

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-609 - San Bernardino City & County CoC

1A-2. Collaborative Applicant Name: County of San Bernardino

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of San Bernardino

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	4
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	0
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	2
16.	Local Government Staff/Official(s)	Yes	4

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	8
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	8
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	13
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The San Bernardino County (SBC) CoC serves as the general membership body of the CoC, maintains an open and publicly accessible process for individuals and organizations interested in participating in the CoC. New membership is encouraged at least annually and is promoted throughout the year through public meetings, the CoC website, community outreach activities, and a countywide email distribution list reaching over 1,000 subscribers. Information about becoming a member, including the CoC membership application and Governance Charter, is publicly available on the San Bernardino County Homeless Partnership (SBCHP) website. The CoC Chair encourages attendees to become voting members and provides guidance regarding the membership application process. Individuals and organizations interested in membership complete the publicly available application and agree to the responsibilities outlined in the Governance Charter. The Office of Homeless Services (OHS) provides direct assistance to prospective members who have questions or need help completing the process. These practices provide an ongoing pathway from community participation to formal CoC membership.

Meeting agendas and minutes are posted in accordance with the California Brown Act, ensuring transparency of CoC activities and allowing community members to stay informed. In addition to public meetings, the CoC conducts outreach to promote new membership at countywide events including the annual Homeless Summit, Veterans Stand Down events, Point-in-Time Count recruitment events, and other community activities. These outreach efforts help engage nonprofit and public service providers, individuals with lived experience, faith-based organizations, healthcare and behavioral health partners, advocacy organizations, businesses, and other interested stakeholders.

Because San Bernardino County spans a large and diverse region, the CoC promotes opportunities for participation through in-person and remote engagement to reduce geographic barriers. The combination of transparent public posting, recurring outreach activities, open meetings, electronic communications, and direct assistance to prospective members ensures that the invitation for new members is widely available, publicly communicated across the CoC's geographic area, and occurs at least annually as required.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The San Bernardino County Continuum of Care (CoC) uses a transparent, publicly accessible process to solicit and consider opinions regarding CoC performance, strategies, and priority-setting. The CoC gathers input through regular CoC meetings, regional meetings, committee and workgroup sessions, stakeholder surveys, community forums, public comment, community email communications, and other engagement activities. All CoC meetings are open to the public and offer both in-person and remote access. Virtual participants may provide input through the meeting's chat function, which is monitored and read aloud by the meeting chair to ensure inclusion in the public record. Participation opportunities and meeting materials are shared through the SBCHP website and distributed via a countywide listserv of more than 1,000 subscribers. Materials, including agendas, slides, and instructions, are posted online prior to meetings, with physical copies provided to in-person attendees. The SBCHP website includes committee minutes, documentation, contact information for committee chairs, and instructions on joining the listserv. The website follows established accessibility guidelines, and auxiliary aids such as assistive listening devices are available to support individuals with disabilities. The CoC actively seeks input from individuals with lived experience, service providers, faith-based organizations, County agencies, cities, healthcare and behavioral-health partners, law enforcement, education partners, workforce agencies, businesses, veteran organizations, and other community stakeholders. Engagement also occurs at public events such as the annual Homeless Summit, Veterans Stand Down, and Point-in-Time Count recruitment activities. Stakeholder feedback is reviewed by OHS staff and relevant CoC committees and considered alongside HMIS, PIT/HIC, and System Performance Measure data. Input informs CoC evaluations of system gaps, performance, and priorities, and may result in updates to policies, procedures, planning efforts, funding strategies, and coordinated system practices. For example, community input was incorporated into the Regionally Coordinated Homeless Action Plan to refine strategies related to outreach, shelter capacity, coordinated entry, housing access, and overall system improvement.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

The San Bernardino County CoC uses an open and transparent local competition process that allows any eligible organization—including organizations that have not previously received CoC Program funding and faith-based organizations, to submit project proposals. The Office of Homeless Services (OHS) publicly announces the competition through the SBCHP website, the CoC-wide listserv of over 1,000 subscribers, public CoC meetings, and direct stakeholder communications. Public postings include application instructions, deadlines, scoring criteria, threshold requirements, and eligible project types.

New and previously unfunded organizations have full access to the same published materials, timelines, and technical assistance as renewal applicants. OHS provides competition related guidance, hosts application workshops, and answers questions from interested agencies. Faith-based organizations are encouraged to apply and are regularly engaged through CoC meetings and community outreach activities.

Applications are reviewed using the CoC's established scoring tool, which is publicly posted and used by the Grant Review Committee (GRC) to evaluate all proposals based on objective criteria. Recommendations are forwarded to the CoC Board for approval. Applicants are notified in writing regarding acceptance, reduction, or rejection outside of e-snaps.

When no applications are received from previously unfunded organizations, the CoC increases outreach by sharing funding notices at public meetings, contacting community-based agencies, engaging organizations participating in the annual Homeless Summit and Veterans Stand Down events, and distributing information through regional partners and collaborative networks. These outreach efforts expand awareness of the availability of CoC Program funds and encourage participation from organizations capable of addressing system gaps.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

1. **Gap/Evidence.** The San Bernardino County CoC's Strategic Homeless Action Plan identifies a system gap in the ability to prevent entries into homelessness and rapidly connect unsheltered individuals to shelter, services, and permanent housing. This gap was identified through PIT/HIC results, HMIS and System Performance Measure data, stakeholder input, and regional planning efforts. The 2025 PIT Count identified 3,837 people experiencing homelessness, including 2,636 unsheltered persons, confirming the need for expanded capacity and improved system coordination.
2. **Strategy/Subpopulations.** Consistent with 42 U.S.C. 11386b(d), the CoC will strengthen prevention/diversion, coordinated outreach, emergency and transitional housing, RRH, PSH, supportive services and connections to mainstream resources. Strategies will address families with children, youth, veterans, survivors of domestic violence, chronically homeless persons, people with disabilities, and persons with behavioral health and substance use treatment needs. Actions include expanded outreach-to-shelter/housing pathways, CES/HMIS and By-Name List improvements, case conferencing, live shelter-bed reporting, street medicine, behavioral health/treatment coordination, employment and income supports, and increased shelter and permanent-housing capacity.
3. **Measures.** The CoC will measure progress by reducing unsheltered homelessness by 15%, increasing permanent housing placements by 30%, reducing first-time homelessness by 20%, and improving housing retention. Additional quantifiable expectations include improvements in outreach connections, documentation readiness, and flow through the coordinated entry process.
4. **Timeline.** Strategies will be implemented through the CoC's five-year Action Plan, with annual performance reviews. Phased improvements will occur throughout the implementation period, including expanded live bed reporting, and CES/HMIS enhancements.
5. **Funding.** Will leverage multiple funding sources, including CoC Program, ESG, HHAP, ERF, PLHA, Behavioral Health/CalAIM, local and other state/federal resources.
6. **Accountability.** Oversight will be carried out by the OHS in coordination with the CoC governing body, HMIS and CES partners, County departments, local jurisdictions, and service providers. These entities will monitor performance, track progress toward targets, and recommend corrective actions when results fall below established targets.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	48%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The CoC tracks transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH) projects to identify which provide or coordinate access to on-site substance use treatment. Several CoC-funded projects offer on-site services directly or through formal partnerships with licensed substance-use treatment providers. Services available on-site include assessments, counseling, relapse prevention support, case coordination, and linkages to detoxification or residential treatment programs.

Projects that do not provide on-site services maintain established referral pathways with the County Department of Behavioral Health (DBH) and contracted treatment providers. DBH clinicians and mobile behavioral-health staff visit certain TH, RRH, and PSH locations throughout the county, including rural or remote areas when feasible, to deliver field-based counseling and substance-use recovery support.

The percentage of projects offering on-site treatment reflects the CoC's ongoing coordination with local treatment providers. These partnerships help ensure that participants across the CoC have access to substance use services that support stabilization and housing retention.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC partners closely with the San Bernardino County Department of Behavioral Health (DBH) and its contracted providers to ensure access to outpatient mental health and substance use disorder (SUD) services across all regions of the CoC, including urban, rural, mountain, and desert areas. DBH provides assessment and referral, individual and group therapy, crisis intervention, medication support, case management, and outpatient and intensive outpatient SUD treatment, including individualized treatment planning, relapse-prevention services, recovery support, and medication-assisted treatment (MAT).

DBH's Full Service Partnership (FSP) programs add intensive case management, Assertive Community Treatment (ACT), ASAM screening, field-based SUD engagement, peer support, transportation assistance, and housing-related support. Individuals can access behavioral-health services through the DBH Access Unit, outpatient clinics, SUD Screening Assessment and Referral Center, crisis services, Street Medicine teams, HOST outreach teams, and referrals from CoC housing and shelter providers. DBH's Homeless and Supportive Services programs, including Community Supports and HOST, help link individuals experiencing homelessness to treatment and housing coordination.

CoC shelter staff, outreach teams, and housing providers identify participants who may need outpatient behavioral-health or SUD treatment during CES assessments, case-management meetings, or outreach encounters. When a need is identified, providers contact DBH directly to initiate screening and appointment scheduling. Providers assist participants with gathering documentation, arranging transportation, and coordinating appointment reminders. For individuals with urgent needs, CoC providers contact DBH crisis teams or Street Medicine partners to perform field based evaluations and link the participant to the appropriate outpatient clinic or SUD program.

Through this coordinated process, CoC providers ensure that individuals experiencing homelessness receive timely referrals, direct linkage, and ongoing access to DBH outpatient mental health and SUD services.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The CoC's partnership with the San Bernardino County Department of Behavioral Health (DBH) provides access to peer support and recovery navigation across the behavioral-health continuum. DBH maintains a formal peer-support infrastructure through its Full Service Partnership (FSP) programs and the Peer and Family Advocate program. FSP multidisciplinary services include peer support, intensive case management, behavioral-health and SUD services, transportation, and housing-related assistance. These programs routinely serve individuals experiencing homelessness and accept referrals from CoC providers and CES.

DBH also operates Recovery Centers that provide substance free environments where individuals in recovery receive mutual support, relapse-prevention services, psychoeducation, family support, life skills development, and connections to community resources. Recovery Centers and contracted peer-support programs employ Peer Support Staff with lived experience who help individuals engage in treatment, navigate behavioral-health and community resources, sustain recovery, and build natural supports.

CoC staff identify participants who may benefit from peer support during CES assessments, outreach contacts, and case-management meetings. Providers can refer participants to FSP programs, or refer them to DBH Recovery Centers depending on need and location. For unsheltered individuals, Street Medicine teams and the HOST team collaborate with DBH peer staff to provide field based engagement and warm hand offs to outpatient care, recovery services, and housing programs.

Through coordinated referrals, field-based engagement, and integration with DBH homeless service programs, the CoC ensures participants can access peer-support services that reinforce treatment involvement, recovery stability, and progress toward long-term housing success.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC works closely with the San Bernardino County Department of Behavioral Health (DBH) to identify and connect individuals experiencing serious mental illness (SMI) to intensive behavioral-health services. DBH delivers Full Service Partnership (FSP) services through multidisciplinary teams that provide Assertive Community Treatment (ACT), Forensic ACT (FACT), intensive case management (ICM), mental-health and substance use disorder (SUD) treatment, medication support, ASAM screening, peer support, transportation, supported employment, field-based SUD engagement, and housing related assistance. These services are designed for adults with significant behavioral-health needs, including individuals with histories of psychiatric hospitalization, institutional care, co-occurring SUD, or chronic homelessness.

DBH also operates Recovery Based Engagement Support Teams (RBEST), which conduct field based engagement for individuals who have not connected with traditional office based services. RBEST identifies individuals with SMI, performs stabilization outreach in the field, and supports linkage to DBH clinics, crisis services, ACT/FACT programs, or intensive outpatient treatment. Additional homeless specific programs strengthen identification and engagement. DBH's Homeless Outreach Support Team (HOST) provides outreach, benefits assistance, and connections to behavioral-health care, while InnROADs delivers multidisciplinary outreach to people experiencing homelessness in rural and isolated areas of the High Desert, Mountain, and East Desert regions.

CoC providers and outreach teams identify individuals with possible SMI during CES assessments, field contacts, or case management. Providers refer individuals to DBH, HOST, RBEST, or directly to FSP programs. For individuals linked through CES to vouchers or rental subsidies.

Street Medicine teams and outreach partners assist with field-based evaluation and linkage to DBH services when individuals exhibit acute psychiatric symptoms. DBH crisis teams conduct mobile evaluations, provide stabilization, and determine whether ACT, crisis-stabilization services, or outpatient treatment is appropriate.

Through coordinated referrals, field-based engagement, intensive treatment options, and integration with CES and CoC housing providers, individuals experiencing SMI are connected to the services necessary to promote stability and long term housing success.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC partners with DBH's forensic and court connected programs, including Drug Court, Mental Health Court, FACT/CFACT, CARE Act services, and Assisted Outpatient Treatment. DBH provides intensive case management, ACT-level treatment, and housing related supports. CoC providers coordinate referrals through CES, HOST, and RBEST to link justice-involved participants to treatment and stable housing.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates closely with the San Bernardino County Department of Behavioral Health (DBH) and its forensic, court connected, and intensive treatment programs to support housing stability for individuals involved with the justice system. DBH's forensic continuum integrates behavioral-health treatment, court supervision, intensive case management, medication support, transportation, and housing related assistance for individuals with mental-health and/or substance use disorders who are engaged with the Court, Probation, the Public Defender, Sheriff's Department, and other justice partners.

DBH's Assertive Community Treatment (ACT) and Forensic ACT (FACT/CFACT) teams use multidisciplinary field-based models to serve adults with severe mental illness and extensive criminal-justice involvement. These teams provide intensive case management, mental-health and SUD treatment, medication support, housing navigation, supported employment, peer services, and ongoing monitoring. CoC providers refer individuals to ACT/FACT programs through the Coordinated Entry System (CES), shelters, outreach teams, or DBH Access, and collaborate with DBH clinicians to align treatment plans with housing placements.

The County Board of Supervisors approved implementation of Assisted Outpatient Treatment (Laura's Law) in June 2023. DBH operates Recovery Based Engagement Support Teams (RBEST) to provide voluntary outreach and AOT services when statutory criteria are met. RBEST works with County Counsel, the Public Defender, Public Guardian, and the Sheriff's Department to identify individuals experiencing repeated crises and connect them with mental-health and SUD treatment, shelter access, primary healthcare, FSP services, residential treatment, psychiatric support, and ongoing case monitoring. CoC outreach teams and CES staff refer eligible individuals to RBEST for engagement that supports treatment compliance and housing readiness. DBH also provides court connected programs including Community Supervised Treatment After Release (CSTAR) and designated Drug Court SUD treatment providers.

Through coordinated referrals, multidisciplinary treatment, court-supported engagement, and integration of ACT/FACT, RBEST, CARE, CSTAR, Drug Court providers, HOST, Community Supports, outreach teams, and CES, the CoC ensures justice-involved individuals receive the intensive behavioral health services required to stabilize, meet court conditions, and progress toward independent housing.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partners with San Bernardino County DBH, which operates the County's behavioral health crisis continuum. Services include 24/7/365 Community Crisis Response Teams (CCRT), 988 services, Crisis Walk-In Centers in Victorville and Yucca Valley, Crisis Stabilization Units in Fontana and San Bernardino, crisis residential treatment, and the DBH Access Unit. These resources provide mobile response and facility-based crisis assessment, stabilization, medication, and linkage to ongoing care.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	725

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal partnership with the San Bernardino County Department of Behavioral Health, including its Certified Community Behavioral Health Clinic (CCBHC) and Community Mental Health Center programs, which provide clinical assessments, outpatient treatment, crisis services, and coordinated behavioral-health support for participants. DBH also supports the local SAMHSA projects in the CoC.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

DBH SUDRS provide recovery residences that the CoC connects with. These residences provide short-term, alcohol and drug-free living environments supporting individuals engaged in off-site medically necessary recovery or SUD treatment. Inland Valley Recovery Services, New Hope, and Veterans Alcoholic Rehabilitation Program (VARP), with additional providers oversee a supervised, substance-free, peer-supported environment promoting sustained SUD recovery and preparation for permanent housing.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates warm hand-offs between behavioral-health providers, crisis services, recovery programs, peer-support organizations, and housing providers to support smooth transitions from treatment settings into stable housing. CoC case managers work directly with the County Department of Behavioral Health (DBH), crisis-stabilization units, detox programs, outpatient clinicians, and recovery residences to review treatment plans, confirm stabilization, and determine appropriate housing referrals. DBH adopted its Substance Use Disorder and Recovery Services (SUDRS) Coordination of Care policy on January 14, 2026. The policy directs DBH and contracted providers to coordinate care while complying with privacy and consent requirements and allows assessment information to be shared, with consent, to reduce duplication and strengthen care coordination. DBH's SUD system provides confidential screening, assessment, individualized treatment plans, and referral to appropriate SUD resources. DBH's SUDRS recovery residences, including Inland Valley Recovery Services, New Hope, VARP, and other contracted providers, offer short-term, supervised, alcohol and drug-free living environments for individuals in SUD treatment. These programs provide peer support and routines that help participants stabilize and prepare for permanent housing. Case managers integrate recovery residence participation with housing navigation plans. When individuals complete DBH outpatient, crisis, detox, or recovery-residence programs, CoC providers coordinate with DBH and Street Medicine teams to confirm care needs and transition participants to the correct housing pathway. CES receives referrals from DBH, HOST, Street Medicine teams, and SUDRS providers to ensure individuals are assessed, prioritized, and linked to suitable housing resources. Through coordinated communication among DBH clinicians, Street Medicine teams, recovery residences, HOST, outreach teams, CES, and housing providers, the CoC ensures warm hand-offs that promote continuity of care, stabilization, and long term housing success.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$20,205,564
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$5,754,187
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	28%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$4,476,445
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	51%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?
	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The San Bernardino County CoC consults regularly with ESG recipients to ensure ESG funding priorities align with CoC Program goals, CES procedures, HMIS requirements, and system-identified needs. The ESG recipients within the CoC's geographic area are the City of Victorville and the Salvation Army, and both participate in CoC planning and coordination activities. Consultation occurs through regular communication with the Office of Homeless Services (OHS), participation in CoC meetings, involvement in CoC committees and workgroups, and ongoing collaboration with homeless service providers and regional partners.

OHS provides ESG recipients with PIT Count, Housing Inventory Count (HIC), HMIS data, and other homelessness system information to support ESG planning and allocation decisions. The CoC also works with ESG recipients during Consolidated Plan development and annual updates, ensuring that homelessness needs, gaps, and priorities identified by the CoC are reflected in local strategy and funding decisions. ESG recipients use CoC data to evaluate shelter demand, homelessness-prevention needs, and rapid rehousing capacity within their jurisdictions.

The CoC coordinates closely with ESG recipients on the performance of ESG-funded projects and their relationship to the larger homelessness-response system. ESG-funded emergency shelters, street-outreach programs, homelessness-prevention activities, and rapid rehousing services are reviewed against system needs, CES expectations, and local performance outcomes.

OHS maintains communication with ESG recipients regarding data quality, HMIS participation, referral procedures, and system alignment to ensure ESG investments complement CoC-funded housing and services.

Through this coordination, the CoC supports integrated use of ESG, CoC, state, and local resources. Consultation with the City of Victorville and the Salvation Army strengthens system planning, helps identify service gaps, improves alignment between ESG activities and CES processes, and supports funding strategies that promote movement from homelessness to permanent housing.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC contracts directly with emergency shelter providers, such as with City of Victorville (Wellness Center) and Salvation Army (Shelter) and maintains an established process to ensure all shelters are fully integrated into the Coordinated Entry System (CES). Contracted shelters agree to follow CoC Written Standards and CES policies, including assessing participants at entry or referring them promptly to CES access points. Shelter staff complete CES assessments, collect required documentation, and communicate participant needs to CES navigators to ensure timely connection to housing resources. Shelter providers participate in CoC meetings, regional provider sessions, and system coordination activities. OHS shares updates on CES procedures, shelter referral workflows, data requirements, available housing opportunities, and system performance expectations with shelter leadership. Shelters submit HMIS data regularly, enabling CES and housing providers to track shelter stays, service needs, and prioritization.

Outreach teams coordinate with shelters by assisting individuals exiting encampments or unsheltered locations with shelter placement, completing CES assessments onsite, and supporting stabilization services. Shelters also work with the County Department of Behavioral Health (DBH), mobile crisis teams, and Street Medicine providers to help individuals with behavioral health or medical needs remain engaged in services during their shelter stay.

Through direct contracting, required CES participation, coordinated communication, and integration with behavioral-health and outreach partners, the CoC ensures emergency shelters serve as a fully connected entry point into the homelessness response system and support efficient movement toward stable housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government partners to support planning, funding decisions, and system coordination. The Office of Homeless Services (OHS), serving as the HMIS Lead, compiles required datasets and distributes information through coordination meetings, email communications, public presentations, and participation in countywide planning processes. OHS provides PIT and HIC results to cities, County departments, and regional partners for use in Consolidated Plans, ESG planning, and analysis of homelessness trends. HMIS data, including shelter utilization, length of time homeless, housing outcomes, and returns to homelessness, is shared with local jurisdictions to support decisions regarding resource investment, service gaps, and system performance improvement.

The CoC also submits data directly to the State of California through quarterly uploads to the Homeless Data Integration System (HDIS) through OHS, the HMIS lead, ensuring the state receives current, standardized information on homelessness trends, system utilization, and performance outcomes. These submissions support statewide analysis, state-level funding decisions, policy alignment, and cross-jurisdiction coordination.

SPM results are reviewed with County departments, city governments, law enforcement agencies, behavioral health partners, and public health entities. Data sharing supports alignment across housing programs, outreach operations, crisis response services, and community strategies. All shared data complies with HMIS privacy and security standards and is limited to aggregated or de-identified data when required.

Through local and statewide data coordination, including quarterly HDIS submissions, the CoC ensures that government partners have accurate information necessary to inform planning, evaluate system needs, and improve the homelessness response system.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC uses multiple data sources in addition to HMIS to improve care coordination and system planning. The County Department of Behavioral Health (DBH) provides crisis-service contacts, mobile-crisis engagements, outpatient treatment information, and field-based Street Medicine encounter data. This helps identify individuals with intensive behavioral-health needs and supports targeted stabilization.

Local hospitals and emergency departments provide data on ER visits, repeat admissions, and discharge needs, allowing the CoC and providers to link individuals to shelter, case management, medical respite, and outpatient care. The Transitional Assistance Department (TAD) supplies information on General Relief, CalWORKs, CalFresh, and CFET participation to support income stabilization and housing planning.

Law enforcement and public safety agencies provide information on encampment contacts, welfare checks, behavioral-health incidents, and participation in specialty court programs. DBH Forensic Services and justice partners share data needed to coordinate treatment and housing placement for individuals involved in Drug Court, Mental Health Court, AOT, and CARE Court. San Bernardino County's Multidisciplinary Team (MDT) Data Sharing Agreement includes Aging and Adult Services, Arrowhead Regional Medical Center, Behavioral Health, Board of Supervisors, Community Development and Housing, CountyWire, District Attorney, Innovation and Technology, Office of Homeless Services, Probation, Public Defender, Public Health, Sheriff's Department, Transitional Assistance Department, and Veterans Affairs. This agreement enables coordinated review of interdepartmental information and improves service alignment for individuals experiencing homelessness.

The CoC evaluates all external data sources alongside HMIS to identify trends, inform CES decisions, prioritize interventions, and support targeted coordination for high-need individuals. By combining HMIS with behavioral-health, medical, law-enforcement, social-service, and MDT-supported information, the CoC improves care coordination and enhances system performance.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC maintains a formal partnership with the San Bernardino County Workforce Development, supported by an agreement between the Office of Homeless Services (OHS) and Workforce Development (WDD) to ensure participants have access to employment and workforce services. Through this agreement, WDD staff work directly with OHS to support individuals enrolled in SO, EH, TH, RRH, and PSH programs by offering job readiness assessments, resume development assistance, interview preparation, and referrals to job opportunities available through local America's Job Centers of California (AJCCs).

The CoC also collaborates with the California Employment Development Department (EDD), the County Department of Rehabilitation (DOR), adult education providers, and local community colleges to connect participants to vocational programs, certification and training pathways, and specialized employment resources. Workforce agencies participate in CoC meetings and provide updates on available programs, training sessions, and job placement opportunities.

For households receiving public assistance, case managers coordinate referrals to CalWORKs Subsidized Employment, CalWORKs Youth Employment Program, and CalFresh Employment and Training (CFET), which offer subsidized employment, paid work experience, and career coaching. CoC providers assist participants in completing enrollment requirements and resolving documentation or transportation barriers to support participation. CoC housing programs incorporate employment and income improvement strategies into case management, helping participants identify employment goals and connect with workforce partners through warm hand-offs. OHS maintains ongoing communication with Workforce Development staff to support joint case coordination, facilitate referrals, monitor progress, and ensure participants have continued access to employment resources needed for long-term housing stability.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The CoC uses a multidisciplinary street outreach and public safety response in which first responders, behavioral health personnel, and homeless-service partners perform complementary roles. The County's encampment policy assigns the Sheriff's H.O.P.E. Team responsibility for identifying and responding to encampments, public-safety concerns, and requests for coordinated engagement. Once an encampment is identified, the H.O.P.E. Team notifies the Office of Homeless Services (OHS), DBH, the Department of Public Health (DPH), Probation, and contracted outreach teams so field staff can coordinate service focused engagement.

DBH coordinates street outreach for individuals with mental health needs, including those who are justice involved. Probation operates outreach for homeless probationers and collaborates with DBH and OHS when individuals under supervision require stabilization, navigation, or reconnection to services. Outreach teams, alongside first responders, conduct field based assessments that include basic demographic information, safety checks, behavioral health and substance use indicators, medical needs, documentation status, and interest in shelter or housing resources. Providers enter assessment information into HMIS and make referrals to housing, healthcare, SUD treatment, DBH services, veteran programs, youth programs, legal services, or probation resources as appropriate.

The multidisciplinary teams coordinate transportation to services, connect individuals to DBH crisis response, link people with health and SUD treatment providers, and offer CES assessments to support movement into shelter or rapid housing options. The Sheriff's H.O.P.E. Team maintains communication with OHS and outreach providers to ensure encampment locations, public safety issues, and service needs are addressed through coordinated response rather than isolated enforcement activity.

Through this structure, combining law enforcement, DBH, DPH, Probation, street outreach teams, crisis responders, and CES access points, the CoC ensures field operations support safety, service engagement, accurate data collection, and connection to housing pathways.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC and its providers assist individuals experiencing homelessness with family or support network reunification when it is safe, voluntary, and aligned with the participant's goals. Case managers in shelters, outreach programs, and CoC funded housing help individuals identify potential family, friends, or other trusted supports who may offer temporary or long-term stability. Providers assist participants in contacting family members, coordinating communication, and evaluating whether reunification is appropriate based on safety considerations, willingness of the receiving party, and the individual's service or medical needs. When reunification is chosen, CoC providers assist with logistics such as arranging transportation, developing travel plans, coordinating with airlines or bus services, securing identification and documentation, and planning for continuity of care. Staff help participants address identification, benefits, medical, behavioral-health, or legal needs that could interfere with successful reunification. When an individual relocates to another geographic area, case managers communicate with service providers or support networks in the receiving community to ensure access to behavioral-health care, shelter resources, and mainstream benefits.

Outreach teams often identify individuals who may have viable support networks during encampment engagement or crisis-response situations. They help reconnect participants by facilitating phone calls, coordinating safety checks, and arranging transportation when reunification is feasible. Shelter and housing case managers explore reunification options as part of housing-stability planning, helping participants consider whether temporary stays with family or friends may prevent returns to homelessness. Providers maintain communication with the receiving family or support network to verify expectations, confirm safe accommodation, and ensure any follow up services are arranged.

CoC recipients pursue reunification only when the participant selects the option, the receiving party is confirmed and willing, and the destination is safe and sustainable. Reunification is not used to relocate individuals outside the CoC without a verified support network. Through these practices, the CoC ensures individuals can pursue family or support network reunification that promotes safety, stability, and successful exits from homelessness.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.	
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The SBC CoC, through OHS, supports local public safety through a coordinated Encampment Response process. Partners include the Sheriff's H.O.P.E. Team, Behavioral Health, Public Health, Fire, Public Works, Code Enforcement, Regional Parks, Probation, Housing Authority, Transitional Assistance, Emergency Services, County Counsel, local jurisdictions, and service providers. County Encampment Response and Resolution Fund policies define authority, roles, and standards for routine, emergency, and disaster responses while balancing residents' safety, rights, and dignity with public health, safety, environmental, property, and community concerns.

An OHS coordinator and multidisciplinary team assess each site for ownership, legal authority, occupants, animals, hazards, and health and safety conditions. The Sheriff's H.O.P.E. Team may participate in or lead when criminal activity is involved; other agencies respond according to site conditions and jurisdiction.

The CoC complements, rather than impedes, lawful public safety work. The H.O.P.E. Team addresses encampments and issues involving arrest, detention, and release. Behavioral Health engages people with mental illness, including justice-involved individuals; Public Health addresses communicable disease and environmental health and links residents to care; and Probation connects homeless probationers with services that support stability and reduce recidivism.

At sites, outreach staff interview and assess residents, explain available services, and arrange transportation to shelter or services when needed. Public safety personnel may provide security and encourage voluntary service engagement. When applicable, information is recorded in HMIS or another compliant system, and residents are linked to housing, behavioral health and substance-use treatment, healthcare, benefits, veteran and probation services, legal help, and transportation.

The County documents and evaluates responses through site surveys, coordination records, HMIS, and project-management systems. Reports track people identified, offered and accepting assistance; outcomes; participating agencies; response duration; issues resolved; and lessons learned. This approach enables homelessness response partners to support public safety while maintaining pathways to services, shelter, and housing

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

San Bernardino County's Encampment Response and Resolution Fund Policies and Procedures guide coordinated encampment clearing on public property. The policy assigns the Sheriff's H.O.P.E. Team to identify encampments and public-safety hazards, while OHS, DBH, DPH, Probation, and outreach teams provide assessments, service linkages, and housing navigation. The policy supports quick action during fire, flood, hazardous, or criminal-activity conditions while requiring dignity, safety, and access to services. Emergencies may require immediate action; routine clearances provide at least 72 hours' notice and an offer of available shelter and services. Notice may be waived when imminent threats exist. Outreach teams conduct required assessments, document hazards, enter information into HMIS or a comparable database, and offer referrals to housing, healthcare, SUD treatment, veteran services, youth programs, benefits, legal assistance, and probation supports. Sites are mapped as observed, active, or closed to guide follow-up. The County conducted 34 encampment responses, exceeding its annual target of 32, demonstrating increased coordination and effectiveness. Barriers include limited shelter capacity, environmental hazards, jurisdictional complexity, transportation gaps, behavioral-health needs, and repeated displacement. The CoC leverages supportive policies, centralized coordination, rapid assessment, and HMIS data, while mitigating restrictive conditions by maintaining multi agency engagement, coordinating across jurisdictions, continuing outreach when immediate resolution is not possible, and aligning encampment operations with available shelter and housing pathways. These practices allow the CoC to clear encampments quickly when required while connecting residents to safe, appropriate services and housing.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Tents and encampments continue to appear throughout the San Bernardino County CoC, and their size fluctuates in response to weather, enforcement activity, outreach efforts, and availability of shelter beds. During the past County fiscal year 2025-2026, San Bernardino County OHS responded to 34 encampments. These encampments were identified across incorporated and unincorporated areas and included individuals with significant behavioral-health needs, chronic medical conditions, transportation barriers, limited income, and documentation challenges. Outreach teams consistently identified needs related to crisis stabilization, SUD treatment, mental-health engagement, medical care, transportation, benefits enrollment, and access to temporary shelter.

The County's Encampment Response and Resolution policy, implemented through coordinated action from the Sheriff's H.O.P.E. Team, OHS, DBH, DPH, Probation, and regional outreach providers, has helped reduce encampment size by supporting structured engagement and connection to services. The policy enables teams to reach individuals who are among the most difficult to house by requiring assessment, HMIS entry, hazard identification, referral to housing and services, and mapped site categorization. These processes ensure encampments are addressed promptly while maintaining safety and service-first coordination.

Operational challenges still affect encampment resolution. Shelter capacity varies across the region; environmental hazards restrict prolonged engagement; jurisdictional and property-ownership issues can slow response actions; and repeated displacement occurs when encampments reform in nearby areas.

Individuals with untreated behavioral-health or substance-use conditions may be unable or unwilling to relocate without intensive support.

To overcome these barriers, the CoC leverages CalAIM Community Supports, Transitional Rent, BHSA, and DBH recovery and stabilization programs to assist individuals with severe mental illness. These resources provide housing navigation, tenancy support, short-term rental assistance, field based engagement, and clinical stabilization needed to help individuals transition from encampments into interim or permanent housing.

Through coordination, use of multidisciplinary teams, and targeted resources for high utilizers, the CoC works to decrease encampment size and improve opportunities for residents to access shelter, treatment, and long term housing pathways.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

San Bernardino County's public safety codes prohibit unpermitted camping and allow enforcement of public use violations in rights-of-way and public facilities. These laws enable the County's Sheriff's H.O.P.E. Team, DBH, DPH, and outreach teams to intervene quickly when illicit drug use occurs in public spaces and connect individuals to services rather than relying solely on enforcement. County policy requires 72-hour notice before encampment action unless an imminent health or safety threat exists, allowing outreach teams to respond with harm-reduction, treatment referrals, and crisis intervention. DBH's SUD and Recovery Services division deploys Street Medicine teams, crisis staff, and Narcan distribution to reduce overdose risk and help individuals enter detox, MAT, outpatient care, or residential treatment. These teams respond during encampment operations and public drug use incidents to stabilize individuals, prevent medical emergencies, and coordinate warm hand offs to behavioral health providers. Public Health collaborates with DBH on Narcan distribution and education in high-risk areas. The CoC leverages these supportive policies by coordinating enforcement notifications with outreach deployment so DBH, Street Medicine teams, and OHS can conduct assessments, provide immediate safety interventions, and link individuals to treatment and shelter. Restrictive elements, such as citations, displacement, and jurisdictional complexity, are mitigated by offering transportation, crisis stabilization, and housing navigation during enforcement activities. Through aligned public safety codes, DBH treatment resources, harm-reduction tools, coordinated outreach, and rapid service engagement, the CoC reduces the public use of illicit drugs and increases access to treatment, housing, and stabilization supports.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

San Bernardino County continues to experience high levels of overdoses and visible illicit drug use in public spaces, driven largely by fentanyl. The County Department of Public Health reports persistent opioid related emergencies and launched the Opioid Data Analytics and Surveillance for Harm Reduction (ODASH) dashboard to monitor overdose rates, geographic hotspots, and demographic trends across both Valley and High Desert regions. ODASH shows recurring clusters of opioid related overdoses and confirms fentanyl as the leading cause of fatal overdoses.

Public drug use frequently occurs in encampments, parks, alleys, transportation corridors, and commercial areas. First responders, Street Medicine teams, and DBH crisis units regularly respond to overdose incidents and public drug use calls, often administering naloxone in the field.

To curb public drug use and reduce overdoses, San Bernardino County has expanded harm reduction and treatment initiatives. DBH's Narcan distribution strategy trains staff countywide and deploys naloxone at outreach events, encampment operations, and community gatherings. Public Health collaborates with DBH and schools to increase opioid awareness education. Crisis teams, Street Medicine providers, and outreach teams coordinate with the Sheriff's H.O.P.E. Team to link individuals engaged in public drug use to detox, MAT, outpatient treatment, and housing through warm hand offs to CES.

Through overdose surveillance, harm reduction expansion, treatment coordination, and integrated public safety response, the County continues working to reduce public drug use, prevent overdoses, and connect individuals to services and housing.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

San Bernardino County has local ordinances that allow public safety agencies to intervene when individuals in public spaces present a danger to themselves or others. County code also requires 72 hour notice for encampment enforcement unless imminent threats to life, health, or infrastructure exist, allowing immediate action when behavior or conditions create acute danger. These laws enable coordinated response between law enforcement, OHS, the Sheriff's H.O.P.E. Team, DBH, and DPH during high risk encounters. DBH provides field based crisis evaluations through mobile crisis response teams and Street Medicine teams, assess whether individuals meet criteria for emergency psychiatric intervention under applicable California laws. DBH's Substance Use Disorder and Recovery Services (SUDRS) division deploys naloxone and stabilization supports during overdose or severe behavioral health incidents, reducing immediate danger and connecting individuals to detox or treatment services .

Operational barriers include geographic challenges (remote High Desert and Mountain areas), limited crisis stabilization capacity, and jurisdictional complexities. To mitigate these restrictions, OHS aligns encampment response operations with DBH crisis protocols, deploys multidisciplinary outreach teams during public-safety activities, and uses standardized field assessments to identify individuals at risk of self-harm or unsafe behavior.

When a person appears to present danger to self or others, outreach personnel coordinate with DBH clinicians, the Sheriff's Department, EMS, and Public Health for emergency evaluation, transport, or stabilization. Behavioral health professionals, determine involuntary treatment eligibility. OHS and DBH then coordinate follow up care, linkage to shelter, and housing navigation.

By leveraging supportive County policies, crisis evaluation authority, Street Medicine capacity, and coordinated response practices, the CoC connects individuals at risk of harming themselves or others to treatment, stabilizing services, and safer housing pathways while minimizing harmful impacts of restrictive enforcement requirements.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Local practices support the ability to share information in accordance with SORNA. Individuals subject to sex offender registration must report location information to local law enforcement, and the Sheriff's Office and Probation verify registrant status, including for individuals experiencing homelessness. OHS coordinates with these agencies to ensure shelter and housing placements comply with residency restrictions and safety requirements. When registrants enter CES, case managers consult with Probation or Sheriff staff to confirm allowable placement options and avoid locations that violate legal distance rules. Case managers assist with address updates, transportation to required check ins, and documentation to prevent unintentional non compliance. Challenges include unstable locations, mobility, and jurisdictional boundaries, which can hinder consistent reporting. To mitigate this, OHS maintains direct coordination pathways with law enforcement, and ensures providers receive guidance on SORNA compliant placement. Through these practices, OHS supports lawful information sharing and safe housing placement for individuals subject to SORNA.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The San Bernardino County CoC uses countywide access pathways and coordinated outreach to reach individuals and families experiencing homelessness across its large and geographically diverse region. Multiple partners, including the Office of Homeless Services (OHS), the Coordinated Entry System (CES), 211, DBH, DPH, shelters, the Sheriff's H.O.P.E. Team, Probation, Veterans Affairs, Housing Authority programs, cities, and nonprofit outreach teams, serve as entry points into the homelessness response system. Outreach teams conduct targeted engagement in encampments, riverbeds, flood control channels, parks, alleys, canyons, and other locations not meant for habitation. The County's Encampment Response process includes site and individual assessments that identify needs and hazards. When not all individuals can be assessed during the initial contact, teams return for scheduled follow up to ensure everyone receives an opportunity for assessment, referrals, and connection to services.

Multidisciplinary teams are used to reach people who may not access the service system independently. Depending on individual needs, outreach teams coordinate connections to shelter, interim housing, permanent housing navigation, behavioral-health and substance use treatment, medical care, veteran services, benefits, legal assistance, probation services, and transportation support. DBH and Probation operate specialized outreach for individuals with behavioral-health conditions or justice involvement, and Street Medicine teams expand engagement for people with significant medical or behavioral-health barriers.

Individuals who accept services are assessed through CES and have their information entered into HMIS or a comparable database, allowing providers to identify needs, prioritize housing referrals, and coordinate follow up supports. Encampment locations and outreach data are mapped and monitored over time to guide coordinated response and ensure ongoing engagement.

OHS and participating partners review outreach outcomes, service acceptance, unresolved needs, and movement through CES to improve coordination between street outreach, shelter access, interim housing, supportive services, and permanent-housing placements. Through these combined efforts, the CoC ensures outreach coverage across urban, suburban, mountain, desert, and remote areas of the county and supports consistent connection to the homelessness-response system.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes

7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's written policies and procedures require programs serving families with children and unaccompanied youth to inform participants of their educational responsibilities and eligibility for services under applicable federal law and to assist with connections to educational resources. CoC and project staff provide this information during intake, assessment and case management and coordinate with school districts and McKinney-Vento homeless liaisons when educational needs are identified.

The San Bernardino County Superintendent of Schools and local school-district homeless liaisons participate in CoC coordination and help connect families and youth to enrollment assistance, transportation and other educational supports. Information regarding educational services is also disseminated through shelters, schools, childcare settings and homeless-service providers. Programs assist families in addressing barriers to school enrollment and continuity and make referrals to appropriate school-district and community resources.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC coordinates with San Bernardino County Children and Family Services (CFS) to assist youth transitioning from foster care or child-welfare placements. Through HHAP and HHIP supported agreements, including an MOU between OHS, CES, and CFS for Bringing Families Home and TAY housing, CFS caseworkers refer youth exiting care to CES access points for assessment, housing navigation, and connection to supportive services. CoC providers help youth obtain documentation, benefits, transportation, and linkages to appropriate housing programs. When reunification with family or extended support networks is appropriate, staff confirm the safety and stability of the destination, coordinate communication, assist with travel arrangements, and ensure the youth can access services in the receiving community. The CoC also collaborates with school district homeless liaisons, including the San Bernardino County Superintendent of Schools (SBCSS) and the San Bernardino City Unified School District's ATLAS program, to maintain educational stability for foster-care youth. These partners assist with enrollment, transportation, participation in school activities, and access to nutrition programs. CoC youth focused providers and DBH youth programs coordinate with CFS to identify service needs, plan safe transitions, and conduct follow up with youth placed in CoC-funded housing. Through these partnerships, the CoC provides consistent pathways for identifying at-risk foster care youth, linking them to CES, and supporting successful movement into safe and stable housing. OHS also maintains an agreement with the Housing Authority of the County of San Bernardino to support workforce housing placements for transition age youth at the Echo Apartments. Through this partnership, eligible foster care youth referred through CES receive access to workforce housing, case management, and on site supports that assist with employment readiness and stable transition to independence.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

he CoC coordinates with Runaway and Homeless Youth (RHY) funded providers to ensure youth experiencing homelessness or unsafe living situations can access appropriate crisis, interim, and longer-term services. The CoC collaborates most closely with the Family Assistance Program, the primary RHY funded provider in San Bernardino County. Family Assistance Program operates youth crisis shelters and RHY programs such as Our House, My Place, Our Stay, and Our Place, which provide 24/7 emergency shelter, safety planning, family engagement, life-skills development, and reunification support for youth ages 11–17. CoC outreach teams, youth providers, DBH youth clinicians, and CES access points refer youth to these shelters when identified in encampments, schools, crisis situations, or unsafe home environments. RHY street outreach teams conduct field-based engagement, safety checks, crisis intervention, and basic-needs support for youth who are unsheltered or at risk of running away. When safe and appropriate, RHY case managers assist with voluntary family reunification or coordinated transitions to RHY Basic Center Programs. Youth who require longer-term stability and independent living preparation are linked to Transitional Living Programs, when available. The CoC's Coordinated Entry System (CES) accepts referrals from RHY providers to ensure youth have access to CoC housing when RHY beds are full or when youth require additional stabilization, documentation assistance, or service coordination beyond RHY program capacity. HHAP-funded youth programs support warm hand-offs between RHY crisis shelters, DBH's Children and Youth Collaborative Services (CYCS), school district homeless liaisons, and CoC housing providers. CoC providers coordinate with RHY case managers, DBH youth staff, school liaisons, and family-support teams to maintain educational continuity, behavioral-health access, benefits enrollment, transportation, and long-term housing planning. Through shared outreach, crisis coordination, warm hand-offs, and recurring case communication, the CoC and Family Assistance Program stabilize youth, reduce risk, and improve transitions into safe, supported housing and independence.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Inland Temporary Homes (ITH) operates the Infinite Horizons Rapid Rehousing (RRH) project, a CoC-funded program that primarily serves families with children in accordance with 24 CFR 578.93(b). Infinite Horizons (IH) provides housing navigation, case management, and rental assistance to homeless families referred through CES. During the most recent reporting period, IH served 123 individuals, including 74 children, demonstrating that the project is dedicated to supporting family households.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Inland Temporary Homes (ITH) Infinite Horizons Rapid Rehousing (RRH) project provides supportive services designed to help families with children increase income and sustain housing. Case managers assist adults in the household with employment readiness activities including job search support, resume development, interview preparation, and connection to local workforce partners. Families are referred to the San Bernardino County Workforce Development, America's Job Centers of California (AJCC), and community college training programs for job training, certification programs, and employment placement.

Participants are also linked to employment and income support programs such as CalWORKs Employment Services, CalFresh Employment and Training (CFET), the Employment Development Department (EDD), and the Department of Rehabilitation (DOR) when appropriate. Case managers help families access child care, transportation assistance, and scheduling support so adults can participate in training or work.

These services enable parents to pursue stable employment, increase household income, and improve long-term ability to pay rent and maintain permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The Inland Temporary Homes (ITH) Infinite Horizons RRH project leverages multiple mainstream family service funding sources to support families with children and improve long term housing stability. Families are connected to Temporary Assistance for Needy Families (TANF)/CalWORKs, which provides cash assistance, employment services, subsidized work experience, childcare, and transportation support. Case managers help families enroll in CalWORKs and coordinate with County Eligibility Workers and Employment Services staff to align CalWORKs benefits with RRH case plans.

Infinite Horizons also links families to CalFresh and CalFresh Employment and Training (CFET) for food assistance and income support services, and to General Relief, WIC, and other County administered benefits when needed. These mainstream resources supplement RRH rental assistance and help households increase income as they transition to permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The Inland Temporary Homes (ITH) Infinite Horizons RRH project combines housing assistance with supportive services for families with children to promote stability and long-term success. Case managers help families access childcare, parenting support, and school related services needed to maintain employment and stabilize housing. Families are connected to childcare programs, early childhood providers, Head Start sites, and local school district liaisons to ensure children remain enrolled and supported academically.

Parents receive assistance coordinating medical and behavioral-health care for their children, including pregnancy related care, immunizations, and ongoing healthcare needs. Case managers help families secure transportation for medical appointments and school, and coordinate referrals to WIC, CalWORKs childcare, and other mainstream family support systems.

These parental support services are integrated into RRH case plans so families can sustain employment, maintain rental payments, and build long-term housing stability while meeting the needs of their children.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC maintains an active partnership with veteran serving organizations through a weekly Veteran Community Planning Group hosted by the Office of Homeless Services (OHS). The group includes the U.S. Department of Veterans Affairs (VA), US VETS, Lighthouse Social Service Centers, the County Department of Veterans Affairs, and additional veteran partners who meet weekly for Veteran case conferencing.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes

6. Fills service gaps for veterans?	Yes
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1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with victim service providers to ensure survivors of domestic violence, dating violence, sexual assault, and stalking can access safe shelter, housing, crisis intervention, and supportive services. The Family Assistance Program (FAP) is a key partner in San Bernardino County and provides confidential crisis housing, emergency services, safety planning, counseling, and advocacy for individuals and families fleeing violence.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC coordinates with the Sheriff's Community Service & Reentry Division and the Sheriff's Transitional Assistance Reentry Team (START) to prevent homelessness at release. START engages incarcerated persons who are homeless or have behavioral health/SUD needs and connects them to housing, recovery and community resources. Coordination with DBH, Public Health, Probation, HOPE and InnROADS supports pre-release planning, warm handoffs and post-release connections to housing and services.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Arrowhead Regional Medical Center (ARMC) to support individuals with high medical needs. ARMC's emergency room team and Street Medicine staff coordinate with OHS, DBH, and CES to identify high utilizers, provide medical stabilization, and create warm hand-offs to shelter, RRH, and supportive housing programs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC partners with the County's Department of Aging and Adult Services (DAAS), which participates in the Multidisciplinary Team (MDT) and coordinates supportive services for aging and elderly individuals experiencing homelessness, including housing navigation, benefits access, and linkage to medical and long-term care resources.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The CoC partners with the Housing Authority and the Cornerstone Permanent Supportive Housing project, which prioritizes individuals experiencing chronic homelessness. Cornerstone receives CES referrals, accepts chronically homeless participants first, and provides long-term housing with supportive services to stabilize and maintain permanent housing.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Cornerstone PSH project provides on-site behavioral-health services through a formal agreement between the Housing Authority of the County of San Bernardino and the Department of Behavioral Health (DBH). DBH clinicians visit the housing site regularly to provide mental-health and substance-use disorder assessments, crisis intervention, and ongoing case management. Staff deliver field based engagement, assist residents in maintaining treatment plans, and coordinate referrals to outpatient services, crisis stabilization, and specialty programs when additional care is needed. This onsite behavioral health support helps chronically homeless residents stabilize, resolve acute needs quickly, and retain permanent housing.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The Cornerstone Permanent Supportive Housing (PSH) project has a defined process for assessing whether chronically homeless participants require a higher level of care beyond the supports available in PSH. Through an agreement with the Housing Authority, the County Department of Behavioral Health (DBH) provides onsite clinical services, intensive case management, and ongoing behavioral health monitoring. DBH clinicians conduct regular wellness checks, functional needs assessments, and evaluations of medical, psychiatric, and substance use conditions to determine whether residents may need assisted living, residential treatment, or other intensive care settings.

DBH case managers coordinate with outpatient providers, crisis stabilization teams, and Street Medicine partners to collect information on participants who experience repeated crises or functional decline. When a resident's needs exceed what PSH can safely support, DBH staff develop referral plans to appropriate care settings, such as residential treatment, enriched residential programs, or assisted living facilities. Staff assist participants with documentation, benefits coordination, transportation, and planning to ensure continuity of care.

When higher level care is temporary, DBH staff create a return to housing plan that includes follow up appointments, medication continuity, case management support to ensure long term housing stability. Through this integrated process, Cornerstone ensures residents receive timely evaluation and access to higher level care when needed, supporting safety, stabilization, and sustained housing retention.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Cornerstone Permanent Supportive Housing (PSH) project uses a structured policy to assess when participants are ready to “move on” from PSH to more independent, unsubsidized, or lower support permanent housing. The Housing Authority of the County of San Bernardino implements HUD’s Moving On Program, which allows stabilized PSH residents to transition to standard rental assistance such as Housing Choice Vouchers when they no longer need intensive onsite services. The program’s goal is to free PSH units for individuals who continue to require higher levels of support while assisting stabilized tenants to live more independently.

The Housing Authority evaluate readiness through ongoing case management reviews led by Department of Behavioral Health (DBH) clinicians and Housing Authority staff. Key indicators include stable income through employment or benefits, the ability to maintain tenancy, adherence to treatment plans, improved behavioral-health stability, and demonstrated daily-living skills. DBH provides regular onsite clinical assessments, medication monitoring, functional-needs evaluations, and service-use reviews to determine whether participants can maintain housing with standard or reduced support.

When individuals demonstrate readiness, case managers initiate a Moving On transition plan. This includes assisting with Housing Choice Voucher applications, gathering required documentation, budgeting support, and preparing participants for independent tenancy. Staff coordinate appointments with Housing Authority personnel, verify eligibility, and ensure participants understand lease obligations within a non-PSH environment.

The Moving On Program also incorporates transition supports to reduce risk during the shift to independent housing. DBH staff provide transportation coordination, referral to outpatient care, benefits stabilization, and warm hand-offs to new property managers. Participants receive guidance on managing rent, utilities, and landlord communication. After placement, staff conduct follow up to help ensure stability and prevent returns to homelessness.

Through this coordinated process, combining DBH clinical evaluation, transition support, CES referrals, and HUD’s Moving On framework, the Cornerstone PSH project enables residents who have achieved stability to transition successfully to independent housing while preserving PSH capacity for individuals who need the highest level of care.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) The County of San Bernardino CoC uses an annual, objective local review process to determine whether renewal projects should continue to receive CoC funding and whether lower-performing or less-needed projects should be considered for full or partial reallocation. Renewal projects first undergo the FY 2026 project and renewal threshold review, including eligibility, capacity, timeliness, performance, match, HMIS/comparable database participation, certifications, spending, monitoring/audit history, and other HUD requirements. Projects that pass threshold are scored using a 100-point renewal rating structure: System Performance Measures (30), Grants and Financial Management (30), Community Coordination/Supportive Services (15), Data Collection (10), Self-Sufficiency Partnerships (5), Law Enforcement/First Responders/Local Government (5), and Utilization (5). OHS/GRC review project-level returns to homelessness, employment-income growth, permanent-housing placement/retention, APR timeliness, monitoring/OIG findings, quarterly claims/drawdowns, recaptured or unspent funds, cost effectiveness, three-year drawdown performance, data quality, supportive-service participation, partnerships, and utilization. These results, together with local need, are used to identify projects that may warrant reduction or reallocation. Reallocated funds may support new projects that must pass local threshold review and competitive scoring.

2) During the FY 2026 local competition, the CoC identified (number of Reallocated Grants) low performing or less needed projects the reallocation process.

3) The CoC reallocated funding from lower-performing or less-needed projects. Funding was fully reallocated to create new TH Transition Grants. New Transition Grants include:

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	BitFocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The CoC did not make any changes to the unsheltered PIT count implementation in 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

San Bernardino County has adopted an ordinance prohibiting camping on public property that poses wildfire, flood, extreme weather, or vehicular hazards. The Sheriff's H.O.P.E. Team, as part of the county's Encampment Response plan, enforces the ordinance in collaboration with OHS, DBH, DPH, Probation, and outreach partners. This coordinated approach emphasizes public safety while providing wraparound support for individuals experiencing homelessness. Prior to clearance operations, outreach teams and crisis response staff conduct site visits to engage residents, offer services, and create hazard based priority lists. When immediate threats exist, encampments are cleared without the standard 72 hour notice; otherwise, residents receive at least 3 days' warning and offers of shelter or interim housing. Encampment sites are mapped as "observed," "active," or "closed," and this data is entered into the HMIS outreach module.

Under this plan, teams have reduced encampment size through targeted outreach and coordinated response.

Challenges persist, including limited shelter availability, environmental hazards, and re-forming encampments. To address these, OHS coordinates unified responses, schedules revisit dates, shares site maps across agencies, and ensures affected individuals receive housing, medical, crisis care, SUD services, and transportation, all aimed at reducing encampments while improving safety and service outcomes.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	58
2. Enter the reduction in the number of encampments during your evaluation period.	34

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	829
2. Enter the reduction in the number of people in encampments during your evaluation period.	486

 nbsp;

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.	
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The CoC is implementing a coordinated prevention and diversion strategy to reduce the number of individuals and families entering homelessness for the first time. The CoC analyzes SPM, HMIS, PIT, and CES data to identify the populations and circumstances associated with first-time homelessness and adjust prevention resources accordingly.

Reducing first-time homelessness is a core goal of the County's Strategic Homeless Action Plan. The CoC's strategy integrates early identification, targeted diversion, rental and utility assistance, eviction-prevention services, income and benefits support, employment programs, CES assessments, and landlord engagement. Individuals and families are connected to prevention resources through CES, outreach teams, shelters, family-service providers, and coordinated entry access points.

Prevention assessments evaluate immediate housing barriers, safety considerations, financial needs, and the feasibility of remaining in current housing or safely diverting a household to temporary support with family, friends, or other natural supports. When diversion is appropriate, CoC providers coordinate short-term financial assistance, transportation, mediation with natural supports, and safety planning. When households require material assistance to avoid entering shelter, providers offer limited rental or utility support, eviction-prevention services, benefits enrollment, childcare connections, legal assistance, case management, and stabilization plans tailored to family or household needs.

The CoC coordinates multiple prevention funding sources including HHAP, ESG, TANF/CalWORKs, SSVF for eligible veterans, Emergency Food and Shelter Program (EFSP), and other state, federal, and local programs.

Households fleeing domestic violence are linked to survivor-centered supports and confidential prevention resources through victim service partners. Providers also connect households to employment and income-support programs such as CalWORKs Employment Services, CFET, EDD, and community-college workforce programs to increase long-term housing stability.

Consistent with the Strategic Homeless Action Plan, the CoC uses HMIS and SPM data to monitor first-time homelessness, identify regions and populations with increased inflow, to adjust resource deployment. The CoC's five year goal is to reduce first time homelessness by 20%.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC reduces the length of time individuals and families remain homeless by accelerating assessments, documentation, and housing placement through CES, shelters, outreach teams, and housing providers. OHS coordinates daily housing navigation activities to help participants obtain identification, income verification, benefits, and transportation needed for placement. Providers work with the Housing Authority, landlords, and property managers to shorten unit matching and lease up timelines.

DBH, HOST, RBEST, ACT/FACT teams, and Street Medicine providers support individuals with behavioral health or medical needs that often prolong homelessness. CalAIM Community Supports, transitional rent, and MDT coordination help resolve barriers such as documentation gaps, crises, and care access challenges.

Encampment response operations include field based CES vulnerability assessments to move individuals quickly into interim shelter or housing. Family providers coordinate childcare, CalWORKs, school based services, and mainstream benefits to stabilize households rapidly.

The CoC uses HMIS, SPM, PIT/HIC, and CES data to identify households experiencing extended homelessness and implement targeted interventions. OHS and the CoC governing body monitor system flow and adjust placement strategies to reduce bottlenecks and shorten time to permanent housing.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	57.10%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The percentage was calculated directly from HMIS by generating the systemwide exit data for TH, RRH, and PSH. All exits to unsubsidized permanent housing were divided by the total number of exits across these project types. The resulting percentage (57.1%) is taken directly from HMIS and is fully verifiable in the CA-609 2026 Competition Report included in the application attachments.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	933	40	871	93.63%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	304	66	305	82.43%
4. Rapid Re-Housing (RRH) beds	524	0	524	100.00%
5. Permanent Supportive Housing (PSH) beds	1,609	0	1,572	97.70%
6. Other Permanent Housing (OPH) beds	35	0	35	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC identified Transitional Housing (TH) as the project type with HMIS bed coverage below 85 percent. Victim service provider (VSP) TH beds not currently entering data into a comparable database, resulting in a coverage rate of 82.43 percent. To increase TH coverage to at least 85 percent within the next 12 months, the CoC will implement a phased plan focused on engagement, technical assistance, training, and ongoing monitoring.

Months 1–3: The CoC will meet individually with each VSP operating TH beds to review comparable database requirements, identify barriers to data entry, and confirm the number of beds that must be added to a comparable system. OHS will conduct workflow assessments, and provide initial technical assistance. The CoC will document each provider's challenges and develop tailored corrective plans.

Months 4–6: OHS will provide hands on training for VSP staff on privacy, security, data entry procedures, and use of a compliant comparable database when required by confidentiality regulations. The CoC will assist providers with user account setup, licensing, and adjustments to internal workflows to support consistent data reporting.

Months 7–9: The CoC will conduct monthly data quality reviews and coverage tracking to confirm VSP TH beds are being entered consistently. OHS will offer follow-up technical assistance, troubleshoot remaining issues, and work with providers to correct missing or inaccurate data. The CoC will monitor progress toward the coverage goal and provide written feedback to VSP leadership.

Months 10–12: The CoC will evaluate overall TH bed coverage and formally verify whether all required VSP TH beds have been added to a comparable database. OHS will conduct final quality checks, confirm ongoing compliance, and address any remaining gaps.

Through this phased plan, focused on provider engagement, training, workflow review, technical assistance, and sustained monitoring, the CoC will increase TH bed coverage to at least 85 percent and strengthen the accuracy and completeness of data across the system.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
------	---

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Coordination and ...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Coordination and Non-Interference with Local Public Safety Efforts Policy

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with On-site Substance Use Treatment

Agency	Project	Project Type
Housing Authority of the County of San Bernardino	Cornerstone	PSH
United States Veterans Initiative	Veterans Permanent Supportive Housing	PSH
Housing Authority of the County of San Bernardino	Lantern Woods	PSH
Housing Authority of the County of San Bernardino	Project Gateway	PSH
Housing Authority of the County of San Bernardino	Laurelbrook Estates	PSH
Step Up on Second Street, Inc	Transition Grant	TH
New Hope Village	Transition Grant	TH
Family Assistance Program	New Project Application FY2026	TH TAY
Water of Life Community Church	New Project Application FY2026	TH
Step Up on Second	New Project Application FY2026	TH
Salvation Army	New Project Application FY2026	TH

11 out of 23 projects for 47.8%

Number of Units that Require Substance Abuse Treatment

CoC Funded Agencies	Number of Units
Family Assistance Program	83
Housing Authority of the County of San Bernardino	27
Housing Authority of the County of San Bernardino	12
Housing Authority of the County of San Bernardino	16
Housing Authority of the County of San Bernardino	231
Inland Temporary Homes dba Inland Housing Solutions	16
Inland Valley Council of Churches	9
Knowledge, Education for Your Success, Inc.	9
Knowledge, Education for Your Success, Inc.	16
Lighthouse Social Service Centers	43
Family Assistance Program (Formerly: Lutheran Social Services of Southern California)	0
New Hope Village, Inc.	3
Step Up on Second Street, Inc.	153
Time for Change Foundation	10
United States Veterans Initiative	47
Family Assistance Program - NEW	0
Water of Life - TH	0
Step Up on Second Street, Inc. - TH	50
Salvation Army - TH	0
Total	725

NEW HOPE VILLAGE & NEW HOPE, TOO!

(Supportive Housing Program Agreement)

Members of Household:

Client	Social Security #	Classification
_____	XXX-XX-_____	() Adult () Dependent
_____	XXX-XX-_____	() Adult () Dependent
_____	_____	() Adult () Dependent
_____	_____	() Adult () Dependent
_____	_____	() Adult () Dependent
_____	_____	() Adult () Dependent
_____	_____	() Adult () Dependent

NHV means New Hope Village and NHT means New Hope, Too, and shall include its employees, agents, or Board of Directors.

NHV & NHT housing program for homeless individuals and families to become self-sufficient, productive members of society through temporary intensive services including: education, employment, budgeting, time management, nutrition, health and safety, and referrals as deemed necessary and;

The named client(s) agree that the persons who have been identified as members of the household will be the only persons who shall reside in the housing unit described and client(s) agrees to abide by all reasonable rules and regulations as may be set forth by NHV & NHT for the benefit of the well being of the supportive housing program and all the clients and staff.

Management Office Means the business office for New Hope Village and New Hope, Too is currently located 100 W. Fredricks ; Barstow, CA. All rental payments will be due on the first working day of each month and shall be paid in the form of exact cash. The agreement can and will terminate by either party with a written 30 day notice or at the discretion and the direction of the Executive Director. No legal proceeding shall take place and the Exit Procedure will be followed to the fullest.

Client _____ Date _____

Client _____ Date _____

LSC/CM _____ Date _____

New Hope Village & New Hope, Too!

Life Skills & Time Management Expectations

Life Skills

- First Friday of each month is inspections. The middle Fridays of each month are scheduled life skills workshops in the office at 8:30 am. Please be on time. The last Friday of each month is our Tenant Meeting & Life Skills Workshop.
- You must attend our Hope Hut Thrift Store as scheduled.
- Chores are checked every Monday morning.
- Community Service hours will be mandatory to complete on Tuesdays at our Hope Hut Thrift Store. They must be completed within two weeks of receiving them.

Time Management

- Use your pocket planner & calendar as your "time-management Bible". By marking your calendar you will be able to determine if you can or cannot meet all of your obligations. Log all meetings, work schedule, appointments, and any other important reminders in your pocket planner.
- Make sure that your wall calendar matches your pocket calendar. LSC will review and copy your pocket planner each and every month.

Please remember your priorities. This program is about getting ahead in life. You need to be concerned about a roof over your head & food on the table & clothes on your back. Managing your time is an important life skill to have, please take this seriously! Do not waste your time on unnecessary and unhealthy things. Gaining necessary life skills will allow you to move forward in life. Your residency here is not forever. This is a stepping stone so you can be out on your own, managing your time, your skills, and your life. These will allow you to be an example to yourself, your children and your family.

If you need assistance, please let us know how we can better help you to succeed

Client Signature _____ Date _____

Client Signature _____ Date _____

LSC Signature _____ Date _____

San Bernardino County Office of Homeless Services (OHS)

Coordination and Non-Interference with Local Public Safety Efforts Policy

Effective Date: September 30, 2026

1. Purpose

The purpose of this policy is to establish the San Bernardino County Office of Homeless Services (OHS)'s cooperation and non-interference with lawful public-safety activities conducted by federal, state, County, municipal, tribal, or other authorized public-safety agencies within the OHS's geographic area.

The OHS recognizes that effective responses to homelessness require coordination among homeless-service providers, law enforcement, first responders, behavioral-health and healthcare systems, local governments, and other community partners. The OHS will support public-safety activities by facilitating timely connections to shelter, housing, treatment, healthcare, and supportive services for individuals and families experiencing homelessness.

2. Policy Statement

OHS will coordinate with law enforcement, first responders, local jurisdictions, and other agencies exercising lawful public safety authority. The OHS will not establish or implement policies or practices intended to obstruct, delay, or impede lawful public safety activities within the OHS's geographic area.

Nothing in this policy transfers, limits, or supersedes the legal authority or responsibilities of law enforcement, emergency responders, public-health authorities, behavioral-health authorities, local jurisdictions, property owners, or other governmental entities. Decisions regarding enforcement actions remain with the agency or official possessing the applicable legal authority.

3. Coordination with Public-Safety

The OHS will coordinate with authorized public safety agencies when homelessness and public-safety activities intersect. Coordination may include the San Bernardino County Sheriff's Department H.O.P.E. Team, Department of Behavioral Health, Department of Public Health, Fire Protection District, Public Works Flood Control, Probation Department,

Code Enforcement, Regional Parks, Housing Authority, local jurisdictions, homeless service providers, healthcare providers, and other appropriate agencies.

Consistent with applicable laws, confidentiality and privacy requirements, and available resources, coordination may include joint planning; street and encampment outreach; site assessments; referrals; case coordination; transportation; connection to emergency shelter, interim or permanent housing; connection to behavioral health and substance use treatment; connection to healthcare benefits; and other appropriate services.

4. Encampment Response and Resolution

The OHS will coordinate with authorized law enforcement agencies responding to tents and encampments on publicly owned property and will support efforts to connect people residing in encampments with appropriate housing, shelter, treatment, healthcare, and supportive services.

The OHS may provide outreach, assessment, service engagement, housing navigation, transportation, and other assistance before, during, or following an encampment response when appropriate and feasible.

The OHS will not prevent or impede an authorized agency from carrying out a lawful encampment response, emergency action, property-management action, or other activity within that authorized agency's jurisdiction.

Encampment responses will be coordinated, as applicable, with the OHS' Housing and Healthcare Response Plan and other applicable governing federal, state, County, and local requirements.

5. Public Illicit Drug Use and Connection to Treatment

The OHS will cooperate with authorized law enforcement agencies, behavioral health agencies, healthcare providers, first responders, and substance use treatment providers in responding to public illicit drug use and related public safety concerns.

The OHS will support timely connections to appropriate substance use disorder treatment, recovery services, behavioral health services, healthcare, shelter, housing, and other supportive services when available and appropriate.

Nothing in this policy restricts an authorized law enforcement agency from enforcing applicable laws within its jurisdiction.

6. Individuals Who May Present a Danger to Self or Others

When an individual experiencing homelessness appears to present an immediate danger to self or others or otherwise meets applicable criteria for emergency evaluation or intervention, OHS will coordinate with first responders, behavioral-health professionals, healthcare personnel, or law enforcement, as appropriate.

Determinations regarding involuntary evaluation, detention, commitment, or other interventions requiring statutory authority will be made only by individuals or agencies legally authorized to make those determinations.

The OHS's role is to facilitate coordination and, when appropriate, assist with subsequent connections to treatment, shelter, housing, and supportive services.

7. Information Sharing

The OHS supports lawful information sharing necessary to promote public safety and coordinate services, including information sharing consistent with the Sex Offender Registration and Notification Act (SORNA), when applicable.

Information will be disclosed only as permitted or required by applicable federal and state laws and relevant privacy, confidentiality, HMIS, healthcare, victim-service, and program requirements.

Nothing in this policy requires an OHS-funded provider to disclose confidential participant information when disclosure is prohibited by law.

8. Assistance to First Responders

When feasible and within available resources, OHS will assist first responders by facilitating access to information about available homelessness-response resources and by coordinating referrals to shelter, housing, behavioral-health services, substance-use treatment, healthcare benefits, transportation, and other appropriate services.

The objective is to complement the public-safety role of first responders with the homelessness-response expertise and resources of the OHS so individuals encountered during public-safety activities can be connected promptly with appropriate services.

9. Non-Interference

OHS staff responsibilities shall not knowingly obstruct or impede lawful actions undertaken by authorized public-safety agencies.

Nothing in this section prohibits OHS from:

- (a) advocating for an individual experiencing homelessness;
- (b) informing individuals of available services;

- (c) complying with confidentiality, privacy, professional, ethical, or statutory obligations;
- (d) raising concerns regarding safety, service availability, disability accommodations, or other individual needs; or
- (e) requesting coordination with public safety personnel to facilitate shelter, treatment, housing, healthcare, or other services.

10. Documentation and Continuous Coordination

OHS will maintain appropriate records demonstrating coordination with public safety which may include meeting records, policies and procedures, interagency protocols, encampment response documentation, referral and service information, correspondence, reports, or other evidence of coordination.

The OHS may periodically review public safety coordination practices and identify opportunities to improve communication, service connections, and outcomes for individuals experiencing homelessness.

11. Compliance

This policy will be implemented consistent with applicable federal, state, and local laws and regulations and does not supersede any legal requirement, court order, contractual obligation, confidentiality requirement, or agency-specific authority.

Approved by:

Name: Marcus Dillard

Title: Chief of Homeless Services

Date: September 30, 2026

San Bernardino County Continuum of Care (CoC) Renewal Projects Scoring Guideline for the U.S. Department of Housing and Urban Development (HUD) Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2026 CoC Competition

Each HUD CoC renewal project requesting renewal funding through the San Bernardino County CoC will be reviewed by the Grant Review Committee (GRC) and the Office of Homeless Services (OHS) to determine if they meet the Project Eligibility Threshold on a pass/fail standard. Renewal projects that do not pass the Project Eligibility Threshold criteria will be rejected. Project Eligibility Threshold requirements may be found in the HUD NOFO for FY 2026 CoC Competition, Section V.A.4.a.

Renewal projects that pass the Project Eligibility Threshold criteria will be scored and ranked by the GRC and OHS using the Renewal Project Threshold criteria as outlined in Section V.A.4.b and applicable Rating Factors as outlined in Section V.B.1. of the HUD NOFO for the FY 2026 CoC Competition.

Renewal Project Rating Factors - If a renewal project passes the project eligibility threshold the project will be reviewed and scored by the GRC and OHS based on the following rating criteria:

I. System Performance Measures (30 points)

- Persons Exit Homeless to Permanent Housing Destination and Return to Homelessness
- Employment Income Growth for Homeless Persons
- Successful Placement from Street Outreach and Successful Placement in Permanent Housing

II. Recipient Compliance with Grants and Financial Management (30 points)

- On-time APR submission to HUD;
- Unresolved HUD/Office of Homeless Services monitoring and/or OIG Audit findings
- Quarterly submission of claims, quarterly drawdowns;
- The full expenditure of awarded funds;
- Cost Effectiveness
- Average Percentage of Draw Downs

III. Community Coordination and Availability of Supportive Services (15 points)

- Participation requirements for Supportive Services
- On-site substance abuse treatment
- Transportation assistance to mainstream service appointments, employment training, and opportunities

IV. Data Collection Requirements (10 points)

- All CoC program funded projects are required to collect all Universal Data Elements and a select number of Program Specific Elements

V. Partnering with Self-Sufficiency Supports (5 points)

- Agency maintains formal partnerships/written agreements with recovery treatment, mental health, and employment services.

VI. Partner with Law Enforcement, First Responders, and local government (5 points)

- Partners with law enforcement, first responders, and local government to reduce encampments and address barriers

VII. Utilization Rates (5 points)

- Unit and Bed Utilization Rates

San Bernardino City and County CoC FY 2026 - New CoC Bonus, Reallocation, Expansion, and Transition Grant

Project Scoring Guidelines

Continuum of Care (CoC) FY 2026 new CoC Bonus, Reallocation, Expansion, and Transition projects will be reviewed by the San Bernardino City and County CoC Grant Review Committee (GRC).

All projects will be reviewed and scored by the GRC for recommendation to the United States Housing and Urban Development (HUD) based on the following:

Threshold Review: Before scoring, the CoC Bonus, Reallocation, Expansion, and Transition new projects, applications must pass local threshold review, including applicant eligibility, eligible participant population, match documentation, budget eligibility, HMIS or comparable database participation, e-snaps completeness, and required FY 2026 certifications. Projects that do not meet threshold will be rejected.

HUD Project Eligibility and Quality Threshold Alignment (Pass/Fail)

- Project proposes an eligible FY 2026 CoC Bonus, Reallocation, Expansion, and Transition component type, including SSO, TH, Dedicated HMIS, SSO-CE, eligible expansion project, or eligible Transition Grant.
- Project narrative and attachments demonstrate alignment with the applicable HUD FY 2026 project quality threshold requirements for the proposed component type.
- Transition Grant applications identify the eligible CY 2027 renewal project(s) being eliminated or reduced, include applicable grant number(s), attach the most recently awarded project application, and demonstrate the project can fully transition within the one-year grant term.
- Project demonstrates that the proposed population is eligible under the FY 2026 NOFO and 24 CFR Part 578.

A. Experience and Capacity (35 points Maximum)

- Applicant demonstrates experience and capacity operating eligible homeless assistance, housing, supportive services, HMIS, or system improvement projects.
- Applicant demonstrates fiscal accountability, grant management capacity, staffing readiness, compliance history, and ability to expend funds timely.
- Applicant provides documentation for the required match and demonstrates the proposed budget is within available CoC Bonus, Reallocation, Expansion, and Transition project funding.
- For Expansion or Transition Grant applications, applicants must demonstrate the ability to implement the expanded or transitioned project within HUD requirements and within the applicable grant term.

B. System Performance, Outcomes, and Local Need (30 points Maximum)

- Project fills a documented gap in the CoC and addresses local need, including unsheltered homelessness, encampments, first time homelessness, length of time homeless, returns to homelessness, or housing/service access gaps.
- Project includes measurable outcomes for permanent housing placement or retention, successful exits, reduced returns to homelessness, increased employment income,

mainstream benefits, or improved HMIS data quality.

- Project demonstrates how performance will be tracked and reported in HMIS or another approved data system, including data quality and unit utilization where applicable.

C. Treatment, Recovery, Supportive Services, Employment, and Self-Sufficiency (25 points Maximum)

- Project provides or partners to provide eligible supportive services necessary to help program participants obtain housing, maintain housing, and move toward stability and self-sufficiency.
- Project demonstrates linkages to treatment and recovery services, behavioral health, substance use disorder treatment, peer recovery support, healthcare, and mainstream resources as applicable to the project design.
- Housing projects demonstrate appropriate supportive service participation requirements consistent with 24 CFR 578.75(h), where applicable.
- Project demonstrates employment and workforce development linkages, income growth strategies, family or support network reunification, and coordination with first responders or law enforcement where applicable.

D. Cost Effectiveness, Match, and Leveraging (10 points Maximum)

- Project cost per household or person served is reasonable and consistent with 2 CFR 200.404.
- Project demonstrates required match, leveraging, and coordination with mainstream health, social service, employment, benefit, and other public or private resources.
- Project budget is reasonable, allowable, allocable, and necessary for the proposed activities.

HUD FY 2026 Project Quality Thresholds: Projects must meet the applicable HUD threshold minimum before being recommended for funding.

Project Type	HUD Points Available	Minimum Required	FY 2026 NOFO Reference
Transitional Housing (TH)	8	6	Pages 63-64
SSO Standalone	5	4	Pages 64-65
SSO Street Outreach	6	5	Pages 65-66
SSO-Coordinated Entry (SSO-CE)	4	3	Page 66

Bonus Points (Optional, up to 5 points)

1. Previously Funded HUD CoC Provider Performance (up to 5 points)

Projects may receive up to 5 points if the applicant is a currently or previously funded HUD CoC provider with a strong record of compliance and performance measured by:

Criteria Points

- Consistent compliance with HUD requirements (no unresolved findings) **1 point**
- Strong spend-down/utilization rates (90% or above) **1 point**
- Consistent HMIS data quality meeting or exceeding CoC standards **1 point**
- Timely performance reporting **1 point**
- Demonstrated improvement or high achievement in system performance outcomes over the prior year **1 point**

San Bernardino City and County CoC FY 2026 HMIS Expansion Project Scoring Guidelines

Continuum of Care (CoC) FY 2026 HMIS Expansion project applications will be reviewed by the San Bernardino City and County CoC Grant Review Committee (GRC).

All applications must first pass the applicable local and HUD threshold review. Applications that pass threshold will be scored by the GRC based on the following:

Scoring Method: Reviewers should assess the quality, completeness, and credibility of the evidence provided for each criterion. The maximum point value for each criterion is shown below. Partial points may be awarded when the application addresses a criterion but does not fully demonstrate the required capacity, need, compliance, or system impact.

A. Experience and Capacity (35 points Maximum)

- **HMIS Lead eligibility:** Applicant is the CoC-designated HMIS Lead and is eligible to receive funds for a dedicated HMIS project. **(5 points)**
- **HMIS administration experience:** Applicant demonstrates experience with HMIS system administration, vendor and user management, data analysis, reporting, and technical assistance. **(8 points)**
- **Qualified staffing:** Applicant identifies qualified staff and clearly assigns responsibility for system administration, data quality, HUD reporting, training, privacy and security, software configuration, and fiscal management. **(6 points)**
- **Grant and fiscal capacity:** Applicant demonstrates timely drawdowns and reporting, resolution of monitoring or audit findings, compliance with applicable audit requirements, and the ability to expend funds within the grant term. **(7 points)**
- **Implementation readiness:** Applicant provides a reasonable one-year implementation schedule that identifies responsible staff, key milestones, and anticipated completion dates. **(5 points)**
- **No supplanting:** Applicant demonstrates that the proposed HMIS expansion will not replace another committed funding source. **(4 points)**

Section A Maximum: 35 Points

B. HMIS Expansion Need, Scope, and System Impact (35 points Maximum)

- **Existing project and expansion scope:** Application clearly identifies the existing HMIS project, its current activities, and the specific activities, staffing, technology, reporting capacity, or system functions to be expanded. **(7 points)**
- **Documented need:** Application uses objective evidence to demonstrate the need for the expansion, such as increases in users or projects, reporting demands, coverage gaps, data-quality issues, backlogs, training or help-desk demand, or needed software and system integrations. **(9 points)**
- **Alignment with CoC plans:** Expansion is consistent with the CoC HMIS strategy, governance structure, and approved privacy, security, and data-quality plans. **(4 points)**
- **Measurable outputs:** Application identifies measurable results, such as expanded HMIS participation, additional users trained, improved project or bed coverage, improved timeliness or data quality, enhanced reporting, or increased system functionality. **(10 points)**
- **System-wide benefit:** Expansion benefits the CoC homeless response system and participating agencies rather than primarily supporting the HMIS Lead's internal operations. **(5 points)**

Section B Maximum: 35 Points

C. HMIS Standards, Data Quality, Reporting, and System Administration (30 points Maximum)

- **Further HMIS implementation:** Application explains how the requested funds will improve the administration, operation, functionality, reliability, or use of HMIS throughout the CoC. **(9 points)**
- **HUD-required reporting:** HMIS produces, or the expansion will improve its ability to produce, APR, CAPER, System Performance Measures, LSA, HIC/PIT, Coordinated Entry, and other required HUD or federal-partner reports. **(8 points)**
- **Participation and coverage:** Expansion improves or maintains recipient and subrecipient participation and agency, project, bed, unit, or geographic HMIS coverage. **(8 points)**

- **Privacy and security:** Proposed activities align with approved privacy, security, data-quality, access-control, backup, and data-sharing requirements. **(3 points)**
- **Reliability and continuity:** Application addresses system availability, backup, recovery, maintenance, cybersecurity, incident response, and continuity of HMIS operations. **(2 points)**

Section C Maximum: 30 Points

Sections A-C Total: 100 Points

San Bernardino City and County CoC FY 2026

CoC Domestic Violence Bonus Project Scoring Guidelines

Continuum of Care (CoC) FY 2026 CoC DV Bonus new projects will be reviewed by the San Bernardino City and County CoC Grant Review Committee (GRC).

CoC DV Bonus projects will be reviewed and scored by the GRC for recommendation to the United States Housing and Urban Development (HUD) based on the following:

Threshold Review: Before scoring, applications must pass local threshold review, including applicant eligibility, DV Bonus project eligibility, eligible participant population, match documentation, budget eligibility, HMIS or comparable database participation, e-snaps completeness, and required FY 2026 certifications. Projects that do not meet the threshold will be rejected.

HUD Project Eligibility and Quality Threshold Alignment (Pass/Fail)

- Project proposes an eligible FY 2026 DV Bonus project component: Transitional Housing (TH), or Supportive Services Only - Coordinated Entry (SSO-CE).
- Project narrative and attachments demonstrate alignment with the applicable HUD FY 2026 project quality threshold requirements for the proposed component type.
- Project demonstrates that the proposed population is eligible under the FY 2026 NOFO, 24 CFR Part 578, and applicable VAWA requirements.

A. Experience and Capacity (35 points Maximum)

- Applicant demonstrates experience and capacity operating eligible housing, supportive services, victim services, domestic violence, dating violence, sexual assault, stalking, or human trafficking survivor projects. The extent to which the DV Bonus project fills a gap in the community's Continuum of Care (CoC) and addresses an eligible population.
- The applicant demonstrates fiscal accountability, grant management capacity, staffing readiness, compliance history, and ability to expend funds timely.
- The applicant provides documentation for the required match and demonstrates the proposed budget is within the available DV Bonus or DV Reallocation funding.
- The extent to which the proposed project meets HUD's threshold.

B. DV Survivor Experience, Safety Planning, and Trauma informed Project Design (25 points Maximum)

- Project funding is dedicated to eligible survivors of domestic violence, dating violence, sexual assault, or stalking, including individuals and families who are fleeing or attempting to flee and who lack the resources or support networks needed to obtain other permanent housing.
- Project demonstrates a trauma-informed, survivor-centered approach, including safety planning, confidentiality protections, and appropriate coordination with victim service providers.
- SSO-CE projects demonstrate policies, procedures, and practices that equip coordinated entry to better meet the needs of survivors and improve coordination with victim service provider systems where separate systems exist.

C. System Performance, Housing Outcomes, and Local Need Component Threshold

Alignment (20 points Maximum)

- Project fills a documented gap in the CoC response for survivors and addresses local need for safe housing, transitional housing, coordinated entry access, or survivor-specific supportive services.
- Project includes measurable outcomes for safe housing placement or retention, successful exits, reduced returns to homelessness, increased employment income, mainstream benefits, or improved data quality.
- Project demonstrates how performance will be tracked and reported in HMIS or a comparable database, consistent with applicable confidentiality requirements.

D. Supportive Services, Recovery, Employment, and Mainstream Linkages (10 points Maximum)

- Project provides or partners to provide eligible supportive services necessary to help survivors obtain housing, maintain housing, and move toward stability and self-sufficiency.
- Project demonstrates linkages to appropriate health, behavioral health, substance use disorder treatment, peer support, employment, benefits, legal, childcare, transportation, and other mainstream resources without compromising participant safety or confidentiality.

E. Cost Effectiveness, Match, and Leveraging (10 points Maximum)

- Project cost per household or person served is reasonable and consistent with 2 CFR 200.404.
- Project demonstrates required match, leveraging, and coordination with mainstream health, social service, employment, benefit, and other public or private resources.
- Project budget is reasonable, allowable, allocable, and necessary for the proposed activities.

HUD FY 2026 DV Bonus Project Quality Threshold: Projects must meet the applicable HUD threshold minimum before being recommended for funding.

Project Type	HUD Points Available	Minimum Required	FY 2026 NOFO Reference
Transitional Housing (TH)	8	6	Pages 63-64
SSO Coordinated Entry (SSO-CE)	4	3	Pages 66-67



FY 2026 Continuum of Care Program Competition Selection Results

Ranking	Agency	Project	Project Type	Amount Requested	Status	Score	Reallocated
N/A	County of San Bernardino Office of Homeless Services	2026 Planning Grant Application	Planning	\$1,040,624	Accepted	N/A	\$0
1	County of San Bernardino - HMIS	Data System	HMIS	\$284,680	Accepted	N/A	\$0
2	Inland Southern California 211+ Pathways Home	Coordinated Entry System	SSO-CES	\$456,240	Accepted	N/A	\$0
3	Time for Change Foundation	Home of Hope	PSH	\$578,009	Accepted	100	\$0
4	Housing Authority of the County of San Bernardino	Cornerstone	PSH	\$5,385,351	Accepted	98	\$0
5	United States Veterans Initiative	Veterans Permanent Supportive Housing	PSH	\$1,785,049	Accepted	97	\$0
6	Housing Authority of the County of San Bernardino	Lantern Woods	PSH	\$279,830	Accepted	95	\$0
7	Inland Housing Solutions	Infinite Horizons	RRH/PH	\$753,794	Accepted	95	\$0
8	Lighthouse Social Service Centers	Hope for Heroes	PSH	\$1,430,371	Accepted	94	\$0
9	Housing Authority of the County of San Bernardino	Project Gateway	PSH	\$328,566	Accepted	88	\$0
10	Housing Authority of the County of San Bernardino	Laurelbrook Estates	PSH	\$640,536	Accepted	88	\$0
11	Inland Valley HOPE Partners	New Transition Grant	TH	\$240,901	Accepted	98	\$240,901
12	Family Assistance Program	New Transition Grant	TH	\$3,132,541	Accepted	100	\$3,132,541
13	Step Up on Second Street, Inc	New Transition Grant	TH	\$3,880,954	Accepted	99	\$3,880,954
14	Family Assistance Program	New Transition Grant	TH	\$109,358	Accepted	94	\$109,358
15	Knowledge and Education for Your Success	New Transition Grant KEYS for Success	TH	\$480,743	Accepted	92	\$480,743
16	Knowledge and Education for Your Success	New Transition Grant Keys for Life	TH	\$376,097	Accepted	92	\$376,097
17	New Hope Village	New Transition Grant	TH	\$62,544	Accepted	85	\$62,544
18	Family Assistance Program	New Project Application FY2026	TH TAY	\$617,232	Accepted	100	\$0



FY 2026 Continuum of Care Program Competition Selection Results

Ranking	Agency	Project	Project Type	Amount Requested	Status	Score	Reallocated
19	HMIS Expansion	New Project Application FY2026	HMIS-Expansion	\$100,000	Accepted	100	\$0
20	Water of Life Community Church	New Project Application FY2026	TH	\$430,000	Accepted	94.3	\$0
21	Step Up on Second	New Project Application FY2026	TH	\$1,218,565	Accepted	94	\$0
22	Salvation Army	New Project Application FY2026	TH	\$756,075	Accepted	91	\$0
23	City of Redlands	New Project Application FY2026	DV Bonus	\$500,000	Accepted	87	\$0
24	The Blessing Center	New Project Application FY2026	DV Bonus	\$400,000	Accepted	81	\$0
25	Woman of Worship & Warfare	New Project Application FY2026	DV Bonus	\$200,000	Accepted	75	
Not Ranked	Inland Valley HOPE Partners	Hope Partners' Family Stabilization Program	PH	\$0	Fully Reallocated	98	(\$240,901)
Not Ranked	Family Assistance Program	DV Coalition	Joint TH & PH-RRH	\$0	Fully Reallocated	100	(\$3,132,541)
Not Ranked	Step Up on Second Street, Inc	CA1519 Step Up San Bernardino FY2024	PH	\$0	Fully Reallocated	99	(\$3,880,954)
Not Ranked	Family Assistance Program (Formerly: Lutheran Social Services of Southern California)	Permanent Housing for Homeless with HIV/AIDS - San Bernardino County CoC (FY2024)	PH	\$0	Fully Reallocated	94	(\$109,358)
Not Ranked	Knowledge and Education for Your Success	KEYS for Success FY24	PH	\$0	Fully Reallocated	92	(\$480,743)
Not Ranked	Knowledge and Education for Your Success	KEYS for Life FY24	PH	\$0	Fully Reallocated	92	(\$376,097)
Not Ranked	New Hope Village	New Hope Too! 2024	PH	\$0	Fully Reallocated	85	(\$62,544)
Not Ranked	Salvation Army	New Project Application FY2026	SSO-	\$561,000	Rejected	94.6	N/A
Not Ranked	Family Service Association of Redlands	New Project Application FY2026	TH	\$389,200	Rejected	90	N/A



FY 2026 Continuum of Care Program Competition Selection Results

Ranking	Agency	Project	Project Type	Amount Requested	Status	Score	Reallocated
Not Ranked	City of Redlands	New Project Application FY2026	TH/Sober Living	\$500,000	Rejected	88	N/A
Not Ranked	City of Victorville	New Project Application FY2026	TH	\$807,716	Rejected	88	N/A
Not Ranked	City of Fontana	New Project Application FY2026	TH	\$1,355,540	Rejected	84	N/A
Not Ranked	St. John's Community Health	New Project Application FY2026	SSO	\$500,000	Rejected	84	N/A
Not Ranked	Mountain Homeless Coalition	New Project Application FY2026	TH	\$265,000	Rejected	82	N/A
Not Ranked	Jewish Family Service of San Diego	New Project Application FY2026	SSO-Outreach	\$205,817	Rejected	80	N/A
Not Ranked	Desert Manna	New Project Application FY2026	TH	\$522,850	Rejected	78	N/A
Not Ranked	Wellness Equity	New Project Application FY2026	SSO	\$156,000	Rejected	75	N/A
Not Ranked	LaunchPad Collective, Inc	New Project Application FY2026	TH	\$1,041,804	Rejected	73	N/A