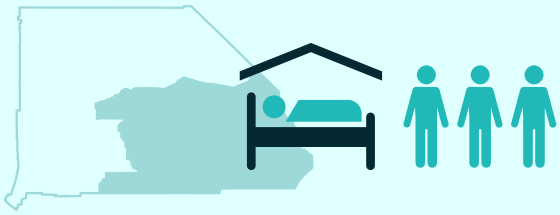
The CoC placed **331 people** directly into permanent housing from **street outreach**

The average length of time an individual stays in interim housing was **134 days**, approximately **one month shorter** than the previous year's SPM

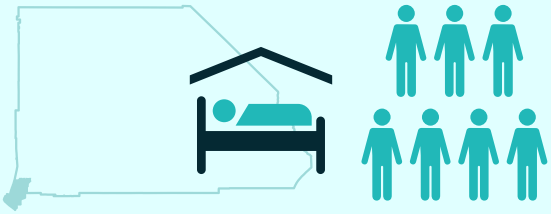
This data suggests that the current system is working moderately well—with a majority of the people entering shelter and interim housing moving into permanent housing, and a number of people being placed directly into permanent housing from unsheltered homelessness without the need for shelter stays. While the average interim housing stay has improved in the past year, however, its length still reflects a need to address system-wide bottlenecks and permanent housing shortages.

Unmet Need and Gaps

Data indicate that there are not enough beds to serve those experiencing homelessness in San Bernardino County. The 2025 PITC shows there are half as many shelter or transitional housing beds as there are people experiencing homelessness, this number does not account for regional differences in capacity and need:



In the East Desert there are **three times more** people experiencing homelessness than there are available beds.



In the West Valley, there is **one available bed** for **every seven people** experiencing homelessness in the region.

The Central Valley is the only region with sufficient bed capacity to match its local homeless population; however, as the system's primary service hub, these beds serve individuals from across the county. As a result, the system overall faces a **shortfall of more than 2,000 emergency shelter and transitional housing beds** relative to the number of people experiencing unsheltered homelessness at any given time.

For additional information about the system's unmet needs, see the Homelessness Projections Dashboard in Appendix B, which includes data and projections for the number of people experiencing homelessness over time based on several key factors.

[4] The data here is based on the Fiscal Year 2025 SPMs for San Bernardino County.

Analysis of Gaps and Needs

The CoC's gaps and needs reflect its diverse geography and regional variation. Based on a synthesis of data, stakeholder input, and community feedback, this section identifies key challenges and underscores the need for a more coordinated, equitable, and sustainable system. These findings confirm the need for a Plan that is actionable and prioritizes regional equity, strengthens cross-sector coordination, and stabilizes funding for supportive housing and services.

Structural Barriers to Housing Stability

Lack of Affordable and Permanent Housing Supply

Despite having more vacant units than people experiencing homelessness, affordability remains a major barrier in San Bernardino County. Rising housing costs, limited rental subsidies and vouchers, and a lack of incentives for deeply affordable development restrict access for low- and moderate-income residents. People with lived experience report difficulty securing units even with assistance, and community feedback consistently identifies affordable housing as a top concern. County staff also note that while state funding supports housing development, the lack of ongoing subsidies limits long-term affordability.

Community Stigma and NIMBYism

Negative community attitudes create a significant barrier to the development of new housing and service sites. Survey comments indicated a level of fatigue and frustration from general residents about homelessness and a perception that the response was inadequate. Pushback from housed residents is a significant obstacle to securing community-based support and establishing viable sites for housing and service expansion.

Funding Instability and the "Funding Cliff"

The County's reliance on one-time State funding, like HHAP and ARPA, which fails to provide secure, sustainable, and multi-year operating funds poses a serious threat to the long-term viability of housing and service programs in the county. County Housing and Development (CDH) and OHS staff expressed concern about the former funding "gold rush" and current declining revenue streams, including the absence of guaranteed vouchers for the operation of new Homekey and campus developments.

Fragmented System Coordination Between Partners

Lack of Integrated Care

Roles across County departments, local governments, and the CoC remain unclear, resulting in a siloed and fragmented system for providers and clients. Key agencies like Behavioral Health and Public Health are not fully integrated into the CoC, and while local collaboration is strong, countywide coordination remains limited due to a lack of formal structures.

Insufficient Integration of Faith-Based and Community-Based Partners

Many effective, non-CoC-funded organizations operate outside the CoC's coordinated entry system, representing a missed opportunity to expand system capacity. The 2-1-1 team, who operates Coordinated Entry for the CoC, reports that approximately 40% of referral agencies do not enter data in HMIS. Across regions, strong networks of faith-based groups and volunteers are active but disconnected due to limited technical assistance and formal pathways into Coordinated Entry. This results in widespread underutilization of existing community resources.

Insufficient and Uneven Access to Shelter and Supportive Services

Severe Geographic Gaps in Shelter, Services, and Mobility

San Bernardino County's size and geography create uneven access to services across the five regions. Coordination across jurisdictions is inconsistent, leading to fragmented service delivery with gaps in service in some areas and duplication in others. Community Survey respondents repeatedly emphasized regional neglect, with one suggesting, "Build a shelter in our desert community. Several RSCs lack regional access points, low-barrier shelters, and day centers.

Inadequate Behavioral Health and Substance Use Disorder Treatment Pathways

There are significant gaps in the capacity and timeliness of behavioral health and Substance Use Disorder (SUD) services. Long waitlists and limited access to detox, trauma care, and LPS-certified hospitals, especially in rural areas, leave critical needs unmet. This results in missed opportunities for immediate intervention and care when individuals are ready to engage in treatment.

Workforce Capacity, Fatigue, and High Turnover (Frontline & County Staff)

In conversations with County staff and service providers, the system workforce was described as facing low wages, high burnout, and rapid turnover, which destabilizes programs and limits the quality of care. County staff in related public systems—such as libraries—reported feeling underprepared to engage with unhoused individuals. The systemwide hiring and turnover cycle creates persistent staffing gaps and deficits in an otherwise dedicated workforce.

Lack of Low-Barrier and Diverse Shelter Options

The current shelter inventory is insufficient in quantity and diversity. There are entire regions with no low-barrier shelters, safe parking, space to escape the elements during the day, or alternative interim housing solutions tailored to address diverse needs. People with lived experience consistently reported difficulties accessing shelter. The Community Survey pointed to a desperate need for resources where people can escape the elements, such as day shelters in the desert regions.

Barriers to Early Homelessness Prevention

Gaps in Prevention, Diversion, and Institutional Discharge

The system currently lacks robust, coordinated mechanisms to prevent homelessness for those at highest risk. Current prevention resources are limited, often short-term, and insufficient given rising housing costs, unemployment, and poverty levels in the county. The lack of formalized systems to link people from temporary assistance (like the 14-day hotel voucher) or institutional settings (jails and hospitals) directly into the homeless response system creates missed opportunities for intervention, particularly for former foster youth and individuals involved in the criminal legal system.

Data Quality

Data Quality, Integration, and Sharing

While the CoC has access to robust data sources, inconsistencies in data quality, coverage, and alignment across systems limit the community's ability to fully understand homelessness trends, evaluate program effectiveness, and make coordinated decisions. Representatives from 2-1-1 reported that approximately 40% of agencies on their referral list are not entering data into HMIS; the system lacks a single, reliable source of truth for real-time bed availability and client needs. The data gap obstructs effective CES referrals and prevents the CoC from accurately measuring capacity and partner performance, a necessity for a high-functioning system.

Complexity and Barriers within the Coordinated Entry System

The coordinated entry system is perceived as complex and difficult to navigate, particularly for those new to homelessness or lacking digital literacy. The 2-1-1 team, which manages CES, recognizes the struggle to connect people efficiently due to HMIS data gaps, yet cannot solve the problem alone. People with lived experience highlighted that in regions with less service saturation, individuals often interact with law enforcement or non-profits that are not part of the coordination long before they are connected to the formal CES process.

The Plan

On Our Way Home: The San Bernardino CoC Regional Action Plan on Homelessness 2026-2030 sets five overarching goals to prevent and end homelessness. These goals are supported by evidence-based strategies and action steps grounded in quantitative and qualitative data, as well as input from people with lived experience, providers, and cross-sector partners.[5]

The CoC's structure, with its geographically diverse RSCs, requires an implementation strategy that is centralized for funding and coordination, yet flexible enough to address the distinct needs of each region. The goals align with other community planning efforts whenever possible, ensuring a unified response to homelessness across the county, while also addressing specific CoC priorities.

Structure of the Plan

- The five **GOALS** outline what needs to be prioritized to reduce and prevent homelessness in San Bernardino.
- The **STRATEGIES** identify how the CoC will reach the high-level goals.
- The **ACTION STEPS** are concrete and time-limited activities that will move each strategy forward.
- For each goal, there are **POTENTIAL CHALLENGES AND BARRIERS**. Considering these at the start of implementation increases the likelihood that the community can plan for and identify ways to avoid or address the challenges.
- The implementation plan includes specific performance measures and processes to support the CoC in **TRACKING PROGRESS** toward each goal.

As a comprehensive roadmap, the Plan provides an actionable framework for moving the CoC's work forward. It is intended to be a living document that will evolve and change over time as action steps are completed and new priorities emerge.

Implementation of the Plan is a shared responsibility across the CoC and its partners, requiring coordinated action and vision to carry out the identified steps. Additionally, each RSC has a Regional Implementation Plan that outlines region-specific actions tailored to local gaps, needs and resources. These regional plans, along with supporting data about homelessness, are included at the end of the CoC-wide implementation on page .

[5] A separate Gaps and Needs Analysis completed midway through the strategic planning process can be found at Appendix F. Additional information and findings from specific data sources can be found in the Quantitative Data Analysis (Appendix B), the Lived Experience Focus Groups Summaries (Appendix C), the Summary of County Department Interviews (Appendix D), and the Summary of Community Survey Results (Appendix E).

GOAL 1

Increase Permanent and Affordable Housing Capacity and Provide the Resources Needed to Ensure People can Maintain Stable Housing.

The CoC identified a critical shortage of permanent, affordable housing. Addressing this goal requires expanding supply, improving geographic distribution and ensuring access to supportive services to help people remain housed.

STRATEGY 1.1 Optimize the Use of Existing Affordable Housing Subsidies and Programs

Conduct a quarterly inventory of all housing subsidies, vouchers, RRH, and PSH units currently available and in the pipeline across the county and CoC, publishing the utilization rates countywide and by RSC region.

Establish a standing, dedicated workgroup to provide technical assistance to smaller, regional providers and non-traditional partners on navigating complex funding and procurement for rental assistance and affordable housing development.

Work with County departments to streamline the lease-up process and reduce administrative friction for voucher holders and landlords across all regions.

STRATEGY 1.2 Expand Access to Affordable Housing in Underserved Regions

Collaborate with the County to dedicate a specific portion of housing development funds (e.g., Prop 1, Encampment Resolution Funding (ERF)) or project-based vouchers to the High Desert, East Desert, and Mountain regions to address the current regional disparities.

Develop and promote a Landlord Engagement and Retention Program that provides flexible financial incentives and mitigation funds to landlords in areas struggling with housing scarcity, such as the Central Valley and West Valley.

Promote innovative housing models that are suitable for rural contexts, such as conversion of motels, use of modular housing, and development of tiny home communities.

STRATEGY 1.3 Strengthen Post-Housing Stability Services Across the CoC

Ensure all regions have access to resources to offer furnishings and utility assistance upon move-in, reducing the barrier to housing acceptance.

Establish and formalize a system of peer support and navigation services, especially in rural areas, to help newly housed individuals connect with community resources and prevent lease violations.

Develop a CoC-wide framework for progressive engagement, ensuring housing stability services are right-sized to meet individual needs, rather than one size fits all.

Potential Challenges and Barriers

- **Affordability Crisis:** The single greatest barrier to housing in the county is the severe lack of available, affordable rental units, particularly in high-demand areas such as the West Valley and Central Valley.
- **Geographic Isolation:** Developing new housing and delivering long-term supportive services in deeply rural regions such as the East Desert and Mountain regions is complicated by distance, lack of infrastructure, and limited developer interest.
- **Landlord Reluctance:** Overcoming stigma and reluctance from landlords to accept housing vouchers remains a major hurdle, requiring ongoing financial incentives and education efforts.
- **Funding Instability:** Many post-placement services rely on fragmented, short-term grants, which make ongoing support services less available to residents, threatening the long-term stability needed to prevent recidivism.

Tracking Progress

- **Performance Measures**
  - **Increase in Housing Placements:** Achieve a 10% year over year increase in the number of individuals and families exiting homelessness to permanent housing.
  - **Reduction in Recidivism:** Achieve a reduction in the rate of individuals who return to homelessness within one year of housing placement (Housing Stability Rate).
  - **Equitable Housing Outcomes:** Reduce racial and geographic disparities in time to housing placement across the five RSCs.
  - **Increase in Housing Stock:** Add a measurable number of new, dedicated affordable housing units to the regional stock each year.
  - **Service Accessibility:** Ensure that 90% of housed clients have access to needed post-placement supportive services within 30 days of move-in.
- **Primary Data Source(s):** HMIS and HIC.
- **Review Frequency:** Quarterly meetings of the CoC Performance Oversight Committee and annual reports to the full CoC membership and the five RSCs.
- **Equity Focus:** Monitor by race/ethnicity, disability status, and RSC regions the disparities in outcomes (e.g., time to housing, placement success) to ensure equitable deployment of resources. Undertake immediate course correction as disparities are identified.
- **Accountability:** Each RSC is responsible for regional implementation and reporting on their local data, with the CoC Board overseeing system-wide performance and funding alignment.

GOAL 2

Improve Information, Coordination, and Collaboration between County Departments, Cities, the CoC, and RSCs.

San Bernardino County's size and diversity are strengths but can create challenges for coordination across the regions. To strengthen the entire system, the CoC will focus on improving communication, clarifying roles, increasing awareness of its role, and reducing fragmentation through stronger collaboration with partners.

STRATEGY 2.1 Formalize Communication and Collaboration between the County, CoC, and RSCs

Document and ratify Memorandums of Understanding (MOUs) outlining the specific service delivery, funding oversight, and data sharing responsibilities between the County, the CoC, and each RSC.	Ensure CoC working groups have representation from all five RSCs to support implementation of action steps and create CoC-wide processes or principles to govern the working groups.	Establish quarterly, cross-regional, non-Brown Act forums for County liaisons, CoC leaders and RSC chairs to share information, discuss challenges, and collaborate on strategic solutions.	Implement a centralized, standardized communication system (e.g., a dedicated CoC portal or mailing list) for disseminating time-sensitive information, such as funding application deadlines and policy changes, that communicates regularly to all regional interest holders.

STRATEGY 2.2 Elevate the CoC's Identity and Authority as a Unified System

Launch a CoC-wide education campaign to clarify the CoC's function, its funding mechanisms (e.g., HUD CoC Program, ESG, HHAP), and how providers and communities can access and influence these resources.	Facilitate regional workshops, especially in the High Desert and East Desert, to foster local understanding of the CoC process and encourage participation from non-traditional partners (e.g., libraries, faith-based organizations).	Create a strategy and build capacity to raise awareness about the CoC and to educate and engage policymakers and community members around specific challenges and needs of people experiencing homelessness.
Develop a mentorship program pairing providers in high-capacity RSCs with providers in emerging RSCs to share grassroots coordination and fundraising best practices.	Conduct a CoC assessment to determine the effectiveness of the overall system of care, including system components, policies, procedures, structures, and processes within the homeless system – including RSCs – and with related systems of care.	Develop and implement a coordinated CoC advocacy strategy to engage local, state, and federal policymakers in advancing policies and funding priorities aligned with the Plan's goals.

STRATEGY 2.3 Strengthen Cross-Sector Partnerships for Resource Optimization

Map all existing and potential partnerships with health, behavioral health, and criminal legal systems, identifying gaps in coordination and data sharing.	Identify and implement a process for maintaining a comprehensive list of resources across all regions that includes providers and eligibility requirements and is made available to providers and people from the community seeking assistance.	Establish regular, formalized case conferencing opportunities between housing providers and County Departments (e.g., Behavioral Health, Public Health) to ensure coordinated service planning for clients with high needs.

Potential Challenges and Barriers

- **Fragmented System Identity:** Interest holders often view the system as "County services" or "local non-profits," failing to recognize the unified role and purpose of the CoC, leading to frequent confusion about resource pathways.
- **Geographic Scale:** The vast distances between remote RSCs and the central County offices make consistent, real-time collaboration difficult and costly, limiting relationship building and the provision of technical assistance in rural areas.
- **Capacity Disparities:** Lower-capacity, more remote RSCs lack the dedicated staffing and resources to consistently participate CoC-wide planning and/or apply for complex funding opportunities.
- **Siloed Data Systems:** Integrating data and achieving full information sharing between health organizations, the criminal legal system, and housing partners often runs into legislative, privacy, and technical barriers that require extensive legal and IT resources to overcome.

Tracking Progress

- **Performance Measures**
  - **Increased Participation:** Achieve a 15% increase in non-traditional partner participation (e.g., local businesses, grassroots community groups) in RSC meetings and CoC-wide initiatives.
  - **Role Clarity:** 80% of CoC, County, and RSC interest holders report a clear understanding of their respective roles and responsibilities in the homeless response system, as measured by an annual survey.
  - **Funding Awareness:** Document a measurable increase in the number of regional providers applying for or receiving CoC-administered funding, particularly in the lower-capacity RSCs.
  - **MOU Compliance:** 100% of CoC and County departments that are mandated to share data or resources will have formalized MOUs in place and are entering data consistently and regularly into HMIS.
- **Primary Data Source(s):** Annual CoC Partner Survey, MOU Tracking Log, and CoC Funding Application Data.
- **Review Frequency:** Quarterly meetings of the CoC Governance Committee and annual reports to the full CoC membership and RSCs.
- **Equity Focus:** Regularly monitor to ensure system access is fair, through analysis of participation rates and measuring whether equitable resources flow to all five RSCs, including documentation of barriers to participation for rural/low-capacity partners.
- **Accountability:** The CoC Leadership is responsible for maintaining and enforcing MOUs and communication protocols, with RSC chairs accountable for regional partner engagement.

GOAL 3
Improve and Expand Shelter, Interim Housing, and Low-Barrier Services.

Goal 3 focuses on expanding safe, low-barrier shelter across the county. Given regional disparities in access and unmet need, the CoC will develop a countywide approach to ensure more equitable access to shelter and services.

STRATEGY 3.1 Develop a CoC-wide Plan for Shelter and Interim Housing

Conduct a gaps analysis of current shelter and interim housing capacity and compare it to the unsheltered population in each of the five RSCs to identify disparities.

Prioritize the creation of low-barrier, non-congregate options (e.g., safe parking, pallet shelters, transitional housing) where traditional shelter models are not feasible.

Establish a CoC-wide standard of practice for shelter operations, focusing on low-barrier entry, harm reduction principles, and accessibility for families and individuals with pets.

STRATEGY 3.2 Secure Dedicated Funding for Year-Round and Seasonal Emergency Shelters

Create a dedicated funding pool, utilizing State and local grants, to support emergency winter shelter operations in the five RSCs.

Establish a funding mechanism to provide essential, flexible operating support for existing and new interim housing programs, reducing provider reliance on unstable annual grants.

Explore partnerships with faith-based organizations and local municipalities to identify and activate underutilized facilities for temporary overflow and severe weather sheltering.

STRATEGY 3.3 Strengthen Coordinated Street Outreach Capacity

RSC has a dedicated, multi-disciplinary outreach team with adequate training and resources to conduct daily outreach, focusing on unsheltered hotspots, including encampments in the Central Valley and West Valley regions.

Standardize protocols for encampment engagement, focusing on service delivery and pathways to housing, while working with jurisdictions to define clear, humane, and non-discriminatory closure policies.

Leverage HMIS to track real-time outreach data on unsheltered persons, their service needs, and barriers to housing to increase collaboration, reduce duplication and streamline entry into CES.

STRATEGY 3.4 Integrate Lived Experience and Equity into Shelter Design and Operation

Formally integrate feedback from focus groups comprised of people experiencing homelessness — especially those from remote areas of the county — into the design and expansion of all new interim housing projects.

Develop a trauma-informed training and certification program for all staff working in shelter and interim housing, ensuring non-discriminatory, person-centered service delivery.

Track and publicly report equity data on shelter utilization, length of stay, and reasons for discharge, disaggregated by race, ethnicity, and geography.

Potential Challenges and Barriers

- **Community Opposition (NIMBYism):** Local resistance to shelters and services can delay or block development of new facilities.
- **Lack of Rural Infrastructure:** Many rural areas lack the necessary public transportation, staffing capacity, and existing building sites suitable for conversion into interim housing, making expansion logistically difficult.
- **Staffing and Retention:** The high-stress nature of low-barrier shelter work and uncompetitive wages lead to high staff turnover, which undermines service quality and consistency.
- **Funding for Operations:** Securing capital funding is often easier than securing long-term, flexible operating funds necessary to keep shelters open year-round and provide essential services.

Tracking Progress

- **Performance Measures**
  - **Increase in Shelter Beds:** Achieve a 20% increase in the number of year-round, low-barrier shelter and interim housing beds across the CoC within three years.
  - **Geographic Coverage:** Ensure each of the five RSCs has access to locally available, low-barrier emergency or interim housing options.
  - **Reduced Time to Placement:** Decrease the average length of time between outreach engagement and placement into interim housing.
  - **Reduction in Unsheltered Rate:** Reduce the percentage of the CoC's homeless population who are living unsheltered, as measured by the annual PITC.
  - **Client Satisfaction:** Achieve an 85% client satisfaction rate with the safety and quality of interim housing and shelter services.
- **Primary Data Source(s):** PITC, HMIS Shelter Utilization Reports, CES data, and annual Client Satisfaction Surveys.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, bi-annual reports to the CoC Board, and an annual review linked to the PITC.
- **Equity Focus:** Shelter utilization and length of stay will be tracked by race/ethnicity and disability to ensure fair access and operational effectiveness is at the forefront of all activity across all facility types and regions.
- **Accountability:** Facility operators and the CoC are responsible for ensuring compliance with low-barrier standards and reporting on utilization metrics to the RSCs.

GOAL 4

Develop and Invest in a CoC-wide Prevention and Diversion Program, Including an Improved Education and Resource Effort, to Lower Barriers to Housing and Services for People at Risk of or Experiencing Homelessness

To truly address homelessness, the CoC must prevent people from becoming homeless for the first-time. Current county prevention resources are limited, often short-term, and insufficient given rising housing costs, unemployment, and poverty levels in the county. Goal 4 focuses on strengthening coordinated efforts to prevent and divert homelessness before it occurs.

STRATEGY 4.1 Establish a Clear and Accessible Low-Barrier Diversion Pathway at All Access Points.

Implement a consistent diversion assessment protocol within the CES that is utilized by the RSCs and all access points, ensuring that the first step for all individuals in need is a housing-focused, resource-maximizing conversation.

Provide dedicated flexible funding (e.g., diversion assistance funds) to all RSCs that they can use for immediate needs, such as covering minor rental arrears, preventing utility shutoffs, or providing travel assistance.

Train all frontline staff (including outreach, shelter intake, and County navigators) on diversion and conflict resolution techniques, with emphasis on cultural competency and regional resource specificity.

STRATEGY 4.2 Strengthen Institutional Discharge Planning to Prevent Exits to Homelessness.

Formalize partnerships and MOUs with local hospitals, jails, prisons, and behavioral health facilities to establish mandatory, standardized housing discharge protocols across the county.

Assign dedicated housing navigators to major institutions in the Central and West Valley areas to ensure high-risk individuals are immediately connected to the CES and housing resources upon release from local hospitals, jails, prisons, and behavioral health facilities.

Develop and regularly update a "Warm Handoff" resource guide specifically for institutional staff, detailing pathways to housing and benefits enrollment for released individuals.

STRATEGY 4.3 Proactively Identify and Stabilize Households at High Risk of Homelessness.

Utilize predictive data models and publicly available eviction data to target high-risk neighborhoods for concentrated prevention outreach and legal aid services.

Implement an education and media campaign throughout the county, including rural areas, to inform the public and at-risk tenants about the availability of rental assistance, legal aid, and eviction mediation services.

Establish a CoC-wide rental assistance program that focuses on maintaining housing for currently housed, high-risk households, to prevent inflow into the system.

Potential Challenges and Barriers

- **Limited Flexible Funding:** Diversion requires immediate access to small amounts of flexible cash assistance, which is often difficult to secure and administer under existing restrictive grant regulations.
- **Institutional Buy-In:** Achieving consistent, high-quality discharge planning from major institutions (especially hospitals and jails) requires overcoming systemic inertia and competing priorities within the large organizations.
- **Geographic Access to Legal Aid:** Tenants in rural parts of the county often lack easy access to legal aid and eviction mediation services, limiting effective prevention outreach in those areas.
- **Lack of Data Integration:** Identifying households truly "at-risk" (e.g., those with a pending eviction) often relies on external, non-HMIS data sources, making proactive targeting complex and inconsistent.

Tracking Progress

- **Performance Measures**
  - **Reduction in First-Time Homelessness:** Achieve at least a 2% reduction in the number of individuals and families experiencing homelessness for the first time.
  - **Diversion Success Rate:** Achieve a 50% success rate for households diverted from the homeless response system, defined as remaining stably housed after 12 months.
  - **Institutional Connections:** Ensure that 75% of eligible individuals discharged from partner institutions (jails, hospitals, etc.) are formally connected to the CES prior to or within 48 hours of release.
  - **Prevention Service Reach:** Increase the number of households served by homelessness prevention resources by 25% annually.
- **Primary Data Source:** HMIS Prevention and Diversion Program Reports, CES data, SPMs, and institutional discharge data via MOUs.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, with focused deep analysis into diversion success rates and institutional discharge connection metrics.
- **Equity Focus:** Analyze disparities by race, ethnicity, and region as to who receives prevention resources and the success rate of diversion efforts to ensure equitable application of funding.
- **Accountability:** CES providers and Prevention Program managers are responsible for data quality and reporting on diversion and stability outcomes.

GOAL 5
Strengthen the Homeless Response System so that it is Data-driven, Fair, and Results-Oriented.

The CoC faces challenges related to data quality, coverage, and system alignment that creates challenges for planning, collaboration, and evaluation. Goal 5 strengthens the technical and operational backbone of the system by improving Coordinated Entry, increasing HMIS participation, and integrating lived experience into system design.

STRATEGY 5.1 Enhance the Functionality, Integrity, and Equity of the Coordinated Entry System (CES).

Standardize and enforce CES access policies across the five RSCs, ensuring consistent screening, assessment, and prioritization, regardless of where an individual accesses the system.	Conduct quarterly data quality reviews of HMIS, focusing on completeness, timeliness, and accuracy of data and reports, with targeted technical assistance for low-performing RSCs, particularly those located in rural areas.	Conduct an annual independent third-party audit of the HMIS infrastructure and the CES system, evaluating data security, system integrity, and fidelity to CoC-wide prioritization standards.	Implement an equity-focused monitoring process within CES, tracking disparities in referral rates, housing placement rates, and time-to-housing, disaggregated by race, ethnicity, and RSC region.

STRATEGY 5.2 Increase Provider Accountability and Performance Management.

Develop and implement an CoC-wide performance evaluation framework that clearly defines success metrics for all funded projects (CoC Program, ESG, HHAP, etc.).	Develop and regularly update dashboards on an easily accessible website, which provides access to recent data about needs and performance to facilitate planning and evaluation and promote transparency.	Conduct annual performance reviews for all funded providers, linking funding continuation and contract renewal to demonstrated progress toward CoC goals, including equity outcomes.
Execute an independent, annual performance evaluation of the Collaborative Applicant and the CoC, focusing on governance structure effectiveness, fiscal management of HUD and State funds, and progress in addressing system-wide equity goals.	Establish a transparent process for allocating all CoC-administered funding, prioritizing projects that demonstrate the highest performance, target the most vulnerable populations, and fill critical geographic gaps.	

STRATEGY 5.3 Ensure Lived Experience Is Integrated at All Levels of Decision-Making.

Formalize the CoC's PWLE Advisory Board and Youth Advisory Board, ensuring they are geographically representative of all five RSCs, including paying stipends to all members.	Mandate lived experience representation on all CoC decision-making bodies and grant review committees.	Create a consistent feedback loop where the CoC Board and RSCs review, document, and act upon all lived experience member Board recommendations.

Potential Challenges and Barriers

- **HMIS Data Quality:** Lower-capacity providers, especially providers in rural RSCs, often lack the training and dedicated staff time to ensure high-quality, timely HMIS data entry, leading to incomplete system data.
- **Resistance to Standardization:** Individual providers and RSCs may resist mandatory CES standardization or performance metrics that conflict with their existing practices or regional priorities.
- **Sustainability of Stipends to Compensate People with Lived Experience:** Securing dedicated, sustained funding for stipends and support services is an ongoing administrative challenge that impacts the diversity and continuity of the Advisory Board.
- **Technical Debt:** Upgrading and integrating the HMIS/CES requires significant, ongoing investment in technology and specialized IT staffing, which often competes with direct service funding.

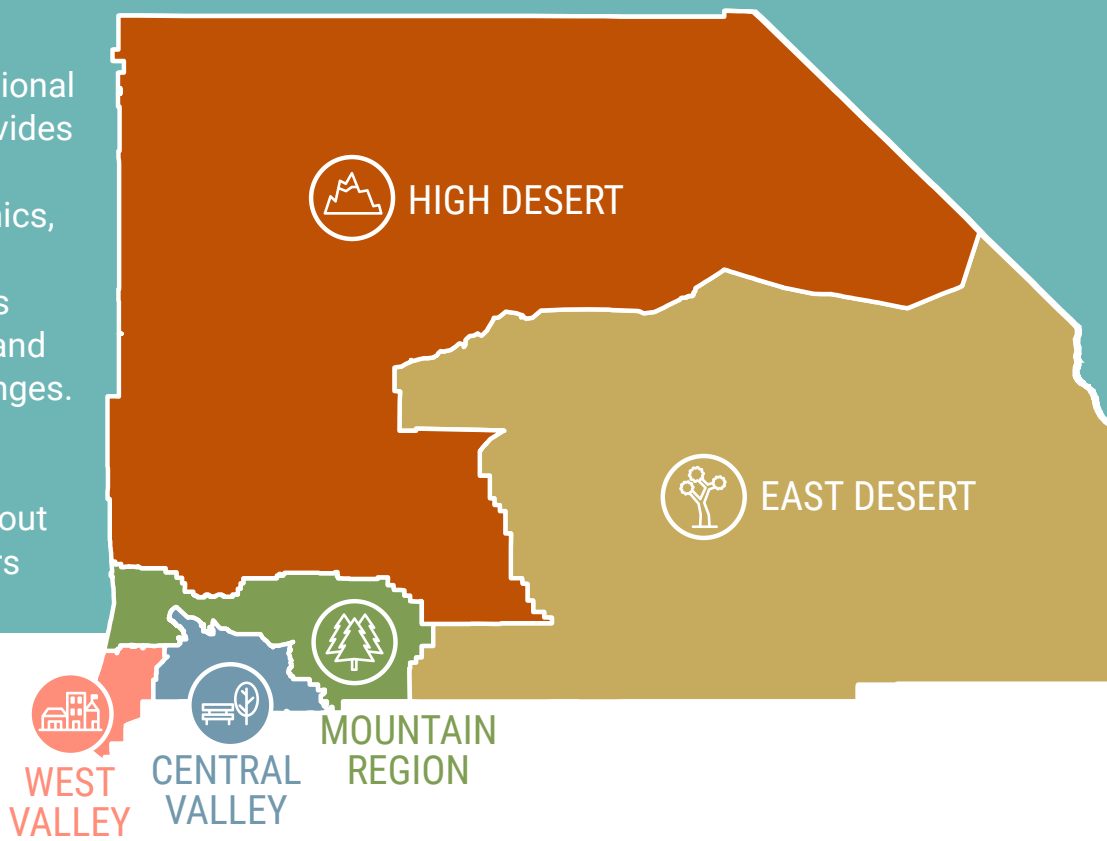
Tracking Progress

- **Performance Measures**
  - **Data Quality:** Achieve 95% data quality compliance across all funded HMIS projects, meeting HUD data standards for completeness and accuracy.
  - **Equitable Allocation:** Demonstrate that CoC funding allocation decisions are transparent and reduce geographic and racial disparities in service and housing access year over year.
  - **System Efficiency:** Reduce by 10% the average length of time a household spends in the CES before being matched to a housing intervention.
  - **Accountability:** Undertake annual performance reviews (APRs) for 100% of funded projects and ensure 85% of the APRs meet or exceed established performance benchmarks.
  - **Lived Experience Integration:** Ensure that 100% of CoC decision-making meetings include attendance and participation by Lived Experience Advisory Board and Youth Advisory Board members.
- **Primary Data Source:** HMIS Data Quality Reports, CES Prioritization and Waitlist data, and CoC Funding Review Committee documentation.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, with a focus on HMIS Data Quality and CES equity tracking. CoC leadership should review the Lived Experience Board recommendations monthly.
- **Equity Focus:** Perform systemic bias checks on CES data to ensure fair assignment of housing resources and reduce disparities in time-to-housing outcomes across all protected classes.
- **Accountability:** The County is responsible for maintaining the HMIS infrastructure, with the CoC Board and Governance Committee responsible for enforcing performance and equity standards.

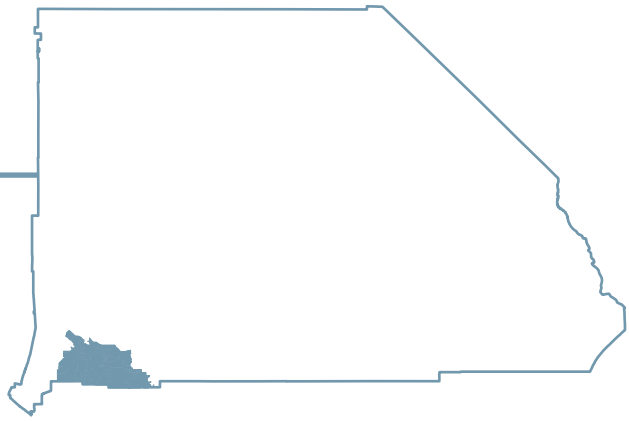
Regional Implementation Plans

Although the plan goals and strategies will be implemented across the entire CoC, the action steps prioritized for each RSC are customized to the unique needs and resources within each region. The CoC identified the regional action steps through discussions with service providers and community partners within each region. As implementation of the plan progresses, the CoC will update the action steps and prioritize new action steps.

The first page of each regional implementation plan provides a high-level snapshot of each region's demographics, economic and housing indicators, homelessness data, system resources, and key strengths and challenges. The subsequent pages include prioritized action steps each with notes about timelines and key partners



Central Valley RSC Regional Implementation Plan



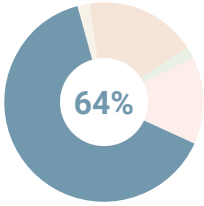
The Central Valley region includes many of the county's most urban and suburban parts, including cities such as San Bernardino, Fontana and Redlands. The region is the population and service hub of the county and contains a high concentration of shelter services, health care facilities, and outreach programs. The Central Valley region faces a massive housing affordability crisis, especially as people from nearby counties, such as Los Angeles, get priced out of their local housing markets. The median rent in the Central Valley is $1,625.

According to the U.S. Census Bureau, the Central Valley represents 43% of the county's total population. While the median income in the region is $82,391, there is a considerable range in incomes between Central Valley cities. Despite only 13.6% of the population living below the poverty line, approximately 28.5% of the region's population is severely cost burdened (spending more than 50% of income on housing). In addition, there is a very low vacancy rate in the region of 4.1%.

Homelessness in the Central Valley

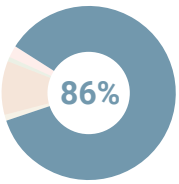
1,740 UNSHELTERED

710 SHELTERED

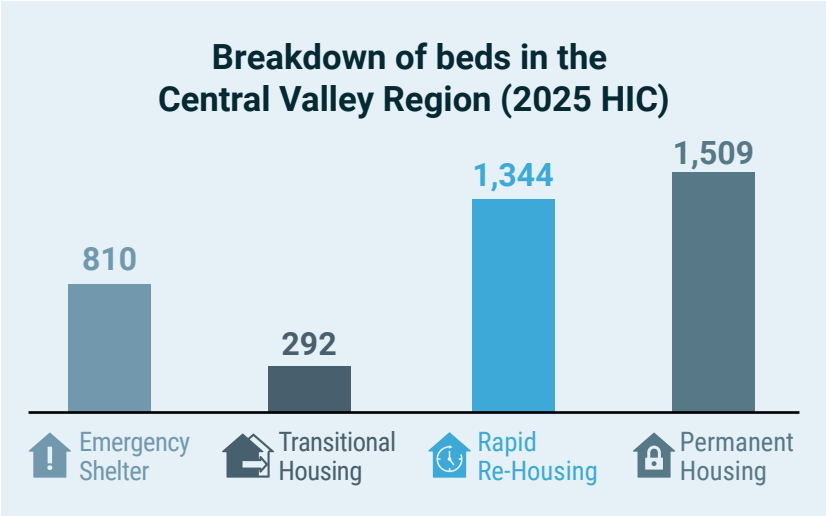


of the CoC's total PITC

The Central Valley/s Homeless Service System



The Central Valley region has the highest number of beds for people experiencing homelessness of the five regions and was home to **86% of the total beds** in the CoC in 2025.



The Central Valley homeless service system has strong collaboration between providers. They have had early success leveraging CalAIM housing resources and there is strong participation in HMIS by providers. Challenges for the Central Valley include a severe shortage of affordable housing, rigid eligibility and definitions for accessing services, insufficient staffing capacity, and population specific barriers. Another challenge is coordination across funding streams or program types.

The Central Valley RSC identified the following action steps as priorities for the region over the next five years.

GOAL 1 : Permanent and Affordable Housing

STRATEGY	CENTRAL VALLEY RSC ACTION STEP
Strategy 1.2: Expand access to affordable housing in underserved regions.	Collaborate with Central Valley Cities, the County, and landlords to identify affordable, habitable units for master leasing, shared housing, and co-living models to expand housing options in the region.

GOAL 2 : Coordination

STRATEGY	CENTRAL VALLEY RSC ACTION STEP
Strategy 2.2: Elevate the CoC's identity and authority as a unified system.	Build on the success of the agency partnership letter of support model by establishing a formal mentorship program that pairs higher-capacity providers with emerging agencies to support grant funding and capacity building in the region.
Strategy 2.3: Strengthen cross-sector partnerships for resource optimization.	Assess the success of City/nonprofit housing partnerships in Fontana and Redlands and replicate those models in at least two additional Central Valley cities to expand housing development.

GOAL 3 : Shelter and Services

STRATEGY	CENTRAL VALLEY RSC ACTION STEP
Strategy 3.1: Develop a CoC-wide plan for shelter and interim housing.	Work with local Cities and the County to identify publicly-owned and underutilized properties for opportunities to develop innovative housing models for emergency shelters and transitional housing.
Strategy 3.4: Integrate lived experience and equity into shelter design and operation.	Track barriers that dissuade people experiencing homelessness from taking advantage of shelter in the Central Valley (e.g., based on sub-population, pet policies, household composition, etc.) and integrate feedback to improve shelter design and operation standards.

GOAL 4 : Prevention and Diversion

STRATEGY	CENTRAL VALLEY RSC ACTION STEP
Strategy 4.1: Establish a clear and accessible low-barrier diversion pathway at all access points.	Work with Inland Empire Health Plan (IEHP) to develop trauma-informed trainings on diversion and conflict resolution techniques and to provide such trainings to all frontline staff.
Strategy 4.3: Proactively identify and stabilize households at high risk of homelessness.	Establish a Central Valley RSC prevention fund to provide rapid, flexible assistance for time sensitive needs (e.g., car repairs, utility shut-offs) to prevent housing crises from resulting in homelessness.

GOAL 5 : Data and Performance

STRATEGY	CENTRAL VALLEY RSC ACTION STEP
Strategy 5.3: Ensure lived experience is integrated at all levels of decision-making.	Develop and distribute a local survey to assess the current representation of lived expertise on the Central Valley RSC and identify barriers to increasing participation.

East Desert RSC Regional Implementation Plan

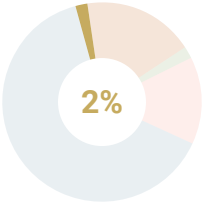
The East Desert, which stretches to the Arizona border, contains Joshua Tree National Park and is comprised of smaller, more remote communities like Twentynine Palms, Joshua Tree, and Yucca Valley. The region faces extreme geographic and resource challenges and lacks sufficient shelters, behavioral health infrastructure, and services.

According to the U.S. Census Bureau, the East Desert region represents 3% of the county's total population. The median rent is $1,252 and the median income is $55,450. Approximately 25.4% of the region's population is severely cost burdened (spending more than 50% of income on housing), while 18.8% of the population lives below the poverty line. The vacancy rate in the region is 14.4%.

Homelessness in the East Desert Region

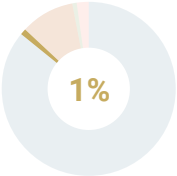
57 UNSHELTERED

30 SHELTERED

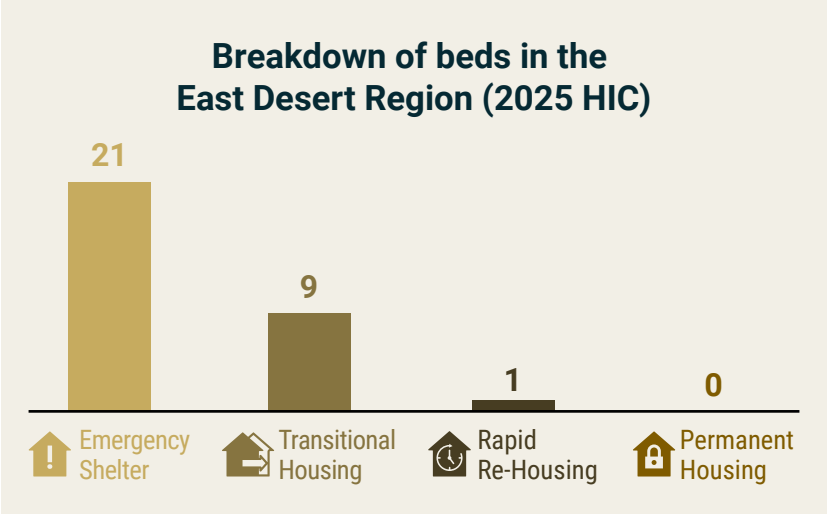


of the CoC's total PITC

The East Desert Region's Homeless Service System



The East Desert region has one of the lowest number of available beds for people experiencing homelessness in the county, with only **1% of the total beds** in the CoC in 2025.



Extreme weather, transportation deserts, and geographic isolation impact homelessness in the East Desert, which make regional collaboration and mobile service delivery critical. Faith-based organizations and churches are currently the primary providers of any emergency shelter (e.g., motel placements), underscoring the severe lack of publicly-funded, formalized shelter in the area. The RSC challenges are further compounded by the region's booming short-term rental market, which has led to a sharp increase in the cost to rent or buy a home. Homelessness in the East Desert is often highly dispersed, with individuals and small groups living in isolated desert areas far from formal services and support networks. As such, the RSC noted that standard data sources, such as the PITC, may underrepresent local need and emphasized the importance of better coordination and working with non-traditional partners, like the National Park Service (NPS), to improve the accuracy of unsheltered counts on and near federally-managed lands.

The East Desert RSC identified the following action steps as a priority for the region over the next five years.

GOAL 1 : Permanent and Affordable Housing

STRATEGY	EAST DESERT RSC ACTION STEP
Strategy 1.1: Optimize the use of existing affordable housing subsidies and programs.	Obtain funding for a Morongo Basin Central Communications Hub and Housing Solutions Center that work together to serve as the central hub for information and collaboration in the East Desert, and to engage with housing providers, landlords, and property management agencies to identify all existing affordable housing in the region and explore opportunities for new housing options such as shared housing.
Strategy 1.2: Expand access to affordable housing in underserved regions.	

GOAL 2 : Coordination

STRATEGY	EAST DESERT RSC ACTION STEP
Strategy 2.1: Formalize communication and collaboration between the County, CoC and RSCs.	Develop technological capacity at East Desert RSC meetings to ensure that representatives can appear virtually and work with County to ensure consistent County presence at East Desert RSC meetings.

GOAL 3 : Shelter and Services

STRATEGY	EAST DESERT RSC ACTION STEP
Strategy 3.1: Develop a CoC-wide plan for shelter and interim housing.	Work with local Cities and the County to identify publicly-owned and underutilized properties to designate as safe camping or parking zones. Develop sites into innovative models for emergency shelters or transitional housing, such as tiny homes.
	Explore partnerships with faith-based organizations to identify and activate underutilized facilities for temporary and severe weather sheltering and day centers.
Strategy 3.4: Integrate lived experience and equity into shelter design and operation.	Engage regional residents with lived experience of homelessness through structured outreach and listening sessions during the planning and development of the Housing Solutions Center and Morongo Basic Central Communications Hub to identify priority services, an optimal geographic location, and potential partners.

GOAL 4 : Prevention and Diversion

STRATEGY	EAST DESERT RSC ACTION STEP
Strategy 4.3: Proactively identify and stabilize households at high risk of homelessness.	Develop and implement a coordinated utility assistance strategy by mapping all utility districts and available assistance programs across the region, identify gaps and overlaps in access, and convene an interest-holder focus group to improve navigation and streamline support for residents.

GOAL 5 : Data and Performance

STRATEGY	EAST DESERT RSC ACTION STEP
Strategy 5.1: Enhance the functionality, integrity and equity of the Coordinated Entry System (CES).	Work with County to develop an HMIS/211 workshop specific to the East Desert to explain the importance of HMIS access and fidelity and to provide training on HMIS and coordinated entry to local providers.

High Desert RSC Regional Implementation Plan

The High Desert region covers an expansive, largely rural area that also includes cities like Victorville, Barstow, Apple Valley, and Hesperia. Over recent years, the population has grown, especially in the region's more urban areas. The geography experiences extreme temperatures and limited water resources, which presents significant challenges for people experiencing housing instability and homelessness. The expansiveness of the region also leads to access challenges to health care, behavioral health services, housing and other supportive services, especially in its more rural and isolated areas.

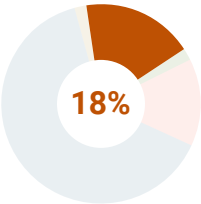
According to the U.S. Census Bureau, the High Desert region comprises 20% of the county's total population. The median rent is $1,476 and the median income is $68,171. While 18.7% of the population is below the poverty line, the region has the highest percentage of severely cost burdened households (spending more than 50% of income on housing) at 33.4%. The vacancy rate in the region is 5%.

Homelessness in the High Desert Region

311 UNSHELTERED

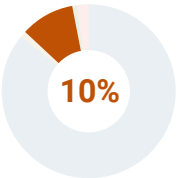
365 SHELTERED

The High Desert is the only region with a higher sheltered count than unsheltered count.

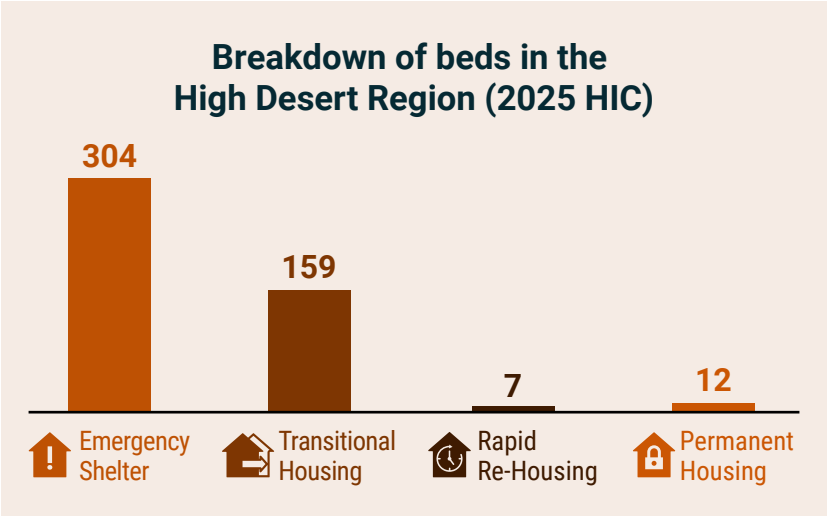


of the CoC's total PITC

The High Desert Region's Homeless Service System



The High Desert had **10% of the total beds** in the CoC in 2025.



The High Desert RSC has a high level of trust and collaboration among local partners and innovative partnerships related to food security and the local court system. Since 2023, it has had an increase in shelter and interim housing beds. However, the region still has limited permanent supportive housing options, a high cost of living, low employment opportunities, and high transportation and utility costs – all of which make it challenging to find sustainable housing. The area also has challenges retaining staff at the provider agencies. A member of the RSC noted that "The low wages make it a revolving door. We are using our lowest-paid staff to do the highest-trauma work." The vast geography requires mobile and flexible outreach, which local providers do not have the capacity or staff to fully resource. RSC members shared that there also are significant gaps in the local system for families and youth. They identified the need for a regional pilot safe parking program in the High Desert that includes mobile behavioral health access, especially for veterans and families

The High Desert RSC identified the following action steps as a priority for the region over the next five years.

GOAL 1 : Permanent and Affordable Housing

STRATEGY	HIGH DESERT RSC ACTION STEP
Strategy 1.2: Expand access to affordable housing in underserved regions.	Convene a pro-housing designation exploratory committee made up of cross-sector partners to assess the feasibility and requirements of obtaining a Pro-Housing Designation for Cities in the region.
	Launch a working group to research the feasibility of using Yes In God's Backyard (YIGBY) regulations to partner with institutions to streamline affordable housing development, including identifying potential partners and sites, and assessing opportunities to pursue property development.

GOAL 2 : Coordination

STRATEGY	HIGH DESERT RSC ACTION STEP
Strategy 2.3: Strengthen cross-sector partnerships for resource optimization.	Establish a formal partnership with the Family Assistance Program to coordinate case management, training, and warm handoffs for transition age youth (TAY) aging out of services to ensure connection to housing, supportive services and prevention resources.

GOAL 3 : Shelter and Services

STRATEGY	HIGH DESERT RSC ACTION STEP
Strategy 3.2: Secure dedicated funding for year-round and seasonal emergency shelters.	Conduct a regional assessment of the need for warming and seasonal shelters, including identifying potential sites and exploring funding opportunities, such as Community Resilience Center funding through the California Strategic Growth Council.

GOAL 4 : Prevention and Diversion

STRATEGY	HIGH DESERT RSC ACTION STEP
Strategy 4.1: Establish a clear and accessible low-barrier pathway at all access points.	Utilize a structured lived experience feedback process (Strategy 5.3) to solicit input about gaps and needs in the current regional structure and identify opportunities for improvement.

GOAL 5 : Data and Performance

STRATEGY	HIGH DESERT RSC ACTION STEP
Strategy 5.3: Ensure lived experience is integrated at all levels of decision-making.	Develop and implement a structured process to solicit, integrate, and compensate for feedback from people experiencing homelessness on all regional decisions, using the Wellness Center, regional hubs, and partner organizations as engagement points.

Mountain RSC Regional Implementation Plan

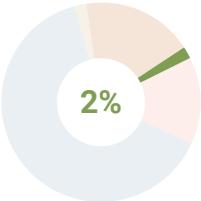
The Mountain Region is comprised of the San Bernardino Mountains and its communities, such as Big Bear Lake, Lake Arrowhead, and Running Springs. It is a popular year-round tourist destination where many of the properties are either vacation homes or, increasingly, short-term rentals. The area has a relatively small population of people experiencing homelessness who are dispersed throughout the geography. Transportation to and from the area is extremely limited, making access difficult, especially during winter storms or wildfire threats.

According to the U.S. Census Bureau, the Mountain region makes up 2% of the county's total population. The region has a median rent of $1,543 and median income is $79,747. Approximately 25.3% of the region's population is severely cost burdened (spending more than 50% of income on housing) despite only 13% of the population living below the poverty line. The Mountain region has the highest vacancy rate of all regions in San Bernardino, at 56.8%, however the low vacancy is largely driven by the high number of short-term rentals.

Homelessness in the Mountain Region

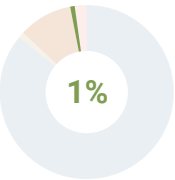
52 UNSHELTERED

16 SHELTERED

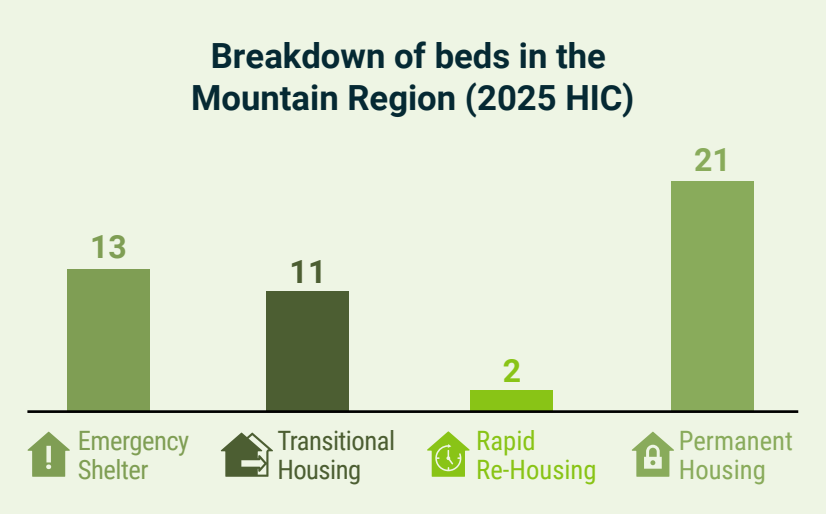


of the CoC's total PITC

The Mountain Region's Homeless Service System



The Mountain region offers very little interim housing and no permanent housing for people experiencing homelessness, with **1% of the total beds** in the CoC located in the region in 2025.



The Mountain region's homeless service system is characterized by a strong commitment from local providers, strong partnerships with faith-based organizations and local schools, as well as local champions and political buy-in from leaders. In addition, there are a number of unique land opportunities in the region. At the same time, the Mountain Regional Steering Committee faces challenges in the system, which include a general lack of resources, climate and transportation barriers, and an absence of provider participation in the CoC's Coordinated Entry System. There are also challenges with extreme community stigma, as focus group participants with lived experience shared that "Big Bear Lake and Town Council do not want any of the homeless in their city, period." Additionally, as a small region, the Mountain RSC lacks visibility in County planning and a general lack of coordinated messaging. Staff from RSC member organizations also noted that some critical services are being sustained by volunteers or single individuals doing multiple jobs, which is not sustainable.

The Mountain Regional Steering Committee identified the following action steps as a priority for the region over the next five years.

GOAL 1 : Permanent and Affordable Housing

STRATEGY	MOUNTAIN RSC ACTION STEP
Strategy 1.2: Expand access to affordable housing in underserved regions.	Identify and pursue innovative senior housing models, like co-living units, ADUs and cohousing communities, with funding and development partners to expand affordable housing options.

GOAL 2 : Coordination

STRATEGY	MOUNTAIN RSC ACTION STEP
Strategy 2.1: Formalize communication and collaboration between the County, CoC and RSCs.	Establish a formal Mountain RSC liaison structure to strengthen communication, elevate Mountain voices, and ensure local needs are addressed by mapping all countywide and cross-jurisdictional homelessness response and planning meetings and assigning a Mountain representative to each.

GOAL 3 : Shelter and Services

STRATEGY	MOUNTAIN RSC ACTION STEP
Strategy 3.3: Strengthen coordinated street outreach capacity.	Strengthen regional outreach by identifying funds to hire and train locally based peer navigators to coordinate outreach efforts across providers and implement consistent engagement strategies to connect with clients before crises occur.

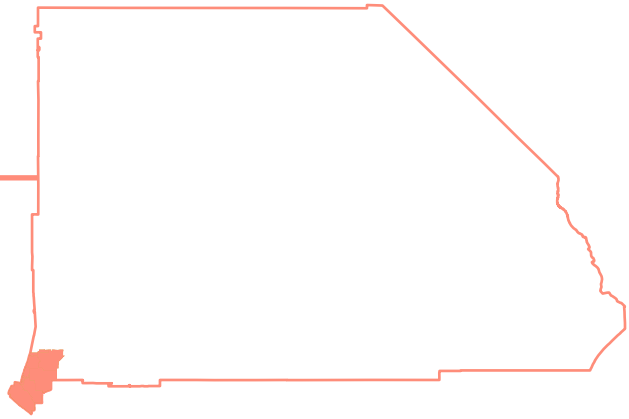
GOAL 4 : Prevention and Diversion

STRATEGY	MOUNTAIN RSC ACTION STEP
Strategy 4.1: Establish a clear and accessible low-barrier diversion pathway at all access points.	Build system reliance by creating a regional network of shared resources and cross-trained staff, ensuring continuity of services and establishing backup support protocols to maintain access for all community members.

GOAL 5 : Data and Performance

STRATEGY	MOUNTAIN RSC ACTION STEP
Strategy 5.1: Enhance the functionality, integrity, and equity of the coordinated entry system (CES).	Increase regional CES trust and impact by standardizing referral and follow-up procedures across providers, providing clear, consistent communication about housing options and next steps, and training staff to ensure continuity.

West Valley RSC Regional Implementation Plan



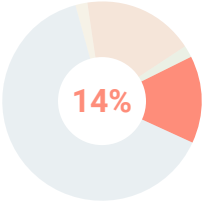
The West Valley region includes some of the most suburban and economically developed parts of the county, including cities like Ontario, Rancho Cucamonga, and Upland. It benefits from its proximity to Los Angeles, with access to a skilled workforce, a diversified economy, and a strong logistics, retail, and manufacturing presence. The area has seen rapid growth in recent years, which has brought infrastructure and housing development challenges, along with increasing diversity and the need for more diverse and culturally competent providers.

According to the U.S. Census Bureau, West Valley residents represent 32% of the county's total population. The region has the highest median rent at $2,159 and median income is $99,887. Approximately 28.3% of the region's population is severely cost burdened (spending more than 50% of income on housing) despite only 9.7% of the population living below the poverty line. The West Valley has the lowest vacancy rate of all San Bernardino county regions, at 3.6%.

Homelessness in the West Valley

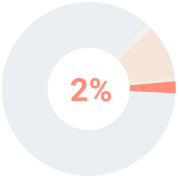
476 UNSHELTERED

80 SHELTERED

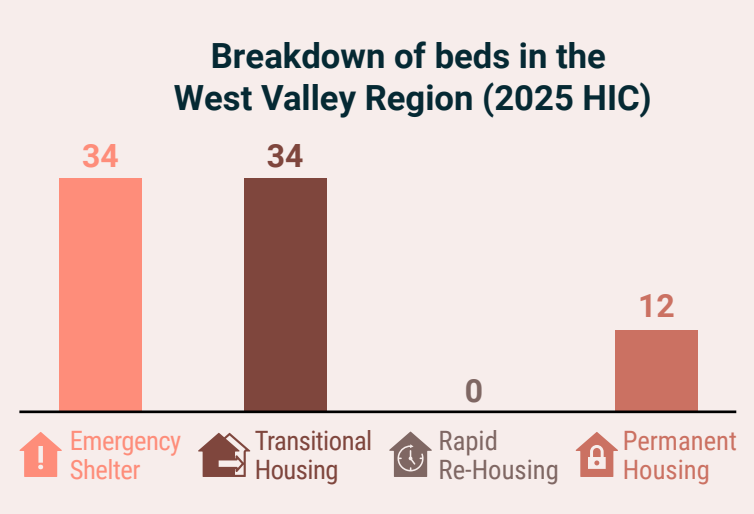


of the CoC's total PITC

The West Valley Region's Homeless Service System



The West Valley region has extremely limited interim and permanent housing available for people experiencing homelessness with only **2% of the total beds** in the CoC in 2025, most of which were dedicated to specialized populations.



The homeless service system in the West Valley is characterized by deep collaborations and partnerships between providers, a strong commitment from both County and City governments, strong partnerships with health care providers, and an emphasis on developing innovative service models. Challenges for the West Valley RSC include a severe shortage of affordable housing, the additional need for housing for people with behavioral health needs, and uneven local provider participation in the CoC's Coordinated Entry System (CES) and the Homeless Management Information System (HMIS).

Additionally, there is a large population of individuals and families living in the region that are at-imminent risk of homelessness. As identified above, more than one in four renter households in the region are severely cost burdened, living one missed paycheck or one unanticipated financial crisis away from losing their stable housing. There is also a large, hidden population living in their cars, paying to live in motels and living doubled-up with relatives or friends. Both of these situations highlight a critical need for one-time rent assistance payments or ongoing rental subsidies, coupled with conflict mediation, to stabilize these households and prevent family crises that can lead to homelessness. RSC members noted the absence of a proactive role by local governments in incentivizing deeply affordable housing development in the community, including density bonuses and fast-track permitting. RSC members also highlighted the urgent need to create regional drop-in centers for youth, and partner with schools and local community colleges to staff and promote access to housing and services.

The West Valley Regional Steering Committee identified the following action steps as a priority for the region over the next five years.

GOAL 1 : Permanent and Affordable Housing

STRATEGY	WEST VALLEY RSC ACTION STEP
Strategy 1.2: Expand access to affordable housing in underserved regions.	Expand access to affordable housing for aging adults and disabled by piloting shared housing and co-op living models, (e.g., supporting home sharing for homeowners, pairing tenants to share rentals, and developing cooperative living spaces), including projects tailored for aging adults developed through the West Valley Regional CCAHSAA Collaboratory initiative like the West Valley Initiative with the California Healthcare Foundation.

GOAL 2 : Coordination

STRATEGY	WEST VALLEY RSC ACTION STEP
Strategy 2.1: Formalize communication and roles between the County, CoC and RSCs to strengthen internal collaboration.	Establish a formal partnership between the County, West Valley cities, the CoC-RSC and other community stakeholders to provide strategic planning, coordinated service delivery and operational oversight for the new West End Regional Navigation Center.
	Model information sharing and peer learning for other RSCs and the CoC by highlighting innovative housing and funding models utilized by West Valley, such as the CCAHSSA Collaboratory initiative, and its cities in cross-RSC and CoC presentations and workshops.
Strategy 2.3: Strengthen cross-sector partnerships for resource optimization.	Support the development of regional cross-sector partnerships between public and private organizations in the homelessness, housing, healthcare and social service sectors to facilitate collective impact outcomes focused on housing stability and whole person care for high-risk populations in the region, such as the CCAHSAA Collaboratory initiative.

GOAL 3 : Shelter and Services

STRATEGY	WEST VALLEY RSC ACTION STEP
Strategy 3.1: Develop a CoC-wide plan for shelter and interim housing.	Develop a regional strategy that creates bridge housing for people exiting hospitals, crisis stabilization units, treatment and recovery programs and other institutions by aligning cross-system partners, braiding capital and operating funds, formalizing discharge-to-housing protocols, and tracking outcomes.

GOAL 4 : Prevention and Diversion

STRATEGY	WEST VALLEY RSC ACTION STEP
Strategy 4.3: Proactively identify and stabilize households at high risk of homelessness.	Establish a regional prevention and diversion strategy for the West Valley that includes developing a coordinated regional flexible spending pool and a multi-agency collaborative partnership that focuses on maintaining housing for currently housed, high-risk households, preventing their inflow into the system.

GOAL 5 : Data and Performance

STRATEGY	WEST VALLEY RSC ACTION STEP
Strategy 5.2: Increase provider accountability and performance management.	Establish a regional model for data-driven housing and homelessness response, using outcomes and lessons learned to guide countywide strategy and replication.
Strategy 5.3: Ensure lived experience is integrated at all levels of decision-making.	Develop and implement a process to integrate feedback and input from people with lived experience into all levels of housing and homelessness policy, planning and program design in the West Valley.

GOAL 1

Increase Permanent and Affordable Housing Capacity and Provide the Resources Needed to Ensure People can Maintain Stable Housing.

The CoC identified a critical shortage of permanent, affordable housing. Addressing this goal requires expanding supply, improving geographic distribution and ensuring access to supportive services to help people remain housed.

Strategy 1.1: Optimize the Use of Existing Affordable Housing Subsidies and Programs

Conduct a quarterly inventory of all housing subsidies, vouchers, RRH, and PSH units currently available and in the pipeline across the county and CoC, publishing the utilization rates countywide and by RSC region.

Establish a standing, dedicated workgroup to provide technical assistance to smaller, regional providers and non-traditional partners on navigating complex funding and procurement for rental assistance and affordable housing development.

Work with County departments to streamline the lease-up process and reduce administrative friction for voucher holders and landlords across all regions.

Strategy 1.2: Expand Access to Affordable Housing in Underserved Regions

Collaborate with the County to dedicate a specific portion of housing development funds (e.g., Prop 1, Encampment Resolution Funding (ERF)) or project-based vouchers to the High Desert, East Desert, and Mountain regions to address the current regional disparities.

Develop and promote a Landlord Engagement and Retention Program that provides flexible financial incentives and mitigation funds to landlords in areas struggling with housing scarcity, such as the Central Valley and West Valley.

Promote innovative housing models that are suitable for rural contexts, such as conversion of motels, use of modular housing, and development of tiny home communities.

Strategy 1.3: Strengthen Post-Housing Stability Services Across the CoC

Ensure all regions have access to resources to offer furnishings and utility assistance upon move-in, reducing the barrier to housing acceptance.

Establish and formalize a system of peer support and navigation services, especially in rural areas, to help newly housed individuals connect with community resources and prevent lease violations.

Develop a CoC-wide framework for progressive engagement, ensuring housing stability services are right-sized to meet individual needs, rather than one size fits all.

Potential Challenges and Barriers

- **Affordability Crisis:** The single greatest barrier to housing in the county is the severe lack of available, affordable rental units, particularly in high-demand areas such as the West Valley and Central Valley.
- **Geographic Isolation:** Developing new housing and delivering long-term supportive services in deeply rural regions such as the East Desert and Mountain regions is complicated by distance, lack of infrastructure, and limited developer interest.
- **Landlord Reluctance:** Overcoming stigma and reluctance from landlords to accept housing vouchers remains a major hurdle, requiring ongoing financial incentives and education efforts.
- **Funding Instability:** Many post-placement services rely on fragmented, short-term grants, which make ongoing support services less available to residents, threatening the long-term stability needed to prevent recidivism.

Tracking Progress

- **Performance Measures**
  - Increase in Housing Placements: Achieve a 10% year over year increase in the number of individuals and families exiting homelessness to permanent housing.
  - Reduction in Recidivism: Achieve a reduction in the rate of individuals who return to homelessness within one year of housing placement (Housing Stability Rate).
  - Equitable Housing Outcomes: Reduce racial and geographic disparities in time to housing placement across the five RSCs.
  - Increase in Housing Stock: Add a measurable number of new, dedicated affordable housing units to the regional stock each year.
  - Service Accessibility: Ensure that 90% of housed clients have access to needed post-placement supportive services within 30 days of move-in.
- **Primary Data Source(s):** HMIS and HIC.
- **Review Frequency:** Quarterly meetings of the CoC Performance Oversight Committee and annual reports to the full CoC membership and the five RSCs.
- **Equity Focus:** Monitor by race/ethnicity, disability status, and RSC regions the disparities in outcomes (e.g., time to housing, placement success) to ensure equitable deployment of resources. Undertake immediate course correction as disparities are identified.
- **Accountability:** Each RSC is responsible for regional implementation and reporting on their local data, with the CoC Board overseeing system-wide performance and funding alignment.

GOAL 2

Improve Information, Coordination, and Collaboration between County Departments, Cities, the CoC, and RSCs.

San Bernardino County's size and diversity are strengths but can create challenges for coordination across the regions. To strengthen the entire system, the CoC will focus on improving communication, clarifying roles, increasing awareness of its role, and reducing fragmentation through stronger collaboration with partners.

Strategy 2.1: Formalize Communication and Collaboration between the County, CoC, and RSCs

Document and ratify Memorandums of Understanding (MOUs) outlining the specific service delivery, funding oversight, and data sharing responsibilities between the County, the CoC, and each RSC.

Establish quarterly, cross-regional, non-Brown Act forums for County liaisons, CoC leaders and RSC chairs to share information, discuss challenges, and collaborate on strategic solutions.

Ensure CoC working groups have representation from all five RSCs to support implementation of action steps and create CoC-wide processes or principles to govern the working groups.

Implement a centralized, standardized communication system (e.g., a dedicated CoC portal or mailing list) for disseminating time-sensitive information, such as funding application deadlines and policy changes, that communicates regularly to all regional interest holders.

Strategy 2.2: Elevate the CoC's Identity and Authority as a Unified System

Launch a CoC-wide education campaign to clarify the CoC's function, its funding mechanisms (e.g., HUD CoC Program, ESG, HHAP), and how providers and communities can access and influence these resources.

Create a strategy and build capacity to raise awareness about the CoC and to educate and engage policymakers and community members around specific challenges and needs of people experiencing homelessness.

Conduct a CoC assessment to determine the effectiveness of the overall system of care, including system components, policies, procedures, structures, and processes within the homeless system – including RSCs – and with related systems of care.

Facilitate regional workshops, especially in the High Desert and East Desert, to foster local understanding of the CoC process and encourage participation from non-traditional partners (e.g., libraries, faith-based organizations).

Develop a mentorship program pairing providers in high-capacity RSCs with providers in emerging RSCs to share grassroots coordination and fundraising best practices.

Develop and implement a coordinated CoC advocacy strategy to engage local, state, and federal policymakers in advancing policies and funding priorities aligned with the Strategic Plan's goals.

Strategy 2.3: Strengthen Cross-Sector Partnerships for Resource Optimization

Map all existing and potential partnerships with health, behavioral health, and criminal legal systems, identifying gaps in coordination and data sharing.

Establish regular, formalized case conferencing opportunities between housing providers and County Departments (e.g., Behavioral Health, Public Health) to ensure coordinated service planning for clients with high needs.

Identify and implement a process for maintaining a comprehensive list of

Potential Challenges and Barriers

- **Fragmented System Identity:** Interest holders often view the system as "County services" or "local non-profits," failing to recognize the unified role and purpose of the CoC, leading to frequent confusion about resource pathways.
- **Geographic Scale:** The vast distances between remote RSCs and the central County offices make consistent, real-time collaboration difficult and costly, limiting relationship building and the provision of technical assistance in rural areas.
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- **Siloed Data Systems:** Integrating data and achieving full information sharing between health organizations, the criminal legal system, and housing partners often runs into legislative, privacy, and technical barriers that require extensive legal and IT resources to overcome.

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- **Performance Measures**
  - Increased Participation: Achieve a 15% increase in non-traditional partner participation (e.g., local businesses, grassroots community groups) in RSC meetings and CoC-wide initiatives.
  - Role Clarity: 80% of CoC, County, and RSC interest holders report a clear understanding of their respective roles and responsibilities in the homeless response system, as measured by an annual survey.
  - Funding Awareness: Document a measurable increase in the number of regional providers applying for or receiving CoC-administered funding, particularly in the lower-capacity RSCs.
  - MOU Compliance: 100% of CoC and County departments that are mandated to share data or resources will have formalized MOUs in place and are entering data consistently and regularly into HMIS.
- **Primary Data Source(s):** Annual CoC Partner Survey, MOU Tracking Log, and CoC Funding Application Data.
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The Plan

On Our Way Home: The San Bernardino CoC Regional Action Plan on Homelessness 2026-2030 sets five overarching goals to prevent and end homelessness. These goals are supported by evidence-based strategies and action steps grounded in quantitative and qualitative data, as well as input from people with lived experience, providers, and cross-sector partners.[5]

The CoC's structure, with its geographically diverse RSCs, requires an implementation strategy that is centralized for funding and coordination, yet flexible enough to address the distinct needs of each region. The goals align with other community planning efforts whenever possible, ensuring a unified response to homelessness across the county, while also addressing specific CoC priorities.

Structure of the Plan

- The five **GOALS** outline what needs to be prioritized to reduce and prevent homelessness in San Bernardino.
- The **STRATEGIES** identify how the CoC will reach the high-level goals.
- The **ACTION STEPS** are concrete and time-limited activities that will move each strategy forward.
- For each goal, there are **POTENTIAL CHALLENGES AND BARRIERS**. Considering these at the start of implementation increases the likelihood that the community can plan for and identify ways to avoid or address the challenges.
- The implementation plan includes specific performance measures and processes to support the CoC in **TRACKING PROGRESS** toward each goal.

As a comprehensive roadmap, the Plan provides an actionable framework for moving the CoC's work forward. It is intended to be a living document that will evolve and change over time as action steps are completed and new priorities emerge.

Implementation of the Plan is a shared responsibility across the CoC and its partners, requiring coordinated action and vision to carry out the identified steps. Additionally, each RSC has a Regional Implementation Plan that outlines region-specific actions tailored to local gaps, needs and resources. These regional plans, along with supporting data about homelessness, are included at the end of the CoC-wide implementation on page .

[5] A separate Gaps and Needs Analysis completed midway through the strategic planning process can be found at Appendix F. Additional information and findings from specific data sources can be found in the Quantitative Data Analysis (Appendix B), the Lived Experience Focus Groups Summaries (Appendix C), the Summary of County Department Interviews (Appendix D), and the Summary of Community Survey Results (Appendix E).

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- **Performance Measures**
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Develop and implement a coordinated CoC advocacy strategy to engage local, state, and federal policymakers in advancing policies and funding priorities aligned with the Plan's goals.

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- **Performance Measures**
  - **Increased Participation:** Achieve a 15% increase in non-traditional partner participation (e.g., local businesses, grassroots community groups) in RSC meetings and CoC-wide initiatives.
  - **Role Clarity:** 80% of CoC, County, and RSC interest holders report a clear understanding of their respective roles and responsibilities in the homeless response system, as measured by an annual survey.
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- **Accountability:** The CoC Leadership is responsible for maintaining and enforcing MOUs and communication protocols, with RSC chairs accountable for regional partner engagement.

GOAL 3
Improve and Expand Shelter, Interim Housing, and Low-Barrier Services.

Goal 3 focuses on expanding safe, low-barrier shelter across the county. Given regional disparities in access and unmet need, the CoC will develop a countywide approach to ensure more equitable access to shelter and services.

STRATEGY 3.1 Develop a CoC-wide Plan for Shelter and Interim Housing

Conduct a gaps analysis of current shelter and interim housing capacity and compare it to the unsheltered population in each of the five RSCs to identify disparities.

Prioritize the creation of low-barrier, non-congregate options (e.g., safe parking, pallet shelters, transitional housing) where traditional shelter models are not feasible.

Establish a CoC-wide standard of practice for shelter operations, focusing on low-barrier entry, harm reduction principles, and accessibility for families and individuals with pets.

STRATEGY 3.2 Secure Dedicated Funding for Year-Round and Seasonal Emergency Shelters

Create a dedicated funding pool, utilizing State and local grants, to support emergency winter shelter operations in the five RSCs.

Establish a funding mechanism to provide essential, flexible operating support for existing and new interim housing programs, reducing provider reliance on unstable annual grants.

Explore partnerships with faith-based organizations and local municipalities to identify and activate underutilized facilities for temporary overflow and severe weather sheltering.

STRATEGY 3.3 Strengthen Coordinated Street Outreach Capacity

Ensure every RSC has a dedicated, multi-disciplinary outreach team with adequate training and resources to conduct daily outreach, focusing on unsheltered hotspots, including encampments in the Central Valley and West Valley regions.

Standardize protocols for encampment engagement, focusing on service delivery and pathways to housing, while working with jurisdictions to define clear, humane, and non-discriminatory closure policies.

Leverage HMIS to track real-time outreach data on unsheltered persons, their service needs, and barriers to housing to increase collaboration, reduce duplication and streamline entry into CES.

STRATEGY 3.4 Integrate Lived Experience and Equity into Shelter Design and Operation

Formally integrate feedback from focus groups comprised of people experiencing homelessness — especially those from remote areas of the county — into the design and expansion of all new interim housing projects.

Develop a trauma-informed training and certification program for all staff working in shelter and interim housing, ensuring non-discriminatory, person-centered service delivery.

Track and publicly report equity data on shelter utilization, length of stay, and reasons for discharge, disaggregated by race, ethnicity, and geography.

Potential Challenges and Barriers

- **Community Opposition (NIMBYism):** Local resistance to shelters and services can delay or block development of new facilities.
- **Lack of Rural Infrastructure:** Many rural areas lack the necessary public transportation, staffing capacity, and existing building sites suitable for conversion into interim housing, making expansion logistically difficult.
- **Staffing and Retention:** The high-stress nature of low-barrier shelter work and uncompetitive wages lead to high staff turnover, which undermines service quality and consistency.
- **Funding for Operations:** Securing capital funding is often easier than securing long-term, flexible operating funds necessary to keep shelters open year-round and provide essential services.

Tracking Progress

- **Performance Measures**
  - **Increase in Shelter Beds:** Achieve a 20% increase in the number of year-round, low-barrier shelter and interim housing beds across the CoC within three years.
  - **Geographic Coverage:** Ensure each of the five RSCs has access to locally available, low-barrier emergency or interim housing options.
  - **Reduced Time to Placement:** Decrease the average length of time between outreach engagement and placement into interim housing.
  - **Reduction in Unsheltered Rate:** Reduce the percentage of the CoC's homeless population who are living unsheltered, as measured by the annual PITC.
  - **Client Satisfaction:** Achieve an 85% client satisfaction rate with the safety and quality of interim housing and shelter services.
- **Primary Data Source(s):** PITC, HMIS Shelter Utilization Reports, CES data, and annual Client Satisfaction Surveys.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, bi-annual reports to the CoC Board, and an annual review linked to the PITC.
- **Equity Focus:** Shelter utilization and length of stay will be tracked by race/ethnicity and disability to ensure fair access and operational effectiveness is at the forefront of all activity across all facility types and regions.
- **Accountability:** Facility operators and the CoC are responsible for ensuring compliance with low-barrier standards and reporting on utilization metrics to the RSCs.

GOAL 4

Develop and Invest in a CoC-wide Prevention and Diversion Program, Including an Improved Education and Resource Effort, to Lower Barriers to Housing and Services for People at Risk of or Experiencing Homelessness

To truly address homelessness, the CoC must prevent people from becoming homeless for the first-time. Current county prevention resources are limited, often short-term, and insufficient given rising housing costs, unemployment, and poverty levels in the county. Goal 4 focuses on strengthening coordinated efforts to prevent and divert homelessness before it occurs.

STRATEGY 4.1 Establish a Clear and Accessible Low-Barrier Diversion Pathway at All Access Points.

Implement a consistent diversion assessment protocol within the CES that is utilized by the RSCs and all access points, ensuring that the first step for all individuals in need is a housing-focused, resource-maximizing conversation.

Provide dedicated flexible funding (e.g., diversion assistance funds) to all RSCs that they can use for immediate needs, such as covering minor rental arrears, preventing utility shutoffs, or providing travel assistance.

Train all frontline staff (including outreach, shelter intake, and County navigators) on diversion and conflict resolution techniques, with emphasis on cultural competency and regional resource specificity.

STRATEGY 4.2 Strengthen Institutional Discharge Planning to Prevent Exits to Homelessness.

Formalize partnerships and MOUs with local hospitals, jails, prisons, and behavioral health facilities to establish mandatory, standardized housing discharge protocols across the county.

Assign dedicated housing navigators to major institutions in the Central and West Valley areas to ensure high-risk individuals are immediately connected to the CES and housing resources upon release from local hospitals, jails, prisons, and behavioral health facilities.

Develop and regularly update a "Warm Handoff" resource guide specifically for institutional staff, detailing pathways to housing and benefits enrollment for released individuals.

STRATEGY 4.3 Proactively Identify and Stabilize Households at High Risk of Homelessness.

Utilize predictive data models and publicly available eviction data to target high-risk neighborhoods for concentrated prevention outreach and legal aid services.

Implement an education and media campaign throughout the county, including rural areas, to inform the public and at-risk tenants about the availability of rental assistance, legal aid, and eviction mediation services.

Establish a CoC-wide rental assistance program that focuses on maintaining housing for currently housed, high-risk households, to prevent inflow into the system.

Potential Challenges and Barriers

- **Limited Flexible Funding:** Diversion requires immediate access to small amounts of flexible cash assistance, which is often difficult to secure and administer under existing restrictive grant regulations.
- **Institutional Buy-In:** Achieving consistent, high-quality discharge planning from major institutions (especially hospitals and jails) requires overcoming systemic inertia and competing priorities within the large organizations.
- **Geographic Access to Legal Aid:** Tenants in rural parts of the county often lack easy access to legal aid and eviction mediation services, limiting effective prevention outreach in those areas.
- **Lack of Data Integration:** Identifying households truly "at-risk" (e.g., those with a pending eviction) often relies on external, non-HMIS data sources, making proactive targeting complex and inconsistent.

Tracking Progress

- **Performance Measures**
  - **Reduction in First-Time Homelessness:** Achieve at least a 2% reduction in the number of individuals and families experiencing homelessness for the first time.
  - **Diversion Success Rate:** Achieve a 50% success rate for households diverted from the homeless response system, defined as remaining stably housed after 12 months.
  - **Institutional Connections:** Ensure that 75% of eligible individuals discharged from partner institutions (jails, hospitals, etc.) are formally connected to the CES prior to or within 48 hours of release.
  - **Prevention Service Reach:** Increase the number of households served by homelessness prevention resources by 25% annually.
- **Primary Data Source:** HMIS Prevention and Diversion Program Reports, CES data, SPMs, and institutional discharge data via MOUs.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, with focused deep analysis into diversion success rates and institutional discharge connection metrics.
- **Equity Focus:** Analyze disparities by race, ethnicity, and region as to who receives prevention resources and the success rate of diversion efforts to ensure equitable application of funding.
- **Accountability:** CES providers and Prevention Program managers are responsible for data quality and reporting on diversion and stability outcomes.

GOAL 5
Strengthen the Homeless Response System so that it is Data-driven, Fair, and Results-Oriented.

The CoC faces challenges related to data quality, coverage, and system alignment that creates challenges for planning, collaboration, and evaluation. Goal 5 strengthens the technical and operational backbone of the system by improving Coordinated Entry, increasing HMIS participation, and integrating lived experience into system design.

STRATEGY 5.1 Enhance the Functionality, Integrity, and Equity of the Coordinated Entry System (CES).

Standardize and enforce CES access policies across the five RSCs, ensuring consistent screening, assessment, and prioritization, regardless of where an individual accesses the system.	Conduct quarterly data quality reviews of HMIS, focusing on completeness, timeliness, and accuracy of data and reports, with targeted technical assistance for low-performing RSCs, particularly those located in rural areas.	Conduct an annual independent third-party audit of the HMIS infrastructure and the CES system, evaluating data security, system integrity, and fidelity to CoC-wide prioritization standards.	Implement an equity-focused monitoring process within CES, tracking disparities in referral rates, housing placement rates, and time-to-housing, disaggregated by race, ethnicity, and RSC region.

STRATEGY 5.2 Increase Provider Accountability and Performance Management.

Develop and implement an CoC-wide performance evaluation framework that clearly defines success metrics for all funded projects (CoC Program, ESG, HHAP, etc.).	Develop and regularly update dashboards on an easily accessible website, which provides access to recent data about needs and performance to facilitate planning and evaluation and promote transparency.	Conduct annual performance reviews for all funded providers, linking funding continuation and contract renewal to demonstrated progress toward CoC goals, including equity outcomes.
Execute an independent, annual performance evaluation of the Collaborative Applicant and the CoC, focusing on governance structure effectiveness, fiscal management of HUD and State funds, and progress in addressing system-wide equity goals.	Establish a transparent process for allocating all CoC-administered funding, prioritizing projects that demonstrate the highest performance, target the most vulnerable populations, and fill critical geographic gaps.	

STRATEGY 5.3 Ensure Lived Experience Is Integrated at All Levels of Decision-Making.

Formalize the CoC's PWLE Advisory Board and Youth Advisory Board, ensuring they are geographically representative of all five RSCs, including paying stipends to all members.	Mandate lived experience representation on all CoC decision-making bodies and grant review committees.	Create a consistent feedback loop where the CoC Board and RSCs review, document, and act upon all lived experience member Board recommendations.

Potential Challenges and Barriers

- **HMIS Data Quality:** Lower-capacity providers, especially providers in rural RSCs, often lack the training and dedicated staff time to ensure high-quality, timely HMIS data entry, leading to incomplete system data.
- **Resistance to Standardization:** Individual providers and RSCs may resist mandatory CES standardization or performance metrics that conflict with their existing practices or regional priorities.
- **Sustainability of Stipends to Compensate People with Lived Experience:** Securing dedicated, sustained funding for stipends and support services is an ongoing administrative challenge that impacts the diversity and continuity of the Advisory Board.
- **Technical Debt:** Upgrading and integrating the HMIS/CES requires significant, ongoing investment in technology and specialized IT staffing, which often competes with direct service funding.

Tracking Progress

- **Performance Measures**
  - **Data Quality:** Achieve 95% data quality compliance across all funded HMIS projects, meeting HUD data standards for completeness and accuracy.
  - **Equitable Allocation:** Demonstrate that CoC funding allocation decisions are transparent and reduce geographic and racial disparities in service and housing access year over year.
  - **System Efficiency:** Reduce by 10% the average length of time a household spends in the CES before being matched to a housing intervention.
  - **Accountability:** Undertake annual performance reviews (APRs) for 100% of funded projects and ensure 85% of the APRs meet or exceed established performance benchmarks.
  - **Lived Experience Integration:** Ensure that 100% of CoC decision-making meetings include attendance and participation by Lived Experience Advisory Board and Youth Advisory Board members.
- **Primary Data Source:** HMIS Data Quality Reports, CES Prioritization and Waitlist data, and CoC Funding Review Committee documentation.
- **Review Frequency:** Quarterly meetings of the CoC Performance Committee, with a focus on HMIS Data Quality and CES equity tracking. CoC leadership should review the Lived Experience Board recommendations monthly.
- **Equity Focus:** Perform systemic bias checks on CES data to ensure fair assignment of housing resources and reduce disparities in time-to-housing outcomes across all protected classes.
- **Accountability:** The County is responsible for maintaining the HMIS infrastructure, with the CoC Board and Governance Committee responsible for enforcing performance and equity standards.

Appendix A: Glossary

Term	Definition
Affordable Housing	Housing for the occupant(s) pay no more than 30 percent of their income for housing costs, including utilities
American Rescue Plan Act (ARPA)	Signed into law in March 2021, ARPA provided additional funding for state and local governments. For information about the housing specific provisions see HUD Fact Sheet.
Bed Capacity	Total number of beds available
Case Conferencing	Collaborative meetings where service providers, case managers, and community leaders share information to connect people experiencing homelessness with appropriate housing and services.
Central Valley Region	The Central Valley region includes many of the county's most urban and suburban parts, including cities such as San Bernardino, Fontana and Redlands.
Chronic Homelessness	People who have experienced homelessness for at least a year — or repeatedly — while struggling with things like a mental illness, substance use disorder, or physical disability.
Collaborative Applicant (CA)	The collaborative applicant is the organization or entity that is chosen by the Continuum of Care (CoC) to collect and submit the CoC Registration, the CoC Consolidated Application, and apply for CoC funds on behalf of the CoC during the funding competition. The CoC can assign other responsibilities to the Collaborative Applicant as long as these responsibilities are documented in the CoC's governance charter. The Collaborative Applicant selected by the San Bernardino CoC is San Bernardino County.
Comprehensive Housing Affordability Strategy (CHAS)	Custom tabulations of data from the U.S. Census Bureau that demonstrate the extent of housing problems and housing needs, particularly for low-income households. The CHAS data are used by local governments to plan how to spend HUD funds and may also be used by HUD to distribute grant funds.
Consolidated Plan	The Consolidated Plan is designed to help states and local jurisdictions to assess their affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula block grant programs. The Consolidated Plan is carried out through Annual Action Plans, which provide a concise summary of the actions, activities, and the specific federal and non-federal resources that will be used each year to address the priority needs and specific goals identified by the Consolidated Plan. Grantees report on accomplishments and progress toward Consolidated Plan goals in the Consolidated Annual Performance and Evaluation Report (CAPER). *(HUD Verbatim)*
Continuum of Care (CoC)	A regional or local planning body that coordinates housing and services funding for homeless families and individuals. In San Bernardino the Continuum of Care covers the entire county.
Continuum of Care Program	A program administered by HUD aimed at addressing homelessness. The program's goal is to promote a community-wide commitment to ending homelessness. The program provides funding to nonprofit organizations, state, and local governments to quickly rehouse homeless individuals and families.
Coordinated Entry System (CES)	A process that ensures that all people experiencing a housing crisis in a defined geographic area have fair and equal access, and are quickly identified, assessed for, referred and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they first present for services.

Cost Burdened	Households are considered cost-burdened when they spend more than 30% of their income on rent, mortgage payments, and other housing costs.
County Action Plan	The San Bernardino County Homeless Strategic Action Plan, last updated in 2022, intended to increase coordination, expand the impact of the County's housing and homeless programs, and strengthen efforts amongst partners.
Data-Driven	Using quantitative and qualitative data to make strategic decisions that align with goals and objectives.
Density Bonuses	California's Density Bonus Law allows a developer to increase density on a property above the maximum set under a jurisdiction's General Plan land use plan. In exchange for the increased density, a certain number of the new affordable dwelling units must be reserved at below market rate rents.
Diversion	A strategy for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.
Domestic Violence (DV)	Domestic Violence includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member (includes human trafficking).
Doubled-Up	A term used to describe individuals and families who are temporarily and unstably sharing the housing of other persons due to loss of housing or economic hardship. This includes those that are self-paying in hotels/motels or other daily rate housing without a lease.
Drop-In Centers	Low-barrier, daytime facility designed for vulnerable population that allow individuals to "drop in" during the day to access basic needs, social support, and resources without requiring a long-term commitment or extensive intake process.
East Desert Region	The East Desert region, which stretches to the Arizona border, contains Joshua Tree National Park and is comprised of smaller, more remote communities like Twentynine Palms, Joshua Tree, and Yucca Valley.
Emergency Shelter (ES)	Program that provides a safe and adequate nighttime residence for homeless individuals and families during their transition to permanent housing.
Emergency Solutions Grant (ESG)	A HUD funding source that helps people quickly regain stability after a housing crisis and/or homelessness.
Encampment Resolution Funds	State of California grant program that helps cities and counties ensure the wellbeing and safety of people living in encampments. The grant can be used for services that address immediate physical and mental needs.
Equity	The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. (W.H.O.)
Family Beds and Units	Terminology used for the Housing Inventory Chart. Family units refer to how many households can be housed whereas family beds includes a count of the total number of household members that can be served across all units.
Fast-Track Permitting	Streamlined and expedited construction permitting process for qualified projects through, city-specific or state programs.
Harm reduction	Harm reduction is a public health approach aimed at minimizing the negative consequences associated with certain behaviors or activities, rather than solely attempting to eliminate the behaviors themselves. It recognizes that while risky behaviors (e.g., drug use, unsafe sex) may not always be eradicated, their harmful effects can be reduced through practical strategies.
High Desert Region	The High Desert Region covers an expansive, largely rural area that also includes cities like Victorville, Barstow, Apple Valley, and Hesperia.

Homekey	State program starting in 2020 that enables state, regional, and local public entities to develop a broad range of permanent or interim housing types for individuals and families experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to the COVID-19 pandemic or other communicable diseases.
Homeless Data Integration System (HDIS)	State system that compiles Homelessness Management Information System (HMIS) data from all of California's Continuums of Care (CoC), submitted on a quarterly cycle.
Homeless Housing, Assistance and Prevention (HHAP)	A state-funded initiative designed to support local communities in addressing homelessness. It provides funding to counties, cities, and Continuums of Care (CoCs) to develop and implement strategies aimed at preventing homelessness, increasing the availability of supportive housing, and providing services that help individuals and families exit homelessness and achieve stability.
Homeless Management Information System (HMIS)	A local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Homelessness Prevention	Homelessness prevention refers to strategies and services aimed at preventing individuals and families from becoming homeless. This can include providing financial assistance for rent, utilities, or other housing-related expenses, as well as offering support services such as case management, legal aid, and connection to resources that help people stay in their homes. The goal of homelessness prevention is to address the underlying causes of housing instability before they lead to homelessness.
Housing Inventory Count (HIC)	A point-in-time inventory of beds and units within a CoC dedicated to serve people experiencing homelessness (and, for permanent housing projects, were homeless at entry, per the HUD homeless definition).
Housing Voucher	A voucher that can be spent on rented housing, such as Section 8 public housing in the United States, to help low-income individuals and families secure housing.
Interim Housing	Shorter-term crisis options for temporary accommodation to help unhoused people stabilize on the way to permanent housing. Interim housing can include emergency shelters, navigation centers, and transitional housing, among other housing types.
Landlord Engagement and Retention Programs	Programs that provide education and incentives to landlords to make it more likely they will rent to people experiencing homelessness and people with criminal records. They can provide funding to support risk mitigation (compensating landlords if tenants harm their premises) and financial incentives that make landlords more likely to rent to people transitioning out of homelessness and the criminal legal system.
Low-Barrier	Shelter or housing services that minimize entry obstacles, allowing immediate access for individuals experiencing homelessness. Focus is on meeting people where they are and minimizing barriers to shelter entry, such as sobriety or identification requirements, strict curfews, and complex referral or intake processes; Low-barrier models vary widely in order to respond to community needs.
Median Household Income	Midpoint of household income for an area; 50 percent of households have an income higher than the median household income and 50 percent of households have an income below it.
Median Rent Prices	Midpoint of rental prices for an area; 50 percent of rentals are priced higher than the median and 50 percent of rentals are below it.
Mitigation Funds	Funding to support assistance in areas impacted by recent disasters to carry out strategic and high-impact activities to mitigate disaster risks and reduce future losses. Funding may come from a range of federal or state agencies as well as local municipalities.
Mountain Region	The Mountain Region is made up of the San Bernardino Mountains and its communities, such as Big Bear Lake, Lake Arrowhead, and Running Springs.
Non-Congregate Shelter	Non-Congregate Shelters include separate sleeping areas or rooms for guests.

Not In My Backyard (NIMBY)	NIMBY stands for "Not In My Backyard," a term used to describe the opposition of local residents or communities to the development of certain projects or facilities in their neighborhood, even if these projects are seen as beneficial to the broader society. NIMBY is often used in reference to developments such as affordable housing, homeless shelters, or group homes, where people may support these initiatives in general but oppose them being located near their own homes.
Office of Housing and Homeless Services (OHS)	An office within San Bernardino County government that serves as the Lead Agency and/or Administrative Entity for various grant funds and the San Bernardino County Continuum of Care.
Operating Funds	Funding to support day-to-day functioning of organizations providing shelter, housing, and essential services.
Overflow shelter	Temporary facility that opens when permanent, long-term shelters are at full capacity.
Pallet shelters	Structures that can be erected quickly to provide temporary shelter for people experiencing homelessness.
Peer support and navigation services	Services that provide essential, lived-experience guidance to help individuals navigate housing and support systems.
Housing Subsidies	A housing subsidy is government sponsored economic assistance aimed at alleviating housing costs and expenses for individuals and families with low to moderate incomes.
Permanent Supportive Housing (PSH)	Programs providing permanent housing with supportive services (*e.g.,* case management, health services, financial services), usually for chronically homeless people.
Person-Centered Service Delivery	Providing support or services in a way that is responsive to individuals and their goals, values and preferences.
Persons with Lived Experience (PWLE)	Term used to refer to people who have lived through the experience of homelessness and have first-hand knowledge of what it feels like to live without safe and stable housing and/or to move through the homeless system of care.
Point-in-Time Count (PITC)	Annual sheltered and unsheltered count in January of all homeless persons in the area. It does not include households experiencing doubled up homelessness.
Poverty rate	The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically,
Progressive engagement	Person-centered approach based on tailoring assistance to each individual or household's needs and assessing what works best for them, with their specific strengths, and in their specific situation.
Prop 1	Two bills passed in March 2024 that shape statewide efforts to reform and expand California's behavioral health system. Proposition 1 consists of two parts: The Behavioral Health Services Act and the Behavioral Health Bond.
Qualitative Data	Data representing information and concepts that are not represented by numbers. They are often gathered from interviews and focus groups, or observations.
Quantitative Data	Data represented numerically, including anything that can be counted, measured, or given a numerical value.
Rapid Re-Housing (RRH)	Provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to permanent housing.
Safe Parking Program	Programs that provide designated, secure, and legal overnight parking locations for individuals experiencing homelessness who live in their vehicles. Sites may also offer restrooms, security, and access to supportive services focused on transitioning to permanent housing.

Severe Weather Shelter	Temporary, emergency housing solution meant to protect people experiencing homelessness from dangerous weather conditions either during specific seasons or extreme weather events.
Severely Cost Burdened	Households that spend more than 50% of their gross household income on rent and utilities.
Street Outreach	Specialized, mobile, and non-facility-based services designed to engage individuals and families living in unsheltered locations—such as parks, cars, or abandoned buildings—to meet their immediate, basic needs. Staff may provide food, clothing, and emergency care while working to build trust, connect individuals with housing, case management, and healthcare.
Structural Barriers	Policies, practices, and systemic factors that impede access to housing and/or services. Examples include lack of insurance coverage, limited transportation, staff shortages, language barriers, and systemic racism.
Supportive Services	Includes assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program
SWOT Analysis	A process to identify an organization or systems strengths and weaknesses (S-W), as well as broader opportunities and threats (O-T).
System Performance Measures (SPMs)	Measures that use data from the Homeless Management Information System (HMIS) to check how well communities are working together to help people who are homeless. These measures allow Continuums of Care (CoCs) and other organizations to keep track of community-wide progress toward reducing homelessness.
Technical Assistance (TA)	The process of providing targeted support to an organization that works in homelessness services (or within the continuum of care) with a development need or problem.
Transitional Housing (TH)	Provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support in the intermediary. Certain subpopulations, such as people fleeing domestic violence and transition age youth, can meaningfully benefit from a transitional housing environment.
U.S. Department of Housing and Urban Development (HUD)	The U.S. Department of Housing and Urban Development (HUD) is a federal agency that focuses on housing issues, including providing affordable housing, supporting community development, and addressing homelessness. HUD oversees programs like Housing Choice Vouchers (Section 8) and works to ensure that housing is accessible and equitable for all individuals, while also managing funding for local governments and organizations working on housing-related issues.
Unincorporated Areas	An area located outside the boundaries of any city or municipality, meaning it lacks its own local government and is governed or serviced by county government.
Unsheltered Homelessness	The state of people who spend most nights in places not meant to be used as a regular sleeping place for human beings, such as the streets, makeshift shelters (tents, boxes) or vehicles.
Utilization Rates	The percentage of total available beds or units that are occupied over a certain period of time.
Vacancy Rate	The percentage of residential properties that are unoccupied.
West Valley Region	The West Valley includes some of the most suburban and economically developed parts of the county, including cities like Ontario, Rancho Cucamonga, and Upland.

Appendix B. Quantitative Analysis

Introduction

In place of a typical quantitative appendix consisting of dozens of static graphs, below are links to several Tableau dashboards. On these dashboards you can explore the data for yourself, using filters and drill down techniques to answer county level data questions, as well as getting more granular into the city/zip code level data.

Dashboards

Each data source has its own dashboard link, with the Point in Time Count and Housing Inventory Counts being combined into one for ease of comparison. The instructions on how to navigate each dashboard are within the dashboards themselves. All dashboards can be found on this Tableau profile, email sbplanning@homebaseccc.org with any data questions or for assistance accessing.

Dashboard 1: Point in Time Count and Housing Inventory Count

This dashboard includes information of the populations of people experiencing homelessness, as well as the housing resources that are available in the county.

Link Here

Dashboard 2: Homelessness Data Exchange

This dashboard contains more detailed information about the population of people experiencing homelessness as well as interactive projected homeless population numbers through 2030.

Link Here

Dashboard 3: System Performance Measures

This dashboard includes data on how the homeless response system in San Bernardino is performing in comparison to similar CoCs.

Like Here

Dashboard 4: Census

This dashboard highlights relevant data from the 2024 ACS 1 year survey.

Link Here

Dashboard 5: Homeless Data Integration System

This dashboard includes comparisons of racial demographics in the general and homeless populations.

Link Here

Appendix C. Summary of Lived Experience Focus Groups

Introduction

In September 2025, Homebase facilitated 4 focus groups with people who had experienced homelessness within the county. A focus group in the fifth region was conducted in February 2026. These sessions were conducted as part of the broader County and CoC strategic planning efforts. This document synthesizes shared themes that emerged from these focus groups, highlighting barriers and strengths of the current system along with suggestions for improvement. In addition, the summary details where there were key differences in experiences between the regions.

System Strengths

Staff – Within the two regions (Central Valley and High Desert) where participants had accessed services, participants listed strong and positive relationships with their case managers and other staff. No participants in these regions reported any challenges or concerns with the staff they worked with most often. They indicated that staff assisted with a wide range of supports and that it felt like they really cared about their success. Several people mentioned that their case manager connected them to the services/assistance they need – sometimes even after the left the program. Within the West Valley, the participants who had received outreach support also spoke very highly of the staff person who provided them with resources.

Employment Support - Within the two regions where people were able to access services, participants reported that job support was particularly helpful. Several participants in the two focus groups had obtained jobs within the homeless service system. In addition to support with resumes and job placement, participants reported assistance with obtaining certifications, educational classes, clothing for job applications and support with transportation.

> "When I got off the streets and I got into a program, I thought that it would be in a couple of weeks I'd be able to get a shower regularly and I'd be able to get a job…... I think was my age and my lack of work experience.... I could not get a callback going in and filling out applications and dressed well, but they weren't having it. It wasn't until workforce development helped me that I was able to actually finally get an interview, things like that."

Access to Care – Participants in Central Valley and High Desert reported that access to healthcare, substance abuse or mental health treatment were important in their journey. Though some participants reported challenges in their initial efforts to obtain substance abuse treatment, once they had access, they indicated it was helpful. Participants indicated that the programs they were in connected them to the type of care that they needed. Participants in West Valley expressed appreciation for a local hospital in terms of healthcare. In East Desert, participants mentioned that the County mobile medical team, which visits encampment, was the best resource they have interacted with.

> "…it took a couple years to find a doctor that would even treat me. First of all, because of being homeless, the doctors, they say, well, you can't come in here smelling because you're homeless. You have to be all smell. I going to be out. So forget that guy. You know what I mean? . . . . And it ended up being cancer. And then I finally got to City of Hope and they're like, oh yeah, it's big, but you know what? It is curable. We're have this for you. And they were just so positive. I just can't say enough."

Sense of Community – Participants in all regions spoke about the importance of peer support and a sense of community among other people that were experiencing homelessness. This was particularly true in the Mountain region where the participants reportedly spoke about the sense of community and supporting other people that were in similar situations. In other regions participants spoke about the value of communities like AA or NA in helping to connect them to housing, financial assistance and jobs.

Other Supports - One region (Central Valley) mentioned the presence and helpfulness of outreach services. Several of the participants in the focus group were currently working as outreach staff themselves. Participants in Central Valley and High Desert also mentioned assistance with basic needs (showers, food, etc.), support for families with children, transportation assistance, expungement, and support acquiring vital documents like ID or birth certificates. Participants in West Valley mentioned that it was helpful to have a place to receive mail and access the internet to support their job searches and benefit applications. In addition, one participant in West Valley mentioned that they had access to laundry facilities and other resources through the school district. Participants in East Desert mentioned receiving support from the Senior Center.

> "…the school district. They schedule, that's where I've been doing my laundry.… that's how we find out about this place. They have outreach resources where we can say, if you're dealing with some part-time at home . . . . They give you a rights, make sure if you're homeless, the kid has a right to still be in school."

System Barriers and Challenges

Availability of Support – The availability of shelter and program beds varied widely based on region. In addition, in the three regions where specific programs had availability, some participants reported not meeting the acceptance requirements. For example, there were programs specifically for men, programs that would not accept single fathers with children, programs that only accepted people who were homeless in a specific location, and programs that only accepted people with substance abuse or in some cases addiction to specific substances. Participants in all regions reported that the availability of services was not meeting the demands and many of them mentioned that programs – particularly those that focused on more permanent housing - had long waiting lists or no funds available. In the East Desert, Mountain and West Valley regions the participants mentioned the lack of general shelter beds available. Mountain and East Desert regions also mentioned the lack of dedicated homeless services in the area. West Valley participants a lack of restroom or shower facilities in the community for people that were unsheltered.

"…you got to be resilient as far as getting resources, a lot of resources out there. But as far as shelter, anything, I'm still in the process of getting myself into that because they do ask a lot of questions and they kind of filter you out in a way. And it's like, how long do I have to wait? I've done the housing authority application only my daughter and I, they only offer three to four bedroom, three to five bedrooms. So it's kind of like, okay, well I tried that, I tried this. And it's kind of like deny, deny, deny all, and they have you in a circle. It's kind of like, okay, the necessity is I need emergency housing. That's what it's referred to, emergency housing. So what's not emergency in my situation. Yeah, it's been difficult for a lot of people living on the street. I know it's much harder, but at least I have my car and that's the thing I'm thankful for right now."

Navigating the System – Many participants mentioned having to contact multiple agencies before being able to access services. They had to navigate the availability of beds and program requirements on their own most of the time until they were in a program and had a case manager. Most often they mentioned finding out about services via word of mouth or asking around until they found assistance. Several participants mentioned the use of 2-1-1 to identify resources but did not find it particularly helpful. Participants in Central Valley and West Valley did report that outreach staff assisted people in getting connected but participants in the other two regions did not know of any outreach efforts going on. Participants in East Desert mentioned that when they reached out to 211 the options provided were far away or that the resources they were provided turned them down. Participants noted that it was easy to get discouraged when running into barriers trying to find help. People in multiple regions, particularly East Desert, High Desert and Mountain, mentioned challenges with transportation to access services.

"Sometimes you got to try a few times before you get there. And I mean we're all going through that struggle as hell. But something to kind of maybe bridge a gap between, I'm trying it, I'm being disheartened. And some people may never even ever try it a second time and getting to the point eventually where, okay, yeah, there's a shelter out there somewhere now I got to call it every day for a month. And then I got to call in every day for every week, every day until I get in place."

"I think when I called for assistance for housing assistance, I've been told there's a long list. There's the 211. Yeah, 211. I don't even know why they exist. If they don't help you. It's like I've already gotten the numbers from these other people and it's like, I feel like some organizations sometimes they have their funds depleted even. But they have to say something to that person in order to get rid of them or oh, try them or try them. And it's kind of like they push off what they have as far as resources. They want to keep it for whoever, however they screen their calls or the situations. I feel like they just save it for someone else. I don't know if they have a checklist where, okay, they said yes. They said yes. Oh, they said no. They said yes. Okay, we're going to take this person in. I don't feel like they have a high alert necessity to want to help you. I just feel like it's just pick and choose."

Negative Perceptions – Several participants reported personal experiences or hearing stories of negative experiences with specific programs or aspects of the system. They mentioned that this can make people hesitant to seek out or accept assistance. Participants in each region reported very mixed experiences with law enforcement with some mentioning that they treated them unfairly because they were homeless and others mentioning they were helpful in accessing services but acknowledging that some people who are homeless are skeptical about trusting them.

"I know there's a program they'll take you in and it's just what was scared me was the rumors that they had about labor that they would make you labor and they'll make you sleep on the ground and stuff like that. And when I did go to that church and I'll always get my sandwich there, they offered the shelter and I said no, no, because of those things that I heard."

"The ones where the people in the programs have goals that are going to be met where it isn't just placement where somebody can't meet their goals, where it's just warehousing temporarily to get somebody off the street so that the numbers look better where you're actually, they actually affect an outcome."

In addition, multiple participants in West Valley and Mountain Region felt that community members were biased against anyone that was experiencing homelessness. West Valley participants all spoke about experiencing stigma while experiencing homelessness.

"I went to the bathroom, it was locked. And I asked one of the people there, the park people, and I said, why isn't this bathroom open? Do I have to go to a city hall talk and request it to be open? And then what he said was, oh, it's the homeless people. I'm like, what do they do?"

"And I'm a commercial electrician. I mean four years of school and apprenticeship program, all that kind of stuff. The last college I went to was UCLA. Wow. I used to own the condo right over here. So I get through all that kind of stuff, but nobody, they just look at me, I'm a piece of junk. They look at you, you're, and it doesn't matter how nice, how clean, it's all irrelevant. They just know you're whatever."

"Yeah, it's all branded. You're branded already. We're not all the same. Everyone's different here. There are people from all backgrounds, but we all get treated the same. And it is so hard to get out of that and to get up wherever you are staying, whatever cement sidewalk you're on to go find a job"

Lack of Affordable Housing and Job Opportunities – Participants in all regions discussed the lack of affordable housing options and sustainable employment opportunities. Participants in West Valley mentioned the fact that the jobs that paid well enough to afford housing were several hours away from the affordable housing. This presented a particular challenge for participants who had children in school or daycare.

*"Yeah, because in today's day and age, at least from what I see, it is nearly impossible f*or somebody to get a full-time job. And if you're working a part-time job, it is impossible to get a place. You're going to be, your options are generally you're going to be sharing a room with someone. So yeah, if you were to be able to keep people in housing in their own, in housing and if they were able to help themselves and be helped, I think it would go a long way before they had to become homeless in order to get put into a program."

"Even the jobs that I've reached out since I've been jobless are being in LA or even further west, *which would result in with a vehicle two to two and a half hour commutes each way. Minimum. So that would probably be a barrier. Probably happen to either have my daughter go to school out there or take home way less money"*

Equity

In general, focus group participants did not mention major issues with equitable access. One participant did have a challenge identifying program options for single fathers with children. The primary references to challenges accessing program had more to do with a mismatch between programs available and characteristics or needs of the participants. One participant did mention that there needed to be more programs and services for the LGBTQ+ community.

Outcomes

Perception of Community Need - Participants in two of the regions mentioned that were fewer people were homeless in the community that in the past. The other two regions did not mention seeing any difference and Mountain Region expressed that the community leadership was not interested in addressing the issue.

Housing Status Differed Greatly Across Regions. Participants in each of the regions had very different housing statuses. This may have been due to a combination of how they were recruited as well as the availability of housing and shelter in each region. Most participants in Central Valley were currently in housing whereas most of the High Desert participants were in a transitional housing program. Most participants in the East Desert and Mountain regions were unhoused. Participants in the West Valley were a mix with two unsheltered, one housed and two doubled up while waiting for VA housing.

Additional Outcomes – Participants in Central Valley and High Desert mentioned various positive outcomes that occurred during their time in the homeless service system or after they left. The most frequent outcome mentioned was obtaining employment, but other outcomes included buying a car or obtaining a job or skill certification.

"I got my forklift license being there. I never thought I could do it, you know what I mean? My caseworker took me down to San Bernardino, paid the 70. *I took a test, and I took the driving part, I aced it. And got my license for forklift. That was one of my achievements ever in life, you know, as far as other than getting my license."*

Suggestions for System Improvement

Increased Awareness and Coordination of Existing Services – In Central Valley and High Desert, participants suggested that an improvement to the system would include increased awareness about how to access available services. Participants in these two regions also mentioned the value of increasing coordination among people addressing homelessness in the community.

Increased Access to Case Management and Other Services – Participants in all regions mentioned a need for more services including case management and shelter beds. Several of the participants mentioned that having effective case managers would be key in helping people navigate the system and end their homelessness. In addition, they mentioned the value of employment or job services as well as support in accessing public benefits. Participants in West Valley mentioned a mismatch between homeless programs available and their needs. The only shelter they felt they could access was a substance abuse program with rigorous program requirements that did not align with their needs. In addition, several participants mentioned that many agencies would ask a lot of questions up front and then not have any resources available for you. Participants in East Desert and the Mountain region emphasized the lack of general services and support in addition to lack of homelessness including shelter beds. They also expressed frustration at the lack of satellite offices or good healthcare services. Participants in the other two regions (Central Valley and High Desert) expressed a need for more homeless programs that offer additional services like substance abuse treatment.

> Services that would be useful to someone that would be in a shelter, like maybe a safe social space

> in case, like, there's drug use going on at the shelter or something like that. Maybe more hands-on

> with, like, more… absolutely right, more case managers, more social workers, stuff like that.

Longer Term Financial Assistance and Homeless Prevention – Multiple participants mentioned the challenges related to one time or short-term financial assistance given the barriers to finding affordable housing.

> "You can go to welfare, and they can give you a one-time hotel voucher for two weeks. It's one time in your life that you get to use that . . . But then after that 2 weeks, where are you gonna go? Like, there's nothing else… for them to do. So there should be something in place for them to, after the two weeks"

> "A big thing that would help is maybe partial help with things like rent, where I don't really see that as much. There seems to be programs where they will fund a person for a set period of time, but if they perhaps funded half of someone's rent for a longer period of time and the person had to work and pay half of their own rent and have a job, I think that would work."

In addition, they expressed a need for programs that prevent people from entering homelessness in the first place.

> "we can only serve so many people with that allotted amount. So if say there was an endless amount of homeless prevention funds, then I think the homelessness would probably die down a lot more than what it is because I feel like somebody went through something in order for them to get to where they were, whether they lost their place because they didn't have a job to pay their rent, and then this homeless prevention could come into play and help them. So they're back on their feet."

Additional Suggestions – Within the East Desert and Mountain Regions several participants mentioned the importance of shelters or resources that enable them to keep their pets. They emphasized that their dogs were important for security and companionship.

> "Dogs are a barrier to shelter and housing... [I] refuse to give up dogs".

One participant in Central Valley suggested that there be a community wide strategy to influence attitudes toward homelessness.

> "I would try to produce some type of campaign to change the opinion that overall society has viewed towards homelessness as though there is some type of a gap and a human being is in some way a lesser caliber than somebody who's successful because they can or cannot handle whatever mental health, whatever the reason is that somehow, if there's a difference there, when we all put our pants on the same way, we all need to eat, sleep and reproduce. That's it. I think it's just a societal zeitgeist kind of thing."

A few of the participants in Central Valley and High Desert who were now working in the homeless services system mentioned the value of providing additional training for staff to be better able to engage and support individuals that are experiencing homelessness.

> It wouldn't hurt to know that we as employees in this field would have funding available for things like educating ourselves and becoming more able to approach and the psychology behind what motivates human beings to produce change in their life.

Key Regional Differences

As previously mentioned, participants in each of the three regions had very different housing statuses at the time of the focus group. In addition, participants in Central Valley mentioned participating in several different programs (although Salvation Army was mentioned most often) and all the participants in High Desert had been in the Wellness Center program. Participants in West Valley had some engagement with homeless service providers but had not utilized any shelter or homeless housing programs (other than applying for VA housing). The majority of participants in the Mountain region did not report receiving any recent homeless assistance. Many of the High Desert and Central Valley participants mentioned experiencing substance abuse or mental health issues, whereas it was mentioned less frequently in the West Valley and Mountain Regions. This again may be related to who was recruited for those specific focus groups and from what types of programs.

The experiences of people in the East Desert and Mountain regions are very different from the experiences of people in the other three regions. The majority of people were still unsheltered – living in tents, cars or trailers in the woods. The East Desert's vast geography creates a unique reliance on remote encampments and federally managed land, where transportation to services is often impossible without a truck. People in both regions felt that community attitudes towards people experiencing homelessness were negative.

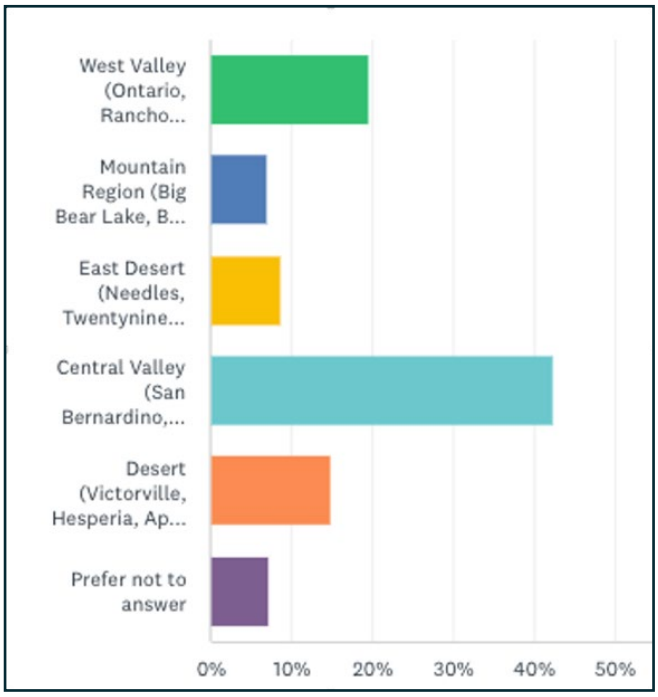
> "Big Bear Lake and Town Council does not want any of the homeless. In their city, period. They don't want to see none of this"

Most of the interaction anyone in the Mountain region had was with law enforcement although some of them had received one-time financial assistance. In addition, they all recognized the lack of available shelter, lack of affordable housing and a high amount of community stigma towards people that are experiencing homelessness as well as anyone who has received mental health or substance use services. Participants in East Desert and Mountain regions mentioned the fact that many public services either have very limited hours or are no longer available in that region. However, very few people mentioned wanting to leave the area due to the availability of seasonal work and the remoteness.

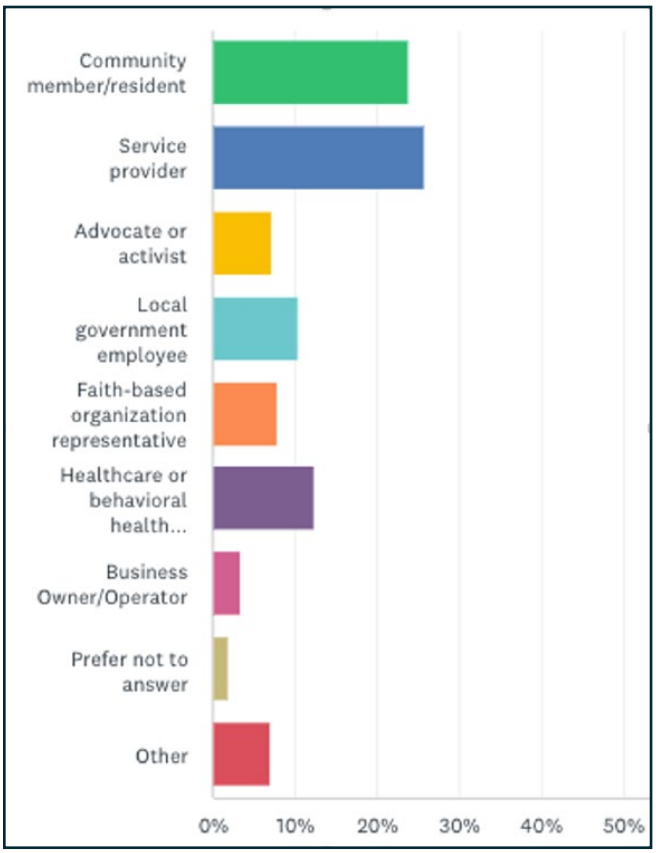
Appendix D. Summary of Community Survey Results

To gauge public opinion and sentiment on the state of the homeless response, Homebase c. The survey was distributed widely to community members, residents, service providers, advocates, activists, government employees, faith-based organizations, healthcare/behavioral health professionals and business owners. 363 people responded, including 162 people who had "personally experienced homelessness or housing instability" during their lives. Respondents varied in terms of their geographic location and their role in the community.

Q1. Where do you live?

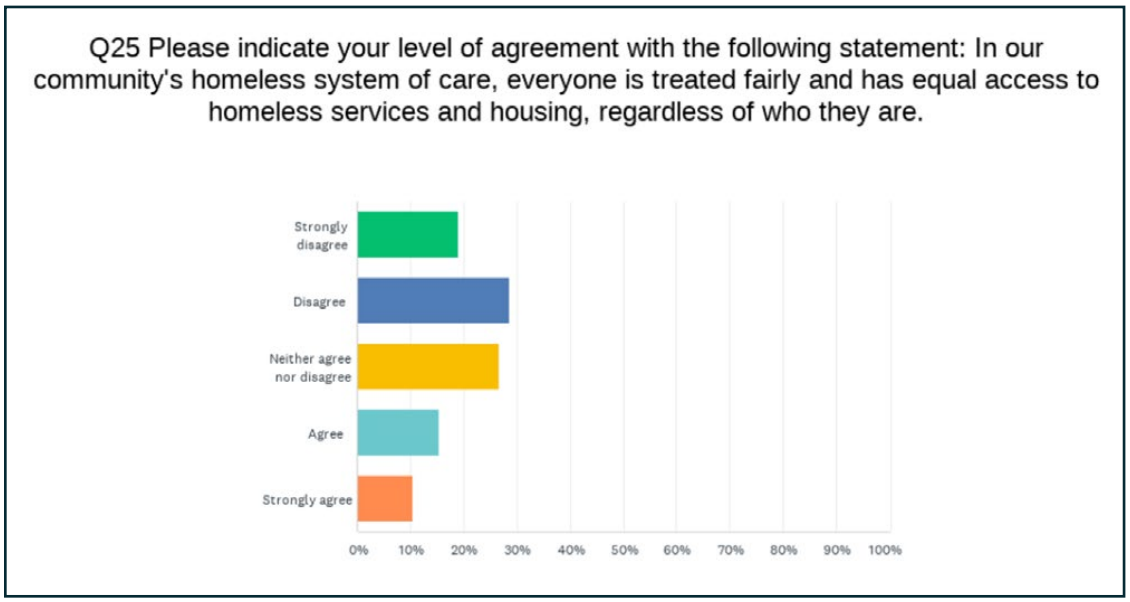


Q2. What best describes your role in the community?

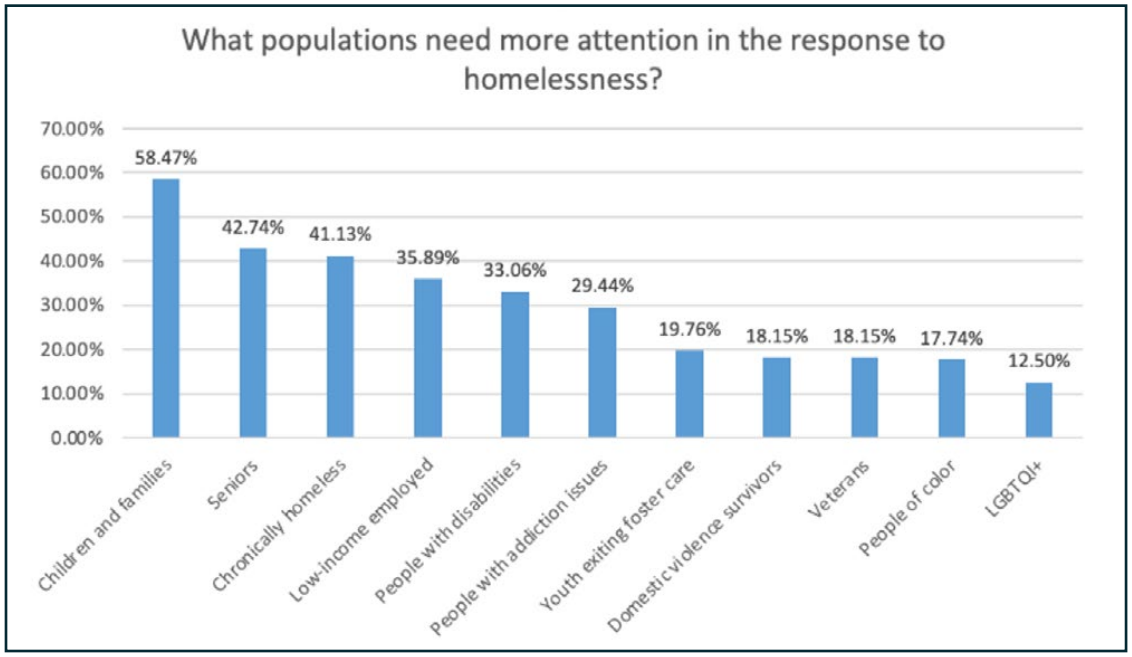


Access to Support

A question was asked about whether everyone in the San Bernardino homeless system of care was treated fairly and has equal access to homeless services and housing, 48% of all respondents selected either “Disagree” or “Strongly Disagree” to this statement. This number was even higher (52%) when filtering for survey respondents with lived experience of homelessness.

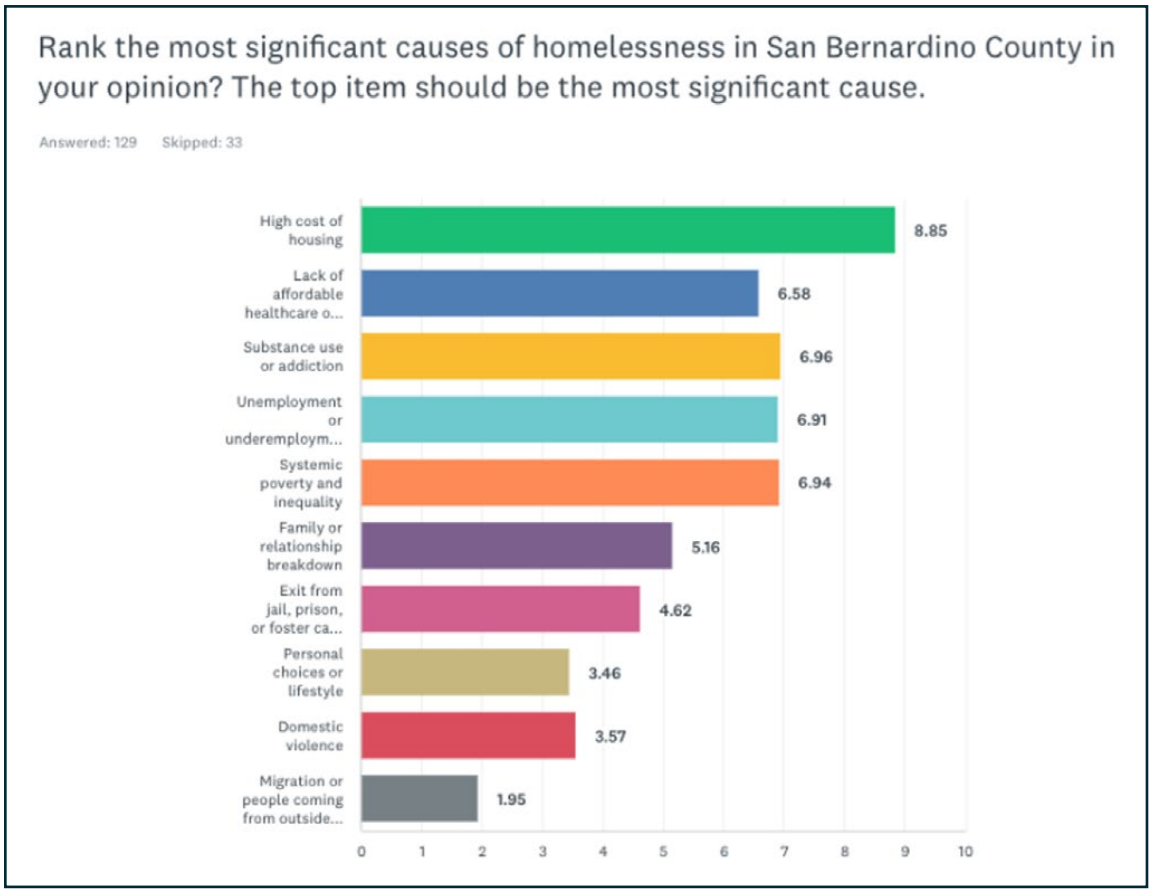


When asked “*What populations need more attention in the response to homelessness?*”, the top groups identified were Children and Families, Seniors, Chronically Homeless, Low-income employed, People with Disabilities, and People with Addiction Issues.



Causes of Homelessness

Survey respondents were asked to rank the most significant causes of homelessness in the County.



Filtering to only include those survey respondents who had experienced homelessness or housing instability, they responded that the most significant causes of homelessness in San Berardino County were

1. High Cost of Housing
2. Substance use or addiction
3. Systemic poverty and inequality

System Strengths

Respondents were asked what is going well with the current response to homelessness. here were 169 responses to this question, naming all sorts of positives in the San Bernardino Homeless Response, including success food delivery, improved response time for people on the streets, and improve coordination between agencies. The majority of celebrations were about the programs that are working, the housing that has been implemented, and the policies/leadership that has been successful.

Collaboration

The words "coordination" and "collaboration" were abundant in these responses. Some quotes about programs working well are below.

"The collaboration that's now happening between nonprofits and cities and county has benefited our area greatly. Before cities weren't able to have access to HMIS so that's been a huge game changer for us!"

"The people employed with homeless services are phenomenal and dedicated, especially considering the low pay and job difficulties"

"Mutual aid groups and other community programs are putting in great efforts to positively impact the lives of people experiencing homelessness."

Housing

Many people mentioned the positive housing solutions that have been implemented.

"Housing, like the shelter converted from a hotel in Redlands, is being built"

"A new facility was built in Victorville with tiny homes."

"Communication is improving between agencies to get families fairly connected to housing support."

Policy and Leadership

Respondents had many comments about the positive direction and the commitment they have seen from leadership and policy decisions in the county.

"There appears to be a passion and commitment from the leadership level looking to find upstream solutions and maximizing greatly needed funding for the greatest impact"

"Our DBH and OHS teams do what they can to get as many people as possible connected to housing"

"Homeless Management Information Systems (HMIS) are helping communities track and analyze data to better understand needs and outcomes. This supports evidence-based strategies and allows for better accountability."

Barriers

Respondents were asked what they thought were the biggest roadblocks preventing the community from ending homelessness. They overwhelming selected the high cost of housing. In addition, they mentioned systemic barriers to ending homelessness.

"Wages that have not kept pace with the cost of living; Housing being transformed into a commodity, aka corporations having housing in their income portfolios."

"It's very unfortunate that too many people entering homelessness for the system to keep up. Nobody can afford being low income with high rental fees."

ANSWER CHOICES	RESPONSES	
High cost of housing	70.65%	130
Insufficient access to affordable healthcare	11.41%	21
Lack of coordination among homeless service providers	25.54%	47
Inadequate homeless assistance funding	30.98%	57
Insufficient mental health services	33.70%	62
Lack of substance use treatment and support	25.00%	46
Personal choices that make it difficult to maintain housing	29.89%	55
Not enough prevention/diversion programs (e.g., eviction defense, rental assistance)	22.83%	42
Lack of reentry support for people exiting the justice criminal legal system	8.70%	16
Inadequate shelter capacity	28.26%	52
Limited job training and employment opportunities	12.50%	23
Gaps in law enforcement/criminal justice legal response	1.63%	3
Lack of sufficient income or employment options	26.09%	48
Barriers to accessing mainstream benefits (e.g., CalFresh, SSI, TANF)	4.35%	8
Too many people entering homelessness for the system to keep up	13.59%	25
People experiencing homelessness coming into the area from other communities	12.50%	23
Total Respondents: 184		

Solutions

Respondents were asked which housing solutions would be most effective in addressing homelessness in San Bernardino County. They were allowed to select up to three options.

ANSWER CHOICES	RESPONSES	
Converting motels to housing for people experiencing homelessness	40.86%	76
More rental assistance (e.g., vouchers, housing subsidies, other assistance)	39.78%	74
Construction of infill housing (adding housing units in existing neighborhoods to assist those experiencing homelessness)	18.82%	35
Housing with integrated supportive services	51.08%	95
Tiny homes / community cabins	25.27%	47
More permanent emergency shelters (open all hours, all year)	32.26%	60
More temporary shelter options (e.g., short-term motel stays, seasonal shelters, safe parking sites)	16.13%	30
More housing models that require participation in treatment or recovery services	33.87%	63
More treatment-first approaches that prioritize sobriety or clinical stability before housing	20.97%	39

Lack of Affordable Housing

Lack of affordable housing in San Bernardino County was a major theme among survey respondents.

"We need more houses and apartments. When 100 people are fighting for every empty apartment, people will become homeless."

Many respondents talked about creating more low income and affordable housing units and listed other types of housing formats that could work: "more multi-family housing, shared housing programs, single room occupancy hotels, more family-focused mobile home parks".

"Lack of affordable housing units" was also selected by far as the top response for Question 16: "What do you think are the greatest barriers to finding permanent and affordable housing for people experiencing homelessness in our community?"

While many innovative, helpful potential solutions were put forward in this question, the most common one was to "convert existing vacant space into housing/shelter for the unhoused".

Many people specifically mentioned converting "unused military bases to housing".

One person specifically building tiny/pallet homes using vacant space as seen in Redondo Beach

Survey takers offered unique policy interventions and tax concepts that could help boost homeless response.

- People talked about "*Developing legislation to tax empty residential properties*" and "*Tax ppl an exorbitant amount if they own 1+ properties. Give them a tax break if they open a spare home to a houseless neighbor for free.*"
- Pushing government to enact policy that helps the development of affordable housing including "*Land Use policy to not favor outside investors taking homes for short term rentals*" and "*Rent control, publicly-owned and community-owned housing (consider SB 555)*".

Sweeps

A common theme in response to this question was to stop the process known as "sweeping" people experiencing homelessness.

Quotes included:

- "*First of all, stopping sweeps. It's just such a waste of funds. We need to focus on housing homeless folks.*"
- "*Housing first — been proven to work. Stop wasting our money on useless sweeps*"

The anti-sweep perspective was the majority, outweighing the pro criminalization 2:1. One of the sweep friendly perspectives is below.

- *"Do not allow homeless encampments or homeless to sleep or take shelter in front of businesses or private residences."*

Prevention and Housing First

The community showed strong support for prevention efforts, this was the most mentioned subtopic.

- *"Statistically the best way to reduce homelessness is to prevent people from becoming unhoused in the first place so more services helping people stay housed.*
- *"Every city should have a homeless prevention program and proof of local residency should be encouraged; otherwise, the influx of new people from areas that refuse to provide assistance for their residents will be never- ending."*

Strong support was shown for Housing First principles to continue and be fortified.

- *"Get people into housing FIRST. and do not punish those who are resistant, most people are used to not being able to trust the system."*
- *"Give people housing! Just give it to them for free. Housing first solutions have a proven track record of success."*

More Support for Rural Communities

There were many callouts for support in more remote areas of the county, especially the East Desert and Mountain regions.

- *"Help address the homeless population in the rural areas (not cities or towns). THERE ARE NO SERVICES FOR THE HOMELESS IN THESE AREAS"*
- *"Spend more time with local (rural) community leaders to find solutions"*
- *"place a shelter in Needles"*
- *"Build a shelter in our desert community. We are overlooked by the county because we are at the edge of the county. It would help if we had a shelter or a day shelter where the homeless could get out of the heat in the summer and shower and wash their clothes. With lockers for them to lock up their belongings so that they can go out and look for work or go get mental health services"*

Outreach and Subpopulations

The need for increased and effective outreach was a common theme in responses.

- *"Providing more resources that are readily available to all unhoused individuals. If they can't come to us, we go to them!"*
- *From my experience, some homeless service providers are prioritizing administrative expansion rather than investing in frontline deliverables that directly impact those in need.*

There were certain subpopulations that were mentioned as needed increased attention in the system, including young parents, unaccompanied minors, single men with and without children, and the elderly.

- *"More shelters, especially for men with children." (also heard this in focus groups)*
- *"Address generational consequences by prioritizing services and supports for young and new parents trying to stay hidden because they are homeless with their children"*

Region Specific Survey Analysis

Below are the four survey questions that are most relevant to crafting the strategic plan, along with the top answer choices by region.

Region	Q11 Housing Solutions	Q16 Barriers
West Valley	Housing with integrated supportive services 22% Converting Motels 13% Rental Assistance 13%	Affordable housing units 32% Lack of Supportive Services 20% Landlords Unwilling 11% Lack of knowledge on finding units 11%
Mountain	Housing with integrated supportive services 23% Housing Models Requiring Treatment/ Recovery 15% Motels to Housing 15% Rental Assistance 15%	Affordable housing units 35% Neighborhood Resistance 17%
East Desert	More Permanent ES 22% Housing with integrated supportive services 20% Rental Assistance 17%	Affordable housing units 27% Lack of Supportive Services 19% Landlords Unwilling 15%
Central Valley	Housing with integrated supportive services 18% Housing Models Requiring Treatment/ Recovery 15% Motels to Housing 15% Rental Assistance 15%	Affordable housing units 31% Lack of Supportive Services 18% Landlords Unwilling 10%
High Desert	Converting Motels 19% Tiny Homes 15% Rental Assistance 14% Housing Models Requiring Treatment/ Recovery 14%	Affordable housing units 33% Lack of Supportive Services 14% Landlords Unwilling 13%

Question 11: "In your opinion, which of the following housing solutions would be most effective in addressing homelessness in San Bernardino County? (Select up to 3)"

Answer choices varied by Region. Most notably ED selecting to increase permanent emergency shelter and three of the regions (HD, CV, M) advocating for "More housing models that require participation in treatment or recovery services".

Question 16: "What do you think are the greatest barriers to finding permanent and affordable housing for people experiencing homelessness in our community? (Select up to 3)"

Pretty consistent answers of "Lack of affordable housing units" and "Lack of supportive services needed to maintain housing" across the board here. With "Landlords unwilling to accept tenants with certain issues or histories (e.g., criminal history, poor credit, substance use)" also being noted.

Region	Q21 Causes of Homelessness	Q24 Top priorities
West Valley	*High Cost of Housing 1.9* *Substance Use or Addiction 3.45* *Healthcare 4.17* *Unemployment 4.17*	*Mental Health and Addiction Services 17%* *Affordable Housing 17%* *PH Investment 13%*
Mountain	*High Cost of Housing 2.11* *Substance Use or Addiction 3.79* *Healthcare 4.84*	*Affordable Housing 22%* *PH Investment 15%*
East Desert	*High Cost of Housing 1.75* *Substance Use or Addiction 3.58* *Healthcare 4.08*	*PH Investment 20%* *Prevention 18%* *ES Options 13%*
Central Valley	*High Cost of Housing 2.34* *Healthcare 3.84* *Substance Use or Addiction 4.1*	*Mental Health and Addiction Services 14%* *Access to Affordable Housing 14%* *PH Investment 12%*
High Desert	*High Cost of Housing 3* *Substance Use or Addiction 3.19* *Unemployment 3.89*	*Affordable Housing 22%* *PH Investment 17%* *Job Training 13%*

Question 21: "Rank the most significant causes of homelessness in San Bernardino County in your opinion? The top item should be the most significant cause."

The same three were chosen by each region, with slight variance in the order. Every region selected "High cost of housing" as the top cause of homelessness. "Substance use or addiction" was typically second (was closest to first in the HD), and "Lack of affordable healthcare or mental health services" rounded out the top 3.

Question 24: Which of the following should be top priorities for San Bernardino County in responding to homelessness? (Select up to 3)

PH Investment and Affordable housing were common answers. WV and CV want mental health/addiction services, ED wants ES options, HD wants job training.

Appendix E. Gaps and Needs Analysis

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Introduction

San Bernardino County's geography, diverse populations, and significant disparities in access to housing and services require a tailored, regionalized approach to ending homelessness, with support from the County and the Continuum of Care (CoC). This Gaps and Needs Analysis synthesizes data and insights from regional focus groups and other stakeholders to guide a countywide plan for the CoC that recognizes the unique strengths and needs of its various regions.

Methodology

Homebase completed an environmental scan of the CoC by reviewing policies, procedures, bylaws, previous strategic plans and action plans, and other publicly available documents related to homelessness in San Bernardino, including:

- Interagency Council on Homelessness (ICH) Bylaws
- San Bernardino County Consolidated Plan and Analysis of Impediments Project (2019)
- San Bernardino Homeless Action Plan: A Multi-Jurisdiction Approach (2019)
- Homeless Strategic Action Plan: Homeless to Home (2022)
- Housing Authority of the County of San Bernardino (HACSB) Annual Plans

Homebase collected data from the CoC and other publicly available sources from January through April 2025 to identify key needs and issues in San Bernardino County, including:

- Point-in-Time Count (PITC) (2018-2024)
- Housing Inventory Count (HIC) (2018-2024)
- System Performance Measures (SPMs) (FY 2024)
- General Census data from the American Community Survey (2023-2024)
- Comprehensive Housing Affordability Strategy (CHAS) data (2017-2021)
- Homeless Data Integration System (HDIS) (2023-2024)
- HDX Competition Data (2019-2024)

Homebase held in-person focus groups and listening sessions across San Bernardino County in May 2025, including at a CoC-wide meeting and in each of the five CoC regions: Central Valley, Desert, East Desert, Mountain, and West Valley.

Strengths and Gaps by Region

Given the enormous geography and diversity of San Bernardino County, in their 2019 Homeless Action Plan, the County recommended five distinct Regions to function as Service Planning Areas within the CoC: the Central Valley, Desert or High Desert, East Desert, Mountain and West Valley. The 5-region model is also used at the ICH, the CoC Board for San Bernardino County, where service providers may operate throughout the County, but designate one region as their primary service area for CoC governance purposes. To further empower each region to coordinate, advocate and strategize at a local level, five Regional Steering Committees (RSCs)

were formed to operate as regional decision-making bodies within the CoC.

This analysis relies on the same regional framing to collect, analyze and present data. We begin with an analysis of each of the regions to capture their unique strengths, resources, gaps and needs. This information is then aggregated and analyzed to make CoC-wide findings.

Central Valley Region

The Central Valley region includes many of the county's most urban and suburban parts, including cities such as San Bernardino, Fontana and Redlands. The area is the population and service hub of the county and contains a high concentration of shelter services, health care facilities, and outreach programs. The region faces a massive housing affordability crisis, especially as people from nearby counties, like Los Angeles, get priced out of their local housing markets.

Strengths

Long-standing provider collaboration: Providers in the Central Valley region have long-standing working relationships, regular communication, and a shared willingness to assist one another across organizational lines. Frontline workers such as social workers and case managers are proactive and resourceful in supporting clients.

Increased client readiness for services: Clients in the region are increasingly motivated and ready to engage with services.

Early success leveraging CalAIM: Central Valley providers, including Inland Housing Solutions, have reported success leveraging CalAIM resources such as Enhanced Care Management and Community Supports to secure housing and health services.

Growing HMIS adoption: While still a bit uneven, several participants noted that regionally the Central Valley has experienced greater buy-in and more universal use of HMIS by its providers. This results in better data quality, which in turn allows the region to more accurately assess and address its needs.

Strong frontline staff: Providers credited frontline workers, including social workers and case managers, with being proactive and resourceful in supporting clients.

Opportunities

Shortage of affordable housing: Severe lack of affordable housing in the region, with long waitlists, income requirements at 2 or 3 times rent, and barriers that make it extremely difficult to secure units even when resources are available.

Rigid eligibility and funding definitions: Harmful gaps and inefficiencies result from overly narrow funding definitions that prevent services from overlapping — families who need multiple supports simultaneously sometimes cannot access them due to policies and concerns about "double-dipping."

Staffing shortages and training needs: Participants described insufficient staffing capacity, with many local organizations struggling to sustain outreach, data entry, and follow through with adequate infrastructure and support. Providers also reported a lack of built-in systems to help frontline workers or clients troubleshoot and navigate barriers.

Coordinated Entry System (CES) functionality and cross-system coordination challenges: There are barriers to access for underserved groups such as single fathers with children, neurodiverse clients, and foster youth who are aging out of care. CES participants also described a lack of coordination across programs and funding streams, which makes the entire system less effective. Participants stressed the need for CES staff to receive additional training to understand the system and engage effectively with clients. They also recommended that local cities need additional support to troubleshoot their local access issues.

Lack of problem-solving supports: While frontline staff were praised for their resourcefulness and commitment, participants also stressed the importance of developing built-in systems to help these workers troubleshoot and navigate barriers with clients.

Desert Region

The Desert Region, or the High Desert, covers an expansive, largely rural area that also includes cities like Victorville, Barstow, Apple Valley, and Hesperia. Over recent years the population has grown, especially to the region's more urban parts. The area experiences extreme temperatures and has limited water resources, which presents extreme challenges for people experiencing housing instability and homelessness. The expansiveness of the region also leads to access issues to health care, behavioral health services, housing and other supportive services, especially in its more rural and isolated parts. The High Desert's vast geography requires mobile and flexible outreach, which local providers do not have the capacity or staff to fully resource.

Strengths

Deep culture of trust and collaboration: "Everyone knows and likes each other." Participants emphasized how longstanding relationships allow agencies to "just call each other" and resolve issues in real time, even without formal agreements. There's a willingness among providers to work together to find solutions, and a shared understanding that collaboration — not competition — is what strengthens the region's ability to respond.

CoC-wide coordination: Stakeholders recognized the value in working "across the entire county at the same time," with alignment across regions as a major step forward from the past. Participants appreciated that CoC leadership is more consistently engaging with regional partners and creating

space for Desert-specific feedback.

Food system infrastructure: The "great food collaborative," particularly High Desert Second Chance, was praised for keeping people fed during COVID and beyond. Schools have also stepped up in this space, ensuring that food insecurity doesn't push more people into crisis. Coordination between schools and community organizations was described as "one of the best in the county."

Homeless Wellness Center in Victorville: The 170-bed shelter is viewed as a flagship investment that provides wraparound support for clients, in addition to beds. The Center can house people for up to 6 months while they stabilize and prepare for permanent housing and plays a central role in the region's service landscape. Participants expressed hope that this model could be expanded in other parts of the Desert Region, and across the CoC.

Expungement and Shelter Court: Over 160 tickets have been expunged via this special court, which has had a significant impact for participants facing legal barriers to housing. This relief was described as "life-changing" in focus groups for people who were previously locked out of services.

Opportunities

Service gaps for youth homelessness, trafficking risks and behavioral health: Young people are vulnerable to trafficking and exploitation; outreach teams struggle to help them stay healthy and stable due to ongoing distractions and unsafe environments. Youth remain one of the hardest populations to engage and stabilize. There are no detox or stabilization options locally, and the lack of behavioral health infrastructure leaves both youth and adults without appropriate care. Participants flagged lack of behavioral health services as one of the most urgent gaps in the region. Additionally, there are no LPS-certified hospitals in the region and the 5150 process involves long-distance transport to providers outside the region. AMR response times can take two to three hours. The behavioral health services that are available are siloed and poorly integrated into the homeless response system.

Loss of family shelter capacity: A regional family shelter was repurposed to serve TAY during COVID and has not been replaced, leaving a significant gap in options for families with children experiencing homelessness.

Permanent supportive housing (PSH) bottlenecks: Desert Haven is the only PSH provider in the region and operates just 31 units. Clients are often stuck in shelter for over a year due to the lack of next-step housing, especially those with high behavioral health or medical needs.

Housing costs are far too high, and employment opportunities are low: Even in areas considered "more affordable," local income levels are often too low to support rent without ongoing subsidy. Without access to long-term, gainful employment, residents struggle to maintain housing.

Transportation and utility cost burden contribute to the high cost of living: Even if rent is affordable, high utility costs create ongoing instability, which participants repeatedly mentioned as a driver of housing loss. Additionally, the current bus system is limited, preventing residents from being able to reliably access services, employment, or supportive spaces. Barstow and Needles were named as areas with limited coordination and fewer provider networks compared to Adelanto or Victorville.

East Desert Region

The East Desert, which stretches to the Arizona border, contains Joshua Tree National Park and is comprised of smaller, more remote communities like Twentynine Palms, Joshua Tree, and Yucca Valley. The region faces extreme geographic and resource challenges, which providers sometimes feel is compounded by the County and CoC's lack of understanding and presence in the area. The East Desert lacks sufficient shelters, behavioral health infrastructure, and services. Homelessness in the area is impacted by extreme weather, transportation deserts, and areas of extreme isolation, which make regional collaboration and mobile service delivery critical. These issues are further compounded by the region's booming short-term rental market, which has led to a plummet in housing for long-term rentals, and a sharp increase in the cost to buy a home.

Strengths

Longstanding coordination among nonprofits: Providers have sustained decades-long partnerships and a collaborative culture, often without significant County involvement. The deep trust facilitates informal referrals and resource sharing.

Strong faith-based and volunteer infrastructure: Churches and local volunteers are deeply embedded in service provision, especially in cities like Needles, providing meals, hygiene support, and emergency shelter. While these service providers are meeting the needs of vulnerable people in the community, many are not in HMIS or CES, but through light-touch engagement they could be brought more formally into the regional system.

Ability to "stretch" limited resources: Providers in the East Desert described the region as "scrappy" and highly adaptive — able to do more with less due to necessity and longstanding relationships.

Availability of land: While there is a severe shortage of housing in the region, there is also a surplus of available land. These areas could be developed using modular construction or prefabricated units to provide inexpensive housing for people experiencing homelessness and housing instability.

Opportunities to build on cross-jurisdictional and tribal collaboration: While the East Desert is remote from other parts of San Bernardino, parts of the region have proximity to service hubs in Riverside County, tribal nations, and national parks. This unique geography presents the area with opportunity to coordinate with neighboring jurisdictions in novel and

creative ways. Some providers have already successfully partnered with tribal governments and out-of-county institutions to supplement local gaps.

Opportunities

Inadequate behavioral health and shelter infrastructure: Providers reported no local detox or inpatient behavioral health options and described sobering centers as too far to access. There is no local emergency shelter for most subpopulations.

Need for both shelters and transitional housing: There is a lack of available housing in the East Desert period, which was compounded by COVID-19 and the short-term rental market. In particular, participants named a gap in "middle options" that support people for longer than an overnight stay but that are not permanent housing placements.

The region's geographic isolation leads to access and service issues: Extreme travel distances between cities make regional coordination difficult and reduce access to centralized County services. East Desert lacks a meaningful CES presence, making client matching, housing navigation, and service coordination inconsistent and often siloed. This isolation also makes staff retention very difficult, as staff burnout and workforce instability are pronounced across the region. Many providers juggle multiple roles, drive extensive distances between client, and lack adequate administrative or clinical support and staff often feel unsupported or unheard by the boarder CoC and County systems.

Limited County engagement and support: Participants consistently reported minimal County visibility, with some cities receiving little to no communication or funding despite documented need.

Climate, transportation, and technology barriers: High heat, flooding, and long travel distances without public transit all increase vulnerability and make client follow-up difficult. Data accuracy is severely compromised by the region's expansive geography, limited outreach staffing, fear of enforcement among unhoused residents, and inaccessible or off-grid locations. Some stakeholders noted that unsheltered individuals intentionally avoid being counted due to past negative experiences. Limited access to technology and broadband restricts both client participation in virtual services (e.g., telehealth, remote CES assessments) and provider coordination across the region, which impacts clients disproportionately in remote areas and organizations that do not have tech infrastructure.

Mountain Region

The Mountain Region is made up of the San Bernardino Mountains and its communities, such as Big Bear Lake, Lake Arrowhead, and Running Springs. It is a popular year-round tourist destination where many of the properties are either vacation homes or, increasingly, short-term rentals. The area has a relatively small population of people experiencing homelessness, who are dispersed throughout the geography. Transportation to and from the area is extremely limited, making access difficult, especially during winter storms or wildfire threats.

Strengths

Deep community knowledge and personal commitment from providers: Mountain participants highlighted the deep personal commitment from frontline providers and program leads. They shared that they've experienced consistency in staff despite turnover elsewhere. There is a strong sense of community ownership and mutual support among providers, which leads to informal but effective coordination among local service agencies.

Faith-based and school-led partnerships: Faith-based organizations and churches are consistently active in filling resource gaps, including food, hygiene supplies, and emergency motel placements. School districts are actively engaged and often serve as the first to identify unhoused students and families.

Local champions and political buy-in: Local champions are willing and able advocates for specific populations (e.g., reentry, youth, domestic violence survivors). The region is developing relationships with elected officials, which were cited as a strength by some.

Unique land opportunities: The nature of land in the Mountain Region means that there is a strong potential for collaboration with public land agencies (National Forest, State Parks) to support outreach and PITC visibility. In addition, some private landowners may be open to partnerships around tiny homes, safe parking, or service hubs if liability and code issues are addressed.

Mountain Resource Guide: The Mountain Region maintains a local resource guide to shelter, housing and supportive services in the region, which is available in a printed version for anyone who needs it.

Gaps

Lack of resources based specifically in the Mountain Region: There are few dedicated outreach or shelter resources physically based in the Mountain region and no Mountain-specific housing resources or prioritized placements. The lack of resources means that there are few system-wide safety nets; if a local staff person leaves or a small agency closes, entire parts of the community lose access. The lack of consistent outreach leads to missed opportunities to engage clients before crises occur. Multiple participants emphasized the need for a locally based peer navigator or outreach worker, potentially hired from within the Mountain community. Another particular concern for participants is the lack of warming/cooling centers or year-round facilities that respond to weather-related needs.

Climate and transportation barriers: Transportation barriers in the region were described as profound, with virtually no

options for people without cars. Fire, snow, and weather events pose immediate risks to unsheltered people, with little infrastructure to respond quickly, and emergency response systems do not always include plans for people without housing.

Limited CES integration: Providers described a regional lack of confidence that referrals to CES translated to good housing outcomes for people experiencing homelessness in the Mountain Region. Clients may also experience high levels of fear or mistrust of government systems, particularly if past attempts to get help have failed. As a result, CES use is not uniform and resource access is often dependent on individual relationships, which makes continuity difficult when staff turnover.

Limited countywide planning representation: Mountain Region participants described a lack of representation at many countywide planning tables and a fear that Mountain voices often are overlooked. Additionally, many people experiencing homelessness in the Mountains are not visible in data defined by urban homelessness. People in the Mountain Region are more likely to be camping in forests, living in cars, or couch surfing, experiences that are not accurately reflected in PITC or other measures of homelessness. The differences and the geographic isolation of the region means that residents and public officials outside the Mountains may not understand or prioritize local needs.

Lack of coordinated messaging: Information is inconsistently available, and knowledge of local resources varies among frontline providers. Participants expressed interest in community education to reduce stigma and help housed neighbors better understand what homelessness looks like in their area.

West Valley Region

The West Valley includes some of the most suburban and economically developed parts of the county, including cities like Ontario, Rancho Cucamonga, and Upland. It benefits from its proximity to Los Angeles with access to skilled workforce, a diversified economy, and has a strong logistics, retail, and manufacturing presence. The area has seen rapid growth in recent years, which has brought infrastructure and housing development challenges, along with increasing diversity and the need for more diverse and culturally competent providers.

Strengths

Deep collaboration and partnership: West Valley providers praised the "collaboration of community-based organizations (CBOs), health care partners, and government partners." Participants highlighted a strong spirit of cross-agency problem solving, with a shared belief that "everyone is here for the good of the clients." Relationships across systems were described as a real asset — partners reported being able to "connect with each other quickly to solve problems," even when systems themselves are still evolving. Stakeholders noted that this kind of person-to-person coordination remains one of the region's greatest strengths.

City engagement: Over the last five years, every city in the region has stepped up to support homelessness efforts, though levels of participation still vary. Stakeholders acknowledged growing momentum behind city involvement, with some jurisdictions taking on more planning, funding, and leadership roles. However, engagement is often driven by individual local "champions" — and participants stressed the importance of building structures that can help sustain engagement over time.

Strong County support: The County Office of Homeless Services (OHS) was recognized for playing a central role in training and coordination, especially important given the high rate of staff turnover across the region. Providers expressed appreciation for the system-level guidance and troubleshooting support OHS offers, particularly in the context of HMIS and Coordinated Entry improvements.

Innovative service models: Stakeholders repeatedly described West Valley service providers as resilient and innovative. Even in the face of limited housing resources, teams continue to "make it work" — finding creative ways to connect people to services and troubleshoot complex cases. Flexibility and responsiveness were called out as defining features of the local system.

Health-housing coordination: The region was recognized for effective partnerships between housing and health care, particularly through the Ryan White and HOPWA programs. Participants pointed to these examples as proof that cross-sector integration is both possible and powerful. Stakeholders also voiced interest in expanding these models under initiatives like CalAIM.

Opportunities

People in need of sobering centers or residential treatment: Limited non-housing options mean that homelessness is sometimes criminalized instead of addressed. Participants flagged the absence of residential programs that allow parents and children to remain housed together during treatment, as well as a general lack of access to detox services — especially in the West Valley. Stakeholders expressed interest in adapting models from other counties or states to fill this gap.

Affordable housing shortages: Despite investments, "lots of new units are going up, but who can afford them?" Rents continue to outpace local incomes — particularly for single mothers and extremely low-income families — making even subsidized housing out of reach. Stakeholders agreed that "having funding doesn't matter if there are no units." Long waitlists and limited move-in options were flagged as chronic system barriers. Buy-in from private landlords remains inconsistent. While some cities have piloted landlord fairs or incentive programs, uptake has been low, and many property owners are hesitant to rent to people exiting homelessness.

Stakeholders noted that strong local leadership makes a difference — but that these partnerships are fragile without long-term engagement strategies. Nimbyism and community resistance continues to block projects, particularly in suburban neighborhoods.

Uneven HMIS and CES participation: Not all providers use centralized tools, resulting in major coordination and data gaps. Stakeholders noted that without complete system engagement, the region lacks full visibility into need, service utilization, and housing matches. Uploading and tracking documentation in HMIS continues to be a challenge, especially for smaller agencies. Participants expressed strong frustration with the "wild amount of paperwork" required for housing placements, especially when coordinating across systems or onboarding new agencies into HMIS. Excessive documentation slows down the process and contributes to missed opportunities to connect people to housing.

Under-utilization of trusted messengers: Participants noted that cities and nonprofit partners already embedded in local communities are under-leveraged in outreach, public education, and narrative work. In moments of pushback or confusion — especially during housing development — these actors could play a key role in shifting public understanding, if resourced and included.

CoC and Systemwide Findings

The five RSCs are part of a regionwide CoC. While each RSC has its own unique strengths and gaps, there are consistent challenges systemwide that impact all areas of the county.

1. Addressing geographic inequities and strengthening system coordination would improve access across the County.

Access to homelessness services across the county is highly inconsistent, with rural and remote areas like the East Desert and parts of the High Desert and Mountain regions reporting significant service gaps and lack of visibility in County planning. Stakeholders described a system that is difficult to navigate, slow to respond, and too reliant on centralized, brick-and-mortar access points. CES participation is perceived as unresponsive, with many clients never receiving follow-up after initial contact. Long 2-1-1 call times, insufficient satellite sites, and the absence of regionally embedded staff further compounds these challenges.

To address the gaps, participants recommended low-cost, high-impact strategies to bring access points to the people who need them via ideas like rotating CES access points at libraries, schools, or nonprofit buildings, mobile outreach and assessment teams equipped with real-time HMIS tools, and expanded use of QR codes and digital directories like Connect IE. Community colleges, churches, and public spaces could serve as localized hubs, supported by onboarding toolkits for new providers and regionally based coordinators.

A stronger digital infrastructure paired with printable, multilingual, and tech-free options is also critical for reaching under-connected communities. Stakeholders also called for better mapping of service gaps and public dashboards to guide policy and siting decisions.

2. There is an urgent and growing opportunity to expand the stock of deeply affordable housing and PSH units throughout the CoC.

The region faces a critical shortage of deeply affordable housing and PSH, driven by rising housing costs, gentrification, and displacement. In the Mountain and East Desert Regions, tourism-fueled short-term rentals are pushing out low-income residents, including essential workers. Widespread landlord-driven evictions and unit renovations are reducing the stock of accessible rentals, with few alternatives for displaced tenants. These trends have created bottlenecks in the homelessness response system, particularly for high-barrier populations.

To address housing access challenges, stakeholders emphasized the need for deeper engagement with landlords through stabilization funding, partnerships, and regional landlord outreach efforts, especially targeting reentry and youth populations. They also recommended alternative housing models such as shared housing, modular construction, and limited-profit developments to quickly expand housing supply. Public education campaigns to counter stigma and NIMBYism were seen as key to building local support. Finally, stakeholders highlighted improving service connections — such as providing transportation from detention centers to navigation hubs —as an opportunity to better link vulnerable individuals to housing at critical transition points.

3. Expanding accessible, low-barrier shelter options will strengthen and complete the CoC's crisis response.

Across the region, there are not enough low-barrier, housing-focused shelters that individuals and families can access without preconditions such as sobriety or service participation. NIMBY-driven opposition continues to stall or prevent the siting of shelters and supportive housing throughout the county. The resistance reinforces access gaps for people in urgent need, leaving entire geographic areas underserved.

Stakeholders suggested expanding shelter options through creative models like barracks conversions, tiny home villages, safe parking programs with mobile behavioral health services, and partnerships to repurpose vacant motels, churches, or homes. Specific regional strategies, such as a winterization and emergency shelter plan for the Mountain communities and dedicated shelter pathways with transportation support, were proposed to meet seasonal and geographic needs. Public education campaigns to combat myths and community resistance remain essential to advancing shelter access across the county.

4. Enhancing HMIS and Coordinated Entry consistency and participation will improve systemwide data.

Limited and uneven participation in the Homeless Management Information System (HMIS) and CES leads to inaccurate data and restricted access to housing resources. Many smaller or faith-based providers, especially in the Mountain and Desert regions, are not connected to the formal homelessness response system, leaving significant gaps in data and service coordination. As a result, PITC underrepresent the true scale of homelessness in these regions, particularly where people live in RVs, overcrowded homes, or other hidden situations.

Participants stressed the need for expanding HMIS access, improving training and technical support, and engaging informal service providers with light-touch approaches. County-led efforts to broaden license distribution are promising, but inconsistent application of CES policies remains a barrier, especially where access to permanent housing is limited to those navigating through emergency shelters. A more inclusive, flexible, and well-supported system is needed to improve data quality and ensure equitable housing access across the region.

5. There is significant potential to grow and better utilize prevention and diversion efforts, offering upstream solutions that could reduce inflow into the homeless response system and supporting long-term stability.

The CoC lacks a strong infrastructure for homelessness prevention and diversion, important elements needed to reduce inflow into the homelessness response system. Stakeholders highlighted the need for upstream strategies to keep individuals housed before they reach a crisis point, like flexible financial assistance, housing stabilization resources, and community-based support. Upstream strategy tools are especially critical in high-cost areas like the Central and West Valley Regions where even minor financial shocks can lead to homelessness.

Participants also emphasized the importance of workforce development as a prevention strategy, particularly for youth and vulnerable adults. Investments in job training, youth employment programs, direct cash transfers, and wraparound supports could offer sustainable pathways out of poverty and housing instability. Overall, there was broad agreement that prevention and diversion are underutilized components of the current system and must be scaled up to reduce long-term system pressure and improve outcomes.

6. By enhancing services for special populations, the CoC could help ensure that all individuals receive appropriate and equitable support.

The needs of certain key populations are especially unmet due to limited outreach capacity, lack of tailored programs, and systemic barriers. Participants in focus groups identified gaps in service particularly for youth, veterans, families, LGBTQ+ individuals, and undocumented residents. Current outreach strategies are often too generalized to engage people with diverse lived experiences, especially unsheltered individuals and youth. Participants called for youth-centered engagement through platforms like TikTok and Discord, and school-adjacent, zero-barrier drop-in centers offering basic resources like food, Wi-Fi, and support services.

Participants also discussed a chilling effect on honest conversations about equity in the past few months. Organizations reported fear of funding loss if they are vocal about serving Black, Latino, LGBTQ+, or undocumented populations, which stifles innovation and transparency in addressing need. This hampers the CoC's ability to strategically address inequities, of which there are many documented. For example, Black/African American residents are 3.9 times more likely to experience homelessness in San Bernardino County than the general population, which is a core system challenge that shows up in inflow, service access, and housing placement.

7. Increasing funding transparency and simplifying processes to obtain funding would ensure that all providers, including smaller and less-resourced organizations, an effectively leverage all available funding resources.

Stakeholders across the county described barriers to accessing and navigating homelessness funding, especially for smaller and rural organizations. Many grants prioritize direct services while excluding vital investments in staffing, infrastructure, or capacity-building, which leaves newer providers without the tools to grow sustainably. Additionally, complex contract language, rigid timelines, burdensome indemnification clauses, and limited transparency in County RFPs disproportionately exclude those organizations best positioned to serve under-resourced areas. Additionally, there is a sense that population-based allocations fail to account for per-capita need, while philanthropic investment remains virtually absent in many parts of the region.

Participants called for major reforms to make funding more equitable and effective. Recommendations included creating flexible prevention funds with streamlined disbursement, offering small capacity-building grants paired with technical assistance, and building a County-managed rural infrastructure support pool to share grant writing, compliance, and administrative resources. Strengthening partnerships with City governments and leveraging opportunities like CalAIM and

Homekey were also seen as essential. Finally, stakeholders emphasized the need for more accessible, plain-language RFPs, transparent timelines, and deeper collaboration with Medi-Cal managed care plans to better align housing and health systems for high-needs clients.

8. Supportive services should be expanded and better coordinated to more fully meet community needs.

Throughout the county, stakeholders highlighted the lack of access to critical supportive services that enable housing stability, including workforce development, transportation, and behavioral health services. Participants highlighted the need for more intentional coordination between housing and employment systems, without which individuals exiting homelessness struggle to access or sustain jobs that could support long-term stability. In more remote and isolated regions, transportation emerged as a major barrier to access for shelter, services, and employment.

Participants advocated for creative solutions to transportation issues such as mileage reimbursement, peer driver programs, or shuttle partnerships. They also discussed expanding supportive service access through trusted community institutions like libraries, schools, and community colleges; locations that could host navigation kiosks or serve as drop-in sites for assessments and referrals, helping bridge the service gap without requiring costly new infrastructure.

9. Strengthening system-wide coordination between the RSCs, CoC and County presents a key opportunity to enhance coordination, improve access, and build overall capacity.

Collaboration across the CoC, County departments, and City governments can be fragmented and uneven, especially across different funding streams, program models, and geographic areas. Stakeholders described a need for intentional coordination efforts, especially in Cities with minimal engagement or trust in the current system. Proposals included piloting embedded liaison roles to bridge City–County silos, offering regular CES and HMIS training to all RSCs, and expanding rural outreach to build awareness and reduce stigma about services.

Capacity challenges further weaken collaboration. Workforce shortages, burnout, and limited onboarding structures leave many providers overstretched, with some programs run by volunteers or a single staff member juggling multiple roles. Stakeholders recommended creating system-wide training and support systems including a "First 90 Days" onboarding kit for new grantees and staff, increasing visibility of tools like 2-1-1, and offering small, targeted capacity-building grants paired with technical assistance. Improved systemwide education, support, and communication, especially in rural areas, are essential to strengthening CoC-wide alignment and ensuring more consistent service delivery across the region.

10. There is a valuable opportunity for the CoC to more fully center the expertise and leadership of people with lived experience to enrich decision-making and system effectiveness.

Stakeholders emphasized the importance of authentically integrating people with lived experience (PWLE) into all aspects of the homelessness response system. There are no designated seats for people with lived experience on the various RSCs, the regional decision-making bodies for the CoC, or the CoC itself. Participants commented on the lack of persons with lived experience at the RSC strategic planning focus groups and asked for greater transparency of the process for people currently experiencing homelessness. Further, while the County's efforts to hire youth with lived experience were widely praised, participants highlighted the need for mentorship, training, and patience to ensure success.

To move beyond tokenism, stakeholders urged the inclusion of PWLE in all decision-making spaces and urged the development of structured, paid roles for PWLE in outreach, planning, and program design. Youth with lived experience should be hired to co-lead peer engagement efforts. There was also a strong interest in creating advisory positions, leadership pipelines, and outreach stipends that recognize PWLE expertise and ensure their ongoing influence over system policies and practices.

11. Engaging cross-sector partners more deeply will help break down silos, enhance information sharing, and increase the overall impact of services.

The homelessness response system is missing key opportunities to partner more effectively with schools, faith-based organizations, health systems, and workforce providers to streamline services for their shared clients. Stronger collaboration with school districts and integration of McKinney-Vento training into school and City outreach could expand early intervention and stability for students. Community colleges could also serve as valuable partners for both service navigation and building the frontline workforce through housing-focused certification programs.

Faith-based groups were identified as ideal partners for expanding "Yes In God's Backyard" (YIGBY) housing and safe parking initiatives, using existing land and community trust. Additionally, cross-sector alignment with Medi-Cal managed care plans, tribal service providers, reentry systems, and behavioral health networks was seen as crucial, especially given the lack of detox, trauma care, and LPS-certified hospitals in rural areas. Trusted messengers like school staff, domestic violence advocates, and church volunteers could also play a stronger role in connecting people to CES. Formalizing these partnerships, launching workforce pipelines, and integrating housing supports into education, reentry, and public health programs would significantly expand system capacity and reach.

Next Steps

Homebase will work with the individual RSCs, and the CoC as a whole to establish a common set of goals, objectives, performance metrics, and outcome measures in line with the findings in this analysis. Together they will decide on a group of shared goals and strategies for the plan, and work to develop and prioritize recommendations and strategies for each region and the County based on their unique needs, trends and resources. Homebase will continue to gather and analyze qualitative data via surveys and lived experience focus groups to help refine their recommendations.

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Lutheran Social Services of Southeran California Withdrawal from HHAP-5 Contract

Date: October 28, 2026

Presenter: Annette Florez, Office of Homeless Services

Approve the reallocation of Homeless Housing Assistance and Prevention (HHAP) Round 5 grant funding for Youth Set Aside to Family Assistance Program for relinquished funds from Lutheran Social Services of Southern California in the amount of $35,000.00.

Announcements
As part of the evaluation process for the Homeless Housing, Assistance, and Prevention Program – Round 5 (HHAP-5), the Youth Set Aside evaluation committee, recommended funding for eligible applicants based on scoring, discussion, and financial review. Initial funding recommendations for the Youth Set Aside were to be distributed between 3 different applicants. • Mountain Homeless Coalition, $40,000 awarded, $40,000 requested • Family Assistance Program, $528,236.93 awarded, $603,161.00 requested • Lutheran Social Services Southeran California (LSSSC), $35,000 awarded, $50,000 requested On August 27, 2026, LSSSC submitted formal written notification to the Office of Homeless Services (OHS) withdrawing its application for HHAP-5 funding. LSSSC did not disclose the reason behind their decision. As a result of this withdrawal, the $35,000 initially recommended for LSSSC is proposed for reallocation to Family Assistance Program, which was originally awarded $528,236.93 of its $603,161.00 funding request. The expenditure date for HHAP 5 funding is June 30, 2028.

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Approve the recommendation from the East Desert Regional Steering Committee for Homeless Housing, Assistance, and Prevention (HHAP) Round 4 funding in the amount of $98,524.29 and authorize the Office of Homeless Services to initiate and administer HHAP CoC funded contract award

Date October 28, 2026

Presenter Annette Florez

Approve the recommendation from the East Desert Regional Steering Committee to award $98,524.29 in Homeless Housing, Assistance, and Prevention (HHAP-4) Round 4 funds for the East Desert region

The East Desert Regional Steering Committee (EDRSC) held its monthly regional meeting on **October 15, 2026**. Following the meeting, the Office of Homeless Services (OHS) received written notice from EDRSC Secretary **Christina Benton** requesting that the Continuum of Care (CoC) Board consider the committee's recommendation for the award of **$98,524.29** in Homeless Housing, Assistance, and Prevention (HHAP) Round-4 funds. On April 8, 2025, Morongo Unified School District submitted formal written notification to the Office of Homeless Services (OHS) withdrawing its application for HHAP-4 funding. Morongo Unified School District cited capacity limitations in meeting the program's contractual and operational requirements as the basis for its decision. The other provider awarded HHAP-4 funding in the East Desert, Inland Housing Solutions, formally declined the funding in writing on July 31, 2025.

On August 26, 2025, OHS received written notice from EDRSC Co-Chair Stone James, that the EDRSC voted at their August 21, 2025 meeting, to recommend reopening the Request for Application (RFA) process for HHAP-4. The CoC Board approved the recommendation at the October 22, 2025, Board Meeting.

The EDRSC recommends the following allocations:

- **$98,524.29 be awarded to Jewish Family Service of San Diego**

Time is of the essence, as these funds must be expended by **June 30, 2027.** Accordingly, the EDRSC approved the above funding distribution and recommends that the Continuum of Care Board approves the award.

San Bernardino County Homeless Partnership
East Desert Regional Steering Committee
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Office: (760) 367-6799 ext. 1037

San Bernardino County HOMELESS PARTNERSHIP

EAST DESERT REGIONAL STEERING COMMITTEE (EDRSC) - MINUTE ORDER

DATE: October 15, 2026
TO: OFFICE OF HOMELESS SERVICES
FROM: CHRISTNA BENTON, BOARD SECRETARY, (EDRSC)
SUBJECT: FORMAL NOTICE – APPROVE THE EAST DESERT HOMELESS HOUSING, ASSISTANCE AND PREVENTION (HHAP) ROUND 4 GRANT FUNDING RECOMMENDATION FOR THE FOLLOWING AGENCY AND SUBMIT THE RECOMMENDATION TO THE CONTINUUM OF CARE BOARD FOR APPROVAL. Agency - Jewish Family Service of San Diego / Award Amount - $98, 524.29

The following is an excerpt of the actions taken by the East Desert Regional Steering Committee at its regular meeting on OCTOBER 15, 2026.

PRESENT: Committee Member Faith Nicholson, Committee Member Glen Harris, Committee Member Kevin Cole, Committee Member Janet Johnston, Committee Member Daniel Belew, and Co-Chair April Ramirez

ABSENT: Committee Member Robin Schlosser

******Committee Member Lakita Johnson recused herself at 11:18am, as she (Molding Hearts) was also an applicant for the HHAP Round 4 Funding.**

IT WAS MOVED BY COMMITTEE MEMBER HARRIS, SECONDED BY COMMITTEE MEMBER BELEW, THAT THE EAST DESERT REGIONAL STEERING COMMITTEE:

1. SUBMIT THE RECOMMENDATION TO THE CONTINUUM OF CARE BOARD FOR APPROVAL, FOR HHAP ROUND 4 FUNDING TO THE FOLLOWING AGENCY: **Jewish Family Service of San Diego - Award Amount - $98, 524.29**

The motion carried by the following vote:

AYES: Committee Member Belew, Committee Member Johnston, Committee Member Cole, Committee Member Harris, Committee Member Nicholson, Co-Chair Ramirez

NOES: None

ABSTAIN: Committee Member Johnson recused herself from meeting at 11:18am

ABSENT: Co-Chair Schlosser

Christina Benton, Committee Secretary
East Desert Regional Steering Committee