San Bernardino County Homeless Partnership
West Valley Regional Steering Committee

Wednesday, September 10, 2025 • 9:00 a.m. to 11:00 a.m.

Hosted by the City of Rancho Cucamonga - Please Join Us at
RC City Hall – Tri-Communities Conference Room
10500 Civic Center Drive, Rancho Cucamonga 91730
or
By Zoom Video Conference:
https://us02web.zoom.us/j/85194946723?pwd=TUh0cHZGM1JEZ0I3S1I3YXFEUnAvQT09
Meeting ID: 851 9494 6723- Password: 183200
Dial in +1 669 900 6833 - One tap mobile +16699006833,,89595982006# US (San Jose)

MEETING AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome and Introductions *Public comment and participation is available and welcomed during all agenda items*	Don Smith, Co-Chair Erika Lewis-Huntley, Co-Chair
REPORTS & UPDATES	
C. SBC&C Continuum of Care D. Office of Homeless Services E. State and Federal Updates F. Regional City & Service Provider Partners	Erika Lewis-Huntley OHS Staff Don Smith RSC Committee Members
PRESENTATIONS / DISCUSSION ITEMS	
"Building A Connected Community of Care in the West Valley Region" *G.* ***"The Growing Crisis of Homelessness Among Older Adults"*** • *The West Valley Regional "Collaboratory on Community Care and Housing Solutions for Aging Adults" (CCAHSAA Collaboratory)* *H. Discussion on Setting Priorities for HHAP 5 Regional Project Funding*	Don Smith, Co-Chair Erika Lewis-Huntley, Co-Chair
CLOSING	
I. Additional Public Comment & Announcements J. Adjournment	Don Smith Erika Lewis-Huntley

Next Regulalry Scheduled Meeting: West Valley Regional Steering Committee
Wednesday, October 8th, 2025, 9:00am-11:00am
Rancho Cucamonga City Hall – Tri-Communities Conference Room
& by Zoom Video Conference

Mission Statement
The Mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at-risk of becoming homeless.

THE SAN BERNARDINO COUNTY HOMELESS PARTNERSHIP MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 501-0610 AND THE OFFICE IS LOCATED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408. http://www.sbchp.sbcounty.gov/ AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408 OR BY EMAIL: HOMELESSRFP@HSS.SBCOUNTY.GOV .

Toward Dignity

Understanding Older Adult Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

Benioff Homelessness and Housing Initiative

UCSF

University of California
San Francisco

MAY 2024

Executive Summary

THE HOMELESS POPULATION IS AGING; in the past few decades, the proportion of adults experiencing homelessness who are 50 and older has risen faster than other groups. This trend is expected to continue, with the proportion of people age 65 and older experiencing homelessness in the United States expected to triple between 2017 and 2030. The aging of the population experiencing homelessness has consequences for the health and safety of those experiencing homelessness, for how policymakers respond to the crisis, and for society at large. Adults experiencing homelessness in their 50s and 60s have similar health status to people 20 years older in the general population.

In this report, we present findings related to older adults experiencing homelessness from the California Statewide Study of People Experiencing Homelessness, the largest representative study of homelessness since the mid-1990s. Between October 2021 and November 2022, staff from the UCSF Benioff Homelessness and Housing Initiative administered 3,200 questionnaires and conducted 365 in-depth qualitative interviews with adults experiencing homelessness throughout California to better understand who experiences homelessness, pathways to homelessness, experiences during homelessness, and barriers to regaining permanent housing. We present findings for those age 50 and older ("older adults") to advance evidence-based solutions for preventing and responding to older adult homelessness.

WHO EXPERIENCES HOMELESSNESS AS AN OLDER ADULT

First, we explore who among older adults experiences homelessness. Individuals with certain vulnerabilities, those with a history of trauma, and/or people impacted by racial discrimination and inequality are at higher risk of experiencing homelessness. People who experience homelessness have higher rates of mental health conditions and substance use than the general population. For many, these problems predated their first episode of homelessness.

- **Nine in ten older homeless adults (91%) in California lost their last stable housing in California.** Three-quarters (77%) were last housed in the same county where they were currently experiencing homelessness.

- **The homeless population is aging. The median age of all homeless adults in California was 47.** Nearly half (48%) of single homeless adults were age 50 and older ("older adults"). The median age of older adults was 58 years (range 50-89 years).

- **Forty-one percent of older homeless adults had their first episode of homelessness after age 50.**

- **Older adults experienced prolonged episodes of homelessness, longer than those of younger homeless adults.** Among all older adults, the median length of the current episode was 25 months, compared to 20 months for those younger than 50. Forty-one percent of older homeless adults met the federal criteria for chronic homelessness; 76% met the temporal criteria alone.

- **Black Californians are overrepresented in older homeless adult populations.** Thirty-one percent of older adults experiencing homelessness identified as Black, compared to 6% of all Californians age 50 or older. Older adults who identified as multiracial and Native American or Indigenous were also overrepresented.

- **Stress and trauma throughout the lifecourse increased vulnerability to homelessness.** Those older adults who were first homeless before age 50 (early-onset homelessness) reported a higher prevalence of lifetime trauma, incarceration, and behavioral health concerns than those first homeless after age 50 (late-onset homelessness).

- **Most older adults (79%) were incarcerated at some point in their lifetime,** 77% in jail and 48% in prison. A higher proportion of older adults with early-onset homelessness reported incarceration than those with late onset (87% vs. 68%). This finding was true for both jail and prison stays.

- **The majority of older adults had experienced violence in their lifetimes; 67% experienced physical violence and 19% sexual violence.** Older cisgender women reported experiencing sexual violence almost four times more often than older adult cisgender men. Many experienced violence during childhood: 39% of older adults experienced physical violence and 11% sexual violence before age 18.

- **Most older adults (81%) reported experiencing at least one significant mental health symptom at some point in their lifetime.** Of those with early-onset homelessness, 32% reported a psychiatric hospitalization in their lifetime, compared to 16% with late-onset homelessness.

- **Substance use was common: 64% reported having used illicit drugs regularly at some point in their lives, and 61% reported regular heavy alcohol use.** Those older adults with early-onset homelessness had a higher prevalence of lifetime history of regular illicit substance use or regular heavy alcohol use than those who first experienced homelessness later in life.

PATHWAYS TO HOMELESSNESS

Second, we describe experiences and challenges older adults faced prior to homelessness. High housing costs and low income left participants vulnerable to homelessness. We explore income and housing costs, experiences prior to losing their housing, and what supports could have prevented their homelessness.

- **In the six months prior to homelessness, the median monthly household income for all older adults was $920, reflecting their deep poverty.** Older homeless adults spent a large proportion of their household income on rent. Most (81%) older adults entered homelessness from housing: 46% from housing arrangements for which they did not have their names on a lease or mortgage (non-leaseholders) and 35% from housing arrangements where they had their name on a lease or mortgage (leaseholders). Many non-leaseholders did not contribute to housing costs, relying on the goodwill of their hosts. The other 19% entered homelessness from institutions, primarily extended jail stays (7%), prison stays (6%), and healthcare settings (5%).

- **Overall, lost or reduced income was the most common primary reason for leaving last housing (9%).** Reasons varied between leaseholders and non-leaseholders. Among leaseholders, the most common reason was lost or reduced income (14%). Among non-leaseholders, 12% reported conflict between residents, and 12% reported wanting their own space or not wanting to impose as primary reasons for leaving their last housing.

- **Older adults had little warning prior to losing their last housing, with a median of seven days' notice.** Leaseholders reported 14 days' notice, and non-leaseholders reported one day.

- **Only a third (34%) of older adults sought help from any source prior to homelessness.** Those who requested help did so most commonly from friends, family, non-profit organizations, and government agencies.

- **Older adults were optimistic that well-timed financial support would have staved off homelessness.** Two-thirds (66%) believed receiving $300-$500 monthly would have prevented their homelessness; 83% believed a one-time payment of $5,000-$10,000 would have; and 89% believed a permanent rental subsidy, equivalent to a Housing Choice Voucher, would have done so.

EXPERIENCES DURING HOMELESSNESS

Next we examine older adults' experiences during homelessness. Their experiences were marked by health challenges, including age-related concerns, frequent use of drugs and alcohol, frequent victimization, interactions with the criminal justice system, and discrimination.

- **Most older adults reported they experienced unsheltered homelessness in the prior six months: 79% spent most nights unsheltered—58% in a non-vehicle unsheltered setting and 21% in a vehicle.** Almost all (89%) spent at least one night unsheltered in the prior six months.

- **Older adults experiencing homelessness were in poor health, with a high prevalence of chronic diseases and functional impairments.** Over half (53%) reported their health as fair or poor, 68% reported having been diagnosed with at least one chronic illness, and 43% reported having at least one activity of daily living (ADL) limitation.

- **Most older adults (86%) were covered by some form of health insurance (mostly MediCal), and 60% reported having a regular place to get healthcare other than the emergency department (ED).** Despite these factors, 25% experienced a time in the prior six months when they were unable to get needed healthcare, and 24% indicated they were unable to obtain needed medication.

- **Older homeless adults had high rates of acute and emergent health use.** Over a third (37%) of older adults had received care in the ED in the prior six months; 25% had experienced an inpatient hospitalization for a physical health problem.

- **While many older adults had mental health symptoms, few had access to treatment.** The majority of older adults (63%) reported having a mental health symptom; anxiety (46%) and depressive (44%) symptoms were the most common. Thirteen percent reported current hallucinations. Older adults who first experienced homelessness earlier in life reported mental health symptoms more frequently than those with late-onset homelessness. Among those who reported having mental health symptoms, 26% had received any treatment in the prior month.

- **Substance use was common, yet few had access to treatment.** Thirty percent of older adults reported using illicit drugs three times a week or more. Methamphetamine use was the most common (26%). Eight percent reported heavy episodic alcohol use at least weekly. Among those who ever used illicit drugs, 24% reported their use increased during this episode of homelessness. Among those with current, regular illicit substance use or heavy episodic alcohol use, 13% reported currently receiving treatment and 19% reported a time in the prior six months where they wanted treatment but were unable to obtain it.

- **Many older adults (43%) reported a complex behavioral health need (i.e., a recent psychiatric hospitalization; recent hallucinations; current, regular illicit drug use; or weekly heavy episodic alcohol use).** These older adults would benefit from robust supportive services in housing, such as those available in Permanent Supportive Housing with intensive case management or assertive community treatment service models. Twenty-two percent of older adults had both a complex behavioral health need and an ADL limitation.

- **Most older adults (82%) received public benefits during homelessness.** Over two-thirds received CalFresh, which was the most common benefit. Few seniors who appeared to have been eligible for income support through SSDI and SSI were enrolled.

- **Older adults faced traumatic experiences during homelessness: physical violence (28%) or sexual violence (6%), discrimination in their daily lives (78%), a short-term jail stay (24%), or having their belongings confiscated (29%) in the last 6 months.**

BARRIERS AND FACILITATORS OF RETURNS TO PERMANENT HOUSING

Older adults experiencing homelessness faced numerous barriers to exiting homelessness; the high cost of housing was the most common barrier. We review the barriers to exits from homelessness and supports that could facilitate older adults returning to housing.

- **Most older homeless adults (86%) identified housing costs as a barrier to exiting homelessness.** They discussed the challenge of finding affordable housing when relying on limited income from public benefits or low-wage employment.

- **Older homeless adults languished on long waitlists for affordable housing; some gave up hope.**

- **Older homeless adults' prior histories—including poor credit, evictions, and records with the criminal justice system—created barriers to re-entering housing.** In some cases, they faced discrimination that interfered with their efforts to regain housing.

- **Age-related health problems, including difficulty with function and mobility, created other barriers, as did lacking necessary documentation or having limited access to telephones or the internet.**

- **About half (52%) of all older adults had received assistance with returning to housing from any professional (such as a case manager or housing navigator) during their episode of homelessness.** Only a third (32%) had received help once a month or more during the prior six months.

- **Most older adults remained optimistic that financial interventions, such as a shallow subsidy, one-time lump sum payment, or Housing Choice Voucher, could end their homelessness (82%, 95%, and 95%, respectively).**

POLICY RECOMMENDATIONS

Based on these findings, we offer policy recommendations. The full report provides more detail. We summarize the six domains here:

- **Increase access to affordable housing for older adults making less than 30% of the Area Median Income (extremely low-income or ELI households).** The severe shortage of housing for ELI households affects older adults disproportionately. Increase access by expanding the supply of affordable housing and increasing subsidies (e.g., federal rental subsidy programs) and eliminating barriers to accessing ELI housing (through housing navigation services, expanding HUD waivers to serve households that need additional time to complete eligibility documentation, and by promoting fair chance housing policies).

- **Expand targeted homelessness prevention for older adults, including legal and financial assistance.** This strategy includes strengthening eviction protection and identifying and providing timely prevention strategies for those at highest risk including at institutional exits. We recommend embedding prevention strategies within mainstream service providers where older adults at risk of homelessness seek services.

- **Strengthen services and supports and expand access to meet the needs of older adults, many of whom have behavioral health challenges and the early onset of geriatric conditions.** This approach includes promoting housing stability through permanent rental subsidies and providing high quality services in permanent supportive housing to care for those with complex behavioral health needs and functional, cognitive, and mobility impairments. For instance, by replicating innovative models to contract personal care services using the Medicaid Home and Community Based Services funding to improve implementation of CalAIM (California's 1115 waiver program), these services can be resourced and scaled.

- **Increase incomes among extremely low-income older adults through reducing barriers to participation in public assistance programs and raising benefit levels, which have not kept up with the increased cost of living.**

- **Expand outreach to older adults experiencing homelessness, including reducing barriers to shelter access for older adults, creating access to physical and behavioral health services for those experiencing homelessness, expanding and enhancing street outreach (including street medical services), and shifting away from criminal justice system approaches to homelessness.**

- **Embed racial equity in all aspects of the response, including removing systemic housing barriers that perpetuate racial disparities in homelessness, combating ongoing discrimination in housing systems, addressing racial inequities and disparate outcomes in homelessness services systems, and prioritizing racial equity in coordinated entry systems.**

- HOUSING ACCESS AND STABILITY

9 Facts About the Impending Senior Homelessness Crisis and How We Can Stop It

May 20, 2025

The number of adults ages 65 and older experiencing housing instability and homelessness has rapidly increased in recent years and is expected to accelerate. Removing barriers to stability will be critical not just to preserving the health and safety of this group but also to limiting a resulting expensive public health crisis. Without intervention, states, localities, health care organizations, and homelessness response providers won't have the budget or capacity to deal with a rising population of older adults experiencing homelessness.

To prevent such a crisis, policymakers and advocates must understand why older adults are increasingly experiencing homelessness. We gathered research from the Urban Institute and other experts that highlights this issue's urgency and solutions to help prevent it. Here are nine facts you should know:

1. **Older adults are the fastest-growing** (PDF) **age group experiencing homelessness.** Nearly 150,000 adults (PDF) older than 55 experienced homelessness, and the share of older adults experiencing sheltered homelessness increased 37 percent between 2019 and 2022.
2. **Without proactive policy, the number of older adults experiencing homelessness will triple by 2030:** Estimates suggest that by 2030, the number of older adults experiencing homelessness will triple (PDF), and by 2038, an additional 4 million (PDF) older adults with low incomes will have no access to affordable housing.

3. **Older adults have unique and preventable pathways to homelessness:** Older adult homelessness is often a result of at least one of three key risk factors: having a low income; a recent experience of a crisis, such as the death of a family member; or the onset of poor health.
4. **Older adults with lower incomes increasingly cannot afford housing:** These people are less likely to have retirement savings and are more likely to rely on Social Security as a primary form of income, with many living on less than $20,000 a year. With an average monthly income of less than $1,000, older adults with lower incomes are often unable to keep pace with housing costs. In 2021, nearly 11.2 million older adults were cost burdened, with many spending more than half their income on housing.
5. **A decline in health puts older adults at risk.** As people age, they experience more health concerns and disabilities, which can create challenges to earning income and staying stably housed. In one study in Toronto, older adults experiencing homelessness were 3 times (PDF) more likely to report health as a reason for homelessness. The ability to work is linked to health status, and those with lower incomes who may most need to work as they age are more likely to have health challenges than their counterparts.
6. **Disruptive life events are destabilizing.**Critical events such as divorce, the death of a spouse, or the loss of housing tied to employment can cause a rapid move into homelessness for older adults. These events can threaten the economic and social resources they rely on to maintain their housing. Evidence suggests this may be particularly true for older women.
7. **Limited, accessible housing stock creates unique barriers for older adults.** One analysis found less than 4 percent of the US housing stock offers features older adults may need, including no-step entry, single-floor living, and features to accommodate a wheelchair. This can pose challenges for finding new rental housing and can create high costs for homeowners to modify their current home.
8. **Many older adults already rely on subsidized housing, but demand outpaces supply.** More than a third (PDF) of the tenants in low-income housing tax credit units are at least 62 years old, and more than half of housing choice voucher recipient households are headed by older adults. But the supply is not meeting the growing need of older adults.
9. **Preventing homelessness for older adults is fiscally important for health care organizations, state budgets, and other** Projections show the increase in older adult homelessness will cost an additional $5 billion per year, on average, in health care and shelter costs that typically accrue to cities, states, and health care organizations.

How can policymakers and other stakeholders address this crisis?

Prevention will be key to reducing homelessness for older adults, keeping them safe, and ensuring states don't face severe budgetary crises related to the surge of older adult homelessness. Stabilizing people in their homes and ensuring they don't become homeless is a cost-effective, compassionate way to address this issue. What large and small steps can policymakers, advocates, and other stakeholders take to help support older adults?

- **Increase the supply of affordable, accessible rental housing for older adults.** There is a dire need for more affordable housing nationwide, which exacerbates challenges for older adults. States and localities can invest in new housing opportunities for older adults.
- **Encourage low-income housing tax credit allocations for older adults.** Shifting the incentives and set-asides or establishing specific pools in Qualified Allocation Plans can encourage consistent, dedicated credits for the development of senior housing and permanent supportive housing. Some states already have pools that ensure certain amounts of housing are developed for older adults each year to meet the growing demand of older adults renting, which is projected to increase from 7.4 million in 2020 to 12.9 million by 2040.

- **Invest in public housing.** States can allocate additional funding to maintain, update, and redevelop public housing units, which are substantial sources of affordable housing for households with low incomes. Recent examples include Minneapolis and Westbrook Maine, which have brought programs that support residents' homemaking and personal care needs to some of their housing properties, to more effectively deliver needed services in independent, affordable senior housing communities..
- **Encourage local zoning changes to support the construction of affordable, accessible homes.** Easing local zoning laws and instituting land-use reforms can allow for development of accessory dwelling units, cohousing, and other affordable, accessible, and innovative options that can serve older adults. States can implement certain large-scale zoning reform measures and preemptions and can encourage local changes through financial incentives and planning guidelines.

Support older adults who want to stay in their homes: To help keep older renters and homeowners in their homes, it's important to both reduce housing cost burdens and provide avenues to home modification.

- **Reduce financial barriers to homeownership:** These can include passing, expanding, or modifying tax reductions, deferrals, or circuit breakers for cost-burdened (PDF) older adults, as well as encouraging assistance programs, such as utility assistance programs.
- **Support home modification:** Financial assistance can help older adults as they modify their homes. State housing trust funds (PDF) and technical assistance can provide critical resources.
- **Expand rental assistance programs and subsidies:** Supports such as the Section 202 program and the Housing Choice Voucher Program help older adults in times of crisis.

Expand income supports for older adults experiencing housing insecurity: The Supplemental Security Income (SSI) program is a vital support program for older adults with very low incomes and few assets. People who receive SSI may be eligible for housing subsidies. But additional income supports can help people age safely in place.

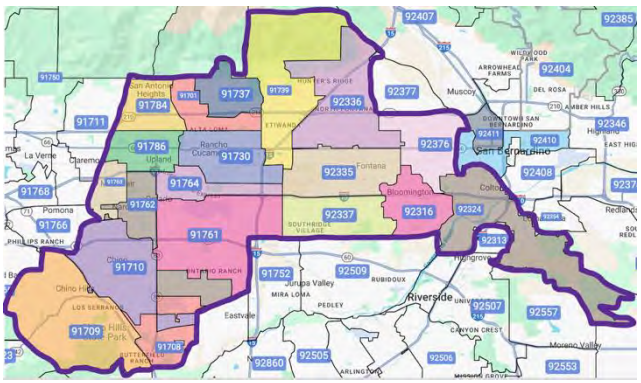
Employ and expand partnerships between health and housing organizations: Coordinating between agencies focused on these aspects of aging have an opportunity to identify, test, and implement new ways to support health and housing stability for older adults**.** Community-based service waivers provide states with the ability to bill Medicaid for housing-focused services and can support older adults.

Invest in understanding the scope of the challenge and the most effective solutions. Although demographic projections provide details on the scale of the challenge, more research is needed to estimate the specific challenges faced by older adults, specifically data that can help predict which adults may need certain supports, to help states and localities prepare. States can increase evaluation funding to build the evidence base on the health care return on investment from providing housing supports to target populations.

Community Care and Housing Solutions for Aging Adults (CCAHSAA) Collaboratory

October 2025 – March 2027

Join us for the Community Care and Housing Solutions for Aging Adults (CCAHSAA) "Casa" Collaboratory for Aging Adults, which aims to create a fully functional and coordinated system of care that serves the needs of **older adults experiencing homelessness in western San Bernadino County**.



Moving from isolated impact within an organization, facility, or agency, to cross-sector impact at county and regional levels requires building and strengthening partnerships between health care organizations, community-based organizations (CBOs) and other agencies, from governance to workflows to service delivery – and that is what this work aims to do.

The Collaboratory launches in October, and over a two-year period will include in-person workshops and workgroups moving forward a portfolio of projects that help us understand the population and the system, enhance the system and ensure sustainability for improved outcomes for older adults experiencing homelessness.

Collaboratory Activities

- Participate in **Workgroups** *(see next page)* that launch and advance projects related to your work, your role, or your interests.
    - Workgroup composition and time commitment varies based on the workgroup and may include calls or offline work to progress the projects.
    - The work and timeline is co-designed by each Workgroup upon launching.
- Join four, one-day **In-Person Workshops** over the course of the two-year initiative.
    - In-person workshops are a chance to come together and build community across participants and advance the work of and share learnings across the Workgroups.
    - *Save the date!* The first in-person workshop will be held on October 29, 2025.
- Join occasional **All Workgroup Calls** to share updates and learning across Workgroups.

Do you want to build stronger connections across sectors and advance work impacting older adults experiencing homelessness?

Register here to join us
Email megan@hc2strategies.com with questions

Collaboratory Workgroups

The Collaboratory will support a portfolio of projects in order to address a variety of leverage and process points across the system at once to maximize our effectiveness in achieving population-level results. Each project will be led by a Workgroup who will launch and advance 90-120 day goals. The following are the four projects we will be starting with – note that the Collaboratory will be open to adding or sunsetting projects as we learn about the system and identify new opportunities for improvement.

Data Intelligence & Information Sharing	This project will be focused on understanding available data about the sub-population from various actors across the system, piloting to fill gaps or improve the data, linking data to outcomes and measures, linking data to communications and the value case, and creating systems to sharing data.
Case Conferencing	This project will stand up cross-sector case conferencing focused on the sub-population, linking organizations across sectors in a collaborative approach to integrated care planning and improved delivery and outcomes. The group will assess the current state, develop a structure and build workflows, and test case conferencing methods.
Creative Housing & Stability Solutions	This project will identify and advance the use of creative housing and stability solutions, cataloging current options for creative housing and prevention, developing pathways to/optimizing existing solutions, and identifying new solutions, funding, and implementation plans.
Optimizing Community-Based Care Coordination	This project will focus on optimizing how care is coordinated across the community. The group will map out current providers and resources, develop workflows to optimize the use of resources, and pilot new methods and roles that can improve the system of care.

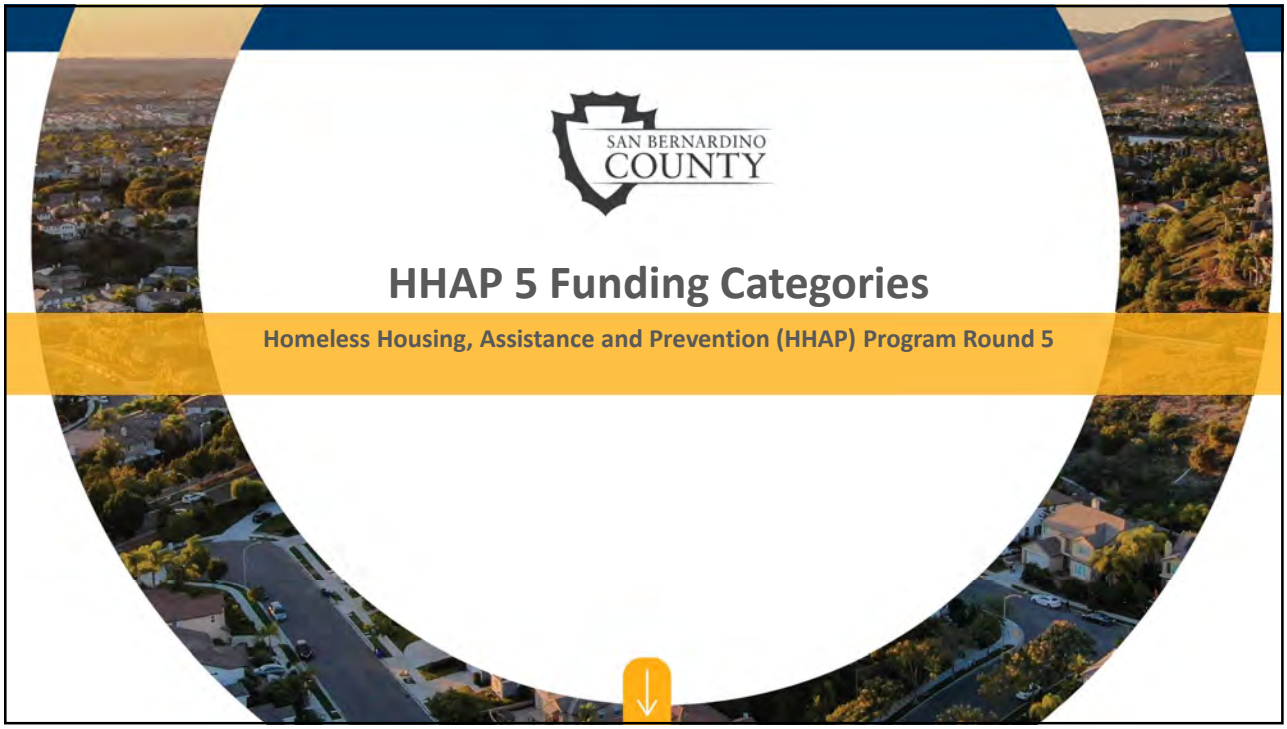
Contribute to our Landscape Analysis!

The first step in this work is gaining a deeper understanding of our population of focus: older adults experiencing homelessness in western San Bernardino County. We are currently conducting a landscape analysis, reviewing existing data sets and reports to obtain a snapshot about who the population is, what we know about them and the services they are accessing, and what key partners, services, or initiatives serve them. ***Please reach out with any aggregate data or reports that you are willing to share with us!***

Do you want to build stronger connections across sectors and improve outcomes for older adults experiencing homelessness?

Register here to join us

Email megan@hc2strategies.com with questions



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HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM ROUND 5 (HHAP-5)

California Interagency Council on Homelessness

PURPOSE

- To organize and deploy the full array of homelessness programs and resources comprehensively and effectively.
  - Foster robust regional collaboration and strategic partnerships aimed at fortifying the homeless services and housing delivery system.
- To sustain existing federal, state, and local investments towards long-term sustainability of housing and supportive services.
  - Strategically pairing HHAP-5 funds with other local, state, and federal resources to effectively reduce and ultimately end homelessness.

STATE PRIORITIES FOR HHAP-5 FUNDING

- Sustain existing federal, state, and local investments towards long-term sustainability of housing and supportive services; and
- Prioritize permanent housing solutions.

California Interagency Council on Homelessness

HHAP-5 ELIGIBLE ACTIVITIES

- The overarching objective of HHAP funds remains unwavering – to effectively address and end people's experiences of homelessness.
- HHAP-5 statute organizes Eligible Use Categories into three conceptual groups:
  - Permanent Housing
  - Interim Housing
  - Services and Systems Support
- Carried over Eligible Use Categories from HHAP-4 with a few changes.

Limitations on New Interim Housing Solutions – Before proposing to use HHAP-5 resources to fund new interim housing solutions, the region must demonstrate that they have dedicated sufficient resources (both financial resources and policy actions) from other sources to long-term permanent housing solutions, including capital and operating costs.

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HHAP-5: ELIGIBLE USE CATEGORIES

HHAP 5 Statute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds; HHAP 5 Changes
Costs that support Permanent Housing include the following	Delivery of Permanent housing and Innovative Housing Solutions	Eligible Uses should be categorized here when costs support the provision of permanent housing.
	Rapid Rehousing	Eligible Uses should be categorized here when the costs support operating a rapid rehousing type housing service. This means a tenant-based, time limited, permanent housing program, inclusive of wrap-around services.
	Prevention and Shelter Diversion	Eligible Uses should be categorized here when costs support eligible populations access safe alternatives to shelter and/or remain safely housed at their current residence. **HHAP-5 changes:** • Change of eligible population to include "at risk of homelessness." • Requires prioritization of households with incomes at or below 30 percent of the area median income, who pay more than 50 percent of their income in housing costs, and who meet criteria for being at highest risk of homelessness through data-informed criteria. See "*Eligible Use Changes under HHAP-5*."
	Operating Subsidies-Permanent Housing	Eligible Uses should be categorized here when costs support operations in new and existing affordable or supportive housing units serving people experiencing homelessness. Operating subsidies may include operating reserves (*funds held in reserve to cover large, unexpected operating expenses*). **HHAP-5 changes:** • Previously combined with Operating Subsidies – Interim Housing. Now a standalone category.

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HHAP-5: ELIGIBLE USE CATEGORIES

HHAP 5 Statute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds; HHAP 5 Changes
Costs that support interim housing include the following	Operating Subsidies- Interim Housing	Eligible Uses should be categorized here when costs support operations in interim housing serving people experiencing homelessness. Operating subsidies may include operating reserves (*funds held in reserve to cover large, unexpected operating expenses*). **HHAP-5 changes:** • Previously combined with Operating Subsidies – Permanent Housing. Now a standalone category.
	Interim Housing	Eligible Uses should be categorized here when costs support the provision of interim housing. **HHAP-5 Changes:** • **No** HHAP-5 resources may be used to fund **new** interim housing solutions, until both of the following occurs: (1) the **applicant has demonstrated** that the region has dedicated sufficient resources from other sources to long-term permanent housing solutions **and** (2) the applicant has **received written permission** from Cal ICH. (HSC §50236(c).) • This limitation does not apply to new interim housing solutions for youth under the ten percent youth set aside. *For more, see Section III.C in the NOFA: "Eligible Use Changes under HHAP-5"*
	Improvements to Existing Interim Housing	Eligible Uses should be categorized here when costs support renovation of existing interim housing to improve the quality of the life for people experiencing homelessness who are residing in the interim housing.

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CAL ICH

HHAP-5: ELIGIBLE USE CATEGORIES

HHAP 5Statute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds; HHAP 5 Changes
Costs that support service provision and systems support.	Street Outreach	Eligible Uses should be categorized here when costs support Outreach programs.
	Services Coordination	Eligible Uses should be categorized here when costs support wrap-around services not directly provided through another project.
	Systems Support	Eligible Uses should be categorized here when the cost supports homelessness services system infrastructure, regional coordination, and/or improves accessibility and outcomes generaly, as opposed to specific client(s).

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West Valley Regional Steering Committee

Setting Priorities for HHAP 5 Regional Project Funding

1. What are the principal barriers / gaps / service needs for constituents seeking help with resolving their housing/homelessness crisis in the West Valley Region?

2. How can we maximize the use of HHAP 5 Regional Project Funding to have the greatest impact on addressing the barriers/gaps/service needs for constituents seeking help with resolving their housing/homelessness crisis in the West Valley Region?

3. Which HHAP 5 eligible use category(s) should we prioritize for West Valley Regional Project Funding?

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San Bernardino County
Office of Homeless Services

CATEGORIES AND BUDGET FOR COC

Eligible Use Category	CoC YSA	CoC Allocation
Rapid Rehousing	$ 255,178.28	$700,000.00
Prevention and Shelter Diversion	$ 51,035.66	$700,000.00
Delivery of Permanent Housing and Innovative Housing Solutions	$ 153,106.97	$1,046,544.00
Operating Subsidies – Permanent Housing	$ 51,035.66	$700,000.00
Street Outreach		$600,000.00
Services Coordination	$ 92,879.44	$600,000.00
System Support		$600,000.00
Total	**$ 603,236.01**	**$4,946,544.00**
YSA	**10%**	$ 603,236.00
HMIS	1%	$ 60,324.00
Administrative Cost	7%	$ 422,265.26
		$6,032,370.26

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San Bernardino County
Office of Homeless Services

COC ALLOCATIONS BASED ON 2025 PITC REPORT

Region	Total PITC	Percentage based on PITC #'s	Total allocation per Region
Central Valley	2450	63.87%	$3,158,863.00
High Desert	672	17.52%	$866,139.85
East Desert	91	2.37%	$117,233.09
Mountain Region	68	1.77%	$87,553.83
West Valley	556	14.49%	$716,754.23
			$4,946,544.00

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West Valley Regional Steering Committee Mtg - 8/13/25 recap

Much appreciation to the 60+ partners who joined us for the West Valley Regional Steering Committee Meeting on August 13th, both in person and by Zoom, and for all of the great information and input shared during the meeting.

Announcements –

- **SB CoC West Valley Regional Cross-Sector Integration Pilot Initiative** - We are pleased to announce that the *California Health Care Foundation* (CHCF) has agreed to continue funding the work of *HC2 Strategies* over the next 2-years to provide coaching, strategic planning and implementation support for our Regional Cross-Sector Integration "*Collaboratory*" Initiative to advance our multi-stakeholder, cross-sector impact work together to create a fully functional and coordinated system of care that serves the needs of *older adults experiencing homelessness in western San Bernadino County* and beyond. (see attached and slides 51-68)
- **West Valley Regional Working Group Meeting - *NO MEETING IN AUGUST* -** Monthly virtual gathering of our public/private regional stakeholder partners to help "Build A Connected Community of Care" through information-resource sharing, relationship-partnership building, cross-sector referrals, warm-handoffs and care coordination in response to the "real-time" needs of people experiencing or at-risk of homelessness in the West Valley Region. Participants include cross-sector service representatives from our regional city, county and public/private community service partners based in the West Valley Region and countywide. For meeting invite, please contact DonSmithSolutions@outlook.com.
- **CoC Capacity Building Training Series - *Housing-Centered Practices: Supporting Clients from First Contact to Stability* - September 8-11, 2025**: The CoC Capacity Building Training Series continues with Module 3: *Housing-Centered Practices: Supporting Clients from First Contact to Stability* featuring 4 half-day workshops each to be conducted twice in locations throughout the county (see slide 7 and attached flyer). Housing-Centered Practice: Supporting Clients from First Contact to Stability
- **CoC Annual HUD Training Series** - CoC-HUD-Training-Schedule-2025.pdf
- **San Bernardino Continuum of Care Board Meeting, Wednesday, August 27th, 9:00-11:00am,** Dorothy Ingram Learning Center, 670 E. Carnegie Dr, San Bernardino, 92408 or watch on Teams; CoC-Board-Meeting-Agenda.8.27.25.pdf
- **HMIS Monthly Town Hall Meeting, Wednesday, September 3, 11am-12noon,** Monthly HMIS Town Hall Meeting – Homeless Partnership
- **Life Way Church Community Health Fair, Saturday, September 13th, 9am-3pm,** 7477 Vineyard Avenue, Rancho Cucamonga, 91730 (see slide 12 and attached flyer)
- ***"Public Health on the Go"* Health Service Alliance Mobile Clinic** - Available to schedule for consumer service events and client service activities in the West Valley Region. For more information, please reach out to Robert Gipson, 909-464-9675
- **Next West Valley Regional Steering Committee Meeting - Wednesday, September 10th, 9:00-11:00am,** Rancho Cucamonga City Hall & by Zoom

For your information, please find attached the West Valley RSC Meeting presentation slides that includes information on the following (plus live links to more information):

- CA 609 San Bernardino City & County Continuum of Care Membership Application (slide 3) - CoC-Membership-App.pdf
- HMIS In-person Town Hall Meeting Recap (slide 4)
- OHS ESG Rapid Rehousing Assistance available (slide 5)
- County Office of Homeless Services Contact List (slide 6) - OHS-Staff-Contact-list.pdf
- CoC Capacity Building Training Series-Module 3: Housing Centered Practices Series (slide 7)

- CoC Strategic Planning Process Survey (slide 8)
- CoC Strategic Planning Process - Lived Experience Focus Groups (slide 8)
- CoC Strategic Planning Process - draft Gaps & Needs Analysis (slides 9-10 and attached)
- City of Ontario Housing Services Department Community Resource Fair-RSVP Vendor Link (slide 11) - RSVP Ontario HSD - Community Resource Fair
- Life Way Church Community Health Fair (slide 12)
- Health Service Alliance Public Health on the Go (slide 12)
- Inland Empire Health & Well-Being Survey - English Responses (slide 13)
- Inland Empire Master Plan for Aging 2025-2028 (slides 14-15) - ICA IE-MPA June 2025.pdf
- NLIHC Releases Out of Reach 2025: The High Cost of Housing (slides 16-24); Out of Reach | National Low Income Housing Coalition
- Senate Appropriations Committee Releases and Approves FY26 THUD Spending Bill with Increases for Key HUD Programs, But Without EHV Funding—Take Action! | National Low Income Housing Coalition
- NLIHC FY26 Budget Chart for Selected Federal Programs (slide 25) - Senate_HUD_Budget-Chart_FY26_v1.pdf
- Trump signs executive order to make it easier to remove homeless people from streets (slide 26) - Trump signs order to make it easier to remove homeless people : NPR
- West Valley Regional 2025 Point-in-Time Count data (slides 27-29)
- **Proposed West End Regional Navigation Center** (slides 30-32)
- Homeless Housing Assistance & Prevention Program Round 5 - CoC Funding & Budget Categories & Regional Allocations (slides 33-48) - HHAP-5-Strategic-Plan.pdf
- *Building a Connected Community of Care in the West Valley Region* (slides 49-50)
- *SB CoC West Valley Regional Cross-Sector Integration "Collaboratory" Initiative sponsored by the California Health Care Foundation (CHCF) and HC2 Strategies* (slides 51-68)

Additional information -

- Black Women and Single Mothers Hit Hardest by Housing Crisis - Davis Vanguard
- 9 Facts About the Impending Senior Homelessness Crisis and How We Can Stop It | Housing Matters
- Housing Opportunities: Governor's Reorganization Plan to Create the California Housing and Homelessness Agency - Terner Center; BCSH - Reorganization
- California is finally getting a housing agency. What took so long? - CalMatters
- San Bernardino County 2025 Affordable Housing Needs Report - San-Bernardino_Housing_Report-2.pdf
- How is California Meeting the Housing Needs of California's Low-Income Renters - CHP_State-Housing-Needs-Report-2025.pdf
- California Affordable Homes At Risk - CHP_2025-Subsidized-At-Risk-Report.pdf; CHP_2025-Unsubsidized-At-Risk-Report.pdf
- Who Can Afford to Rent in California's Many Regions in 2024
- 2024 California Homelessness Response System Data - Homeless Data Integration System
- The State of the Nation's Housing 2025 | Joint Center for Housing Studies
- NLIHC The Gap: A Shortage of Affordable Homes 2025 - The GAP | National Low Income Housing Coalition
- Action Plan for Preventing & Ending Homelessness in CA 2025-2027
- Opinion | America Is Pushing Its Workers Into Homelessness - The New York Times
- CalAIM's Housing Supports & the Housing-Homelessness Incentive Program - ECM-CS | HB Live Site

Thank you for your partnership!
Don Smith & Erika Lewis-Huntley, Co-Chairs
SB CoC West Valley Regional Steering Committee

August 13, 2025, Attendees: West Valley Regional Steering Committee Meeting

LAST NAME	FIRST NAME	ORGANIZATION	PHONE NUMBER	EMAIL ADDRESS
De La Cruz	Martin	KEYS	(909) 300-5540	mdelacruz@keysnonprofit.org
Reyes	Stephanie	Catholic Charities	9099065980 ex 903	sreyes@ccsbriv.org
DeSilva	Gayani	San Bernardino County Department of behavioral Health.	6574139488	gayani.desilva@dbh.sbcounty.gov
Laake	Mia	Whole Person Care Clinic	7143524732	Mlaake@wpcc.org
Davis	Mylika	Premiere Stays - Sober Living and Transitional Housing	951 346-0900	Mylika@PStays.com
Joyner	Erikka	Christian Development Center	909-527-0054	Bejoyful16@yahoo.com
Flores	Denise	Ontario-Montclair School District Health & Wellness Services	909-418-6923	denise.flores@omsd.net
Morris	Darold	Lighthouse Social Service Centers	951-954-2608	daroldm@lighthouse-ssc.org
Ramachhita	Saira	San Antonio Regional Hospital	909-509-3565	sramachhita@sarh.org
Nancy	Mercer	Inland Housing Solutions -Community Impact Manager	909 736-5518	Nancy@inlandhousingsolutions.org
Evans	Leslie	Foothill AIDS Project	9093809761	Leslie@fapinfo.org
Johnston	Janet	Morongo Basin Conservation Association and EDRSC	(760) 668-3622	janetjohnstn@gmail.com
Carrillo	Robert	Carrillo Group CANY | LaunchPad Collective Inc.	9095218432	robert@carrillogroupcany.com
Sutfin	Annette	DAAS APS West Valley	9092525735	Annette.Sutfin@hss.sbcounty.gov
Grosvenor	Kami	Inland Valley Council of Churches, dba Inland Valley Hope Partners	9096223806	kamig@inlandvalleyhopepartners.org
HUMPHREY	RUTH	Children's Fund	9093796036	ruth@childrensfund.org
Franco	Kari	City of Chino Human Services	9093343537	kfranco@cityofchino.org
Mendoza	Ruben	Carrillo Group CANY	9092585120	ruben@carrillogroupcany.com
Woods	Amber	Presidium Health	6196945195	awoods@presidiumhealth.com
Garcia	Izamar	Children's Fund	909-379-6039	izamar@childrensfund.org
Ortiz	Denise	City of Montclair	909-731-4834	Dortiz@cityofmontclair.org
Goodrich	Ronald	City of Montclair	909-721-3481	RGoodrich@cityofmontclair.org
Stokes	Morgan	Health Service Alliance	(909)902-9111	mstokes@healthservicealliance.org

August 13, 2025, Attendees: West Valley Regional Steering Committee Meeting

LAST NAME	FIRST NAME	ORGANIZATION	PHONE NUMBER	EMAIL ADDRESS
Reyes	Jose	Rolling Start	909-890-9516 x2384	jsanchez@rollingstart.com
Lee	Ephraim	Inland Fair Housing and Mediation Board	9099842254	elee@ifhmb.com
Amanda	Tower	SBC Community Development and Housing Department	909-501-0611	amanda.tower@cdh.sbcounty.gov
Kratzer	Pamela	Love Chapel Life Changing Ministries	9512126104	Pamela.kratzer2@gmail.com
Mahany	Kevin	Symba Center	909.630.6188	Kmahany@symbacenter.org
Hoffman	Amy	Inland Housing Solutions	(909) 796-6381	amy@inlandhousingsolutions.org
Pagan	Charlie	Heritage Hotel Industries	9092331884	charlie.pagan@sbx1.xyz
Bossieux	Andre	Lifeway Church Ministries	909-730-5527	bossieux@charter.net
Rucker	Donald	Christian Development Center	909-367-9093	pastorrucker@gmail.com
Rucker	Ethel	Christian Development Center	909-319-2240	ruckergen3@gmail.com
Ingles	Jonathan	Upland PD Homeless Services	909-921-1016	Jingles@uplandpd.org
Alvarez	Susan	Upland PD Homeless Services	909-931-4245	SAlvarez@uplandpd.org
Esquivel	Ashley	City of Ontario		aesquivel@ontarioca.gov
Avila	Eric	City of Ontario	909-395-2736	eavila@ontarioca.gov
Towns	Allison	City of Rancho Cucamonga	909-774-2032	Allison.Towns@cityofrc.us
Lewis-Huntley	Erika	City of Rancho Cucamonga	909-774-2008	Erika.lewis-huntley@cityofrc.us
Marrufo	Joanna	San Bernardino County Superintendent of Schools		Joanna.Marrufo@sbcss.net
Whall	Jeffrey	SB Sheriff's HOPE Team	909-387-0623	HOPE@sbcsd.org
Tristan	Manuel	SB Sheriff's HOPE Team	909-387-0623	HOPE@sbcsd.org
Bullard	Omar	SB Probation/HOPE Team	909-387-0623	HOPE@sbcsd.org
Castro	Cristina	Operation New Hope	909-562-5910	cristina@onhcares.com
Blanton	Donna	The Greater Works House	909-746-9065	capthomas62@yahoo.com
Smith	Don	IE Pathways to Housing Network / Inland Housing Solutions	909-210-0639	DonSmithSolutions@outlook.com

August 13, 2025, Attendees: West Valley Regional Steering Committee Meeting

LAST NAME	FIRST NAME	ORGANIZATION	PHONE NUMBER	EMAIL ADDRESS
Pelayo	Oscar	San Bernardino Probation	909-756-0535	Oscar.Pelayo@prob.sbcounty.gov
Fierros	Veronica	San Bernardino Probation	909-756-0961	Veronica.Casasola-Fierros@prob.sbcounty.gov
Bryan	Leandra	211 United Way	909-734-2982	Leandrab@iscuw.org
Spiegel	Rebecca	Inland SoCal United Way	951-817-4098	rebeccas@iscuw.org
Westerfield	Kimberly	Encompass Housing	(562) 751-6525	kwesterfield@encompasshousing.org
Rodriquez	Bianca	Encompass Housing	(840) 228-0511	brodriquez@encompasshousing.org
Meddy	Morgan	Encompass Housing	(714) 418-3376	Morgan.meddy@encompasshousing.org
Griffin	Marcus	Operation Grace	909-382-8540	mgriffin@operationgrace.com
Conston	Ellesse	Operation Grace	702-980-5835	econston@operationgrace.com
Takaha	Sharon	Community Well CA	909-492-0078	DrSharon@communitywellca.com
Durham	Tyler	Step Up on Second	909-654-0122	tdurham@stepup.org
Evans	Leslie	Foothill AIDS Project	909-884-2722x224	leslie@fapinfo.org
Ojinmah	Eberle	Inland Love Sober Transitional House	951-496-7665	InlandCareHome@gmail.com
Banks	Derek	Quiet Spirit House LLC	323-738-0132	juanvon@quietspirithouse.com
Mayo	Saniyyah	Simple Solutions Psychotherapy	909-527-3463	info@simplepsychotherapy.com
Rojas	Noryi	DBH TAY	760-338-4706	Noryi.rojas@dbh.sbcounty.gov

"Building A Connected Community of Care in the West Valley Region"

Updates & Discussion on
Setting Priorities for HHAP 5 Regional Project Funding
HC2/CHCF Regional Cross-Sector Integration Initiative
Proposed West End Regional Navigation Center

Plus,
Updates from City, County & Regional Service Partners
Focus Strategies Capacity Building Training Series
Homebase SB CoC Strategic Planning Process

West Valley Regional Steering Committee Meeting
August 13, 2025, 9:00am

The Solution to Homelessness is Straightforward: HOUSING!

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San Bernardino County Homeless Partnership
West Valley Regional Steering Committee

Wednesday, August 13, 2025 • 9:00 a.m. to 11:00 a.m.

Hosted by the City of Rancho Cucamonga - Please Join Us at
RC City Hall – Tri-Communities Conference Room
10500 Civic Center Drive, Rancho Cucamonga 91730
-
By Zoom Video Conference
https://sbcounty.zoom.us/j/85194061212?pwd=TVRWNUNNMUR3K1NSNFFDdzAyZ2R0
Meeting ID: 851 9406 1212 Passcode: 1Ggzzz
Dial in: +1 669 444 9171 - One tap mobile +16694449171,,85194061212# US (San Jose)

MEETING AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome and Introductions Public comment and participation is available and welcomed during all agenda items	Don Smith, Co-Chair Erika Lewis-Hurtley, Co-Chair
REPORTS & UPDATES	
C. SBC&C Continuum of Care D. Office of Homeless Services E. State and Federal Updates F. Regional City & Service Provider Partners	Erika Lewis-Hurtley OHS Staff Don Smith RSC Committee Members
PRESENTATIONS / DISCUSSION ITEMS	
"Building A Connected Community of Care in the West Valley Region" G. *SB CoC Regional Cross-Sector Integration Pilot Initiative w/HC2 Strategies & the California Health Care Foundation* H. *Proposed 200-Bed West End Regional Navigation Center* I. *Discussion on Setting Priorities for HHAP 5 Regional Project Funding* J. *Updates on SB CoC Strategic Planning Process*	Don Smith, Co-Chair Erika Lewis-Hurtley, Co-Chair
CLOSING	
K. Additional Public Comment & Announcements L. Adjournment	Don Smith Erika Lewis-Hurtley

Next Regularly Scheduled Meeting: West Valley Regional Steering Committee
Wednesday, September 10th, 2025, 9:00am-11:00am
Rancho Cucamonga City Hall – Tri-Communities Conference Room
& by Zoom Video Conference

Mission Statement
The Mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at risk of becoming homeless.

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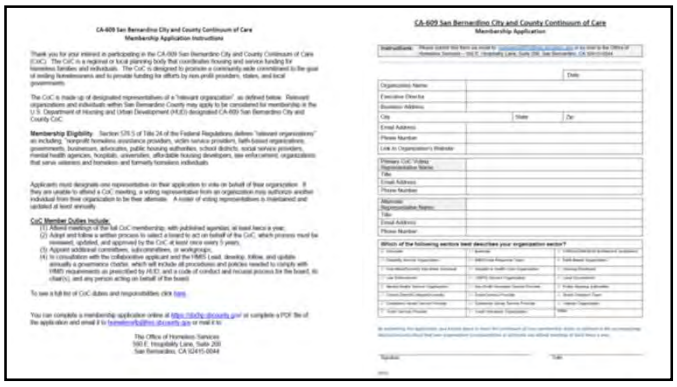

CA-609 San Bernardino City and County Continuum of Care
Membership Application Instructions

Thank you for your interest in participating in the CA-609 San Bernardino City and County Continuum of Care (CoC). The CoC is a regional or local planning body that coordinates housing and service funding for homeless families and individuals. The CoC is designed to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by non-profit providers, states, and local governments.

The CoC is made up of designated representatives of a "relevant organization", as defined below. Relevant organizations and individuals within San Bernardino County may apply to be considered for membership in the U.S. Department of Housing and Urban Development (HUD) designated CA-609 San Bernardino City and County CoC.

Membership Eligibility: Section 578.5 of Title 24 of the Federal Regulations defines "relevant organizations" as including, "nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing authorities, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals.

Applicants must designate one representative on their application to vote on behalf of their organization. If they are unable to attend a CoC meeting, a voting representative from an organization may authorize another individual from their organization to be their alternate. A roster of voting representatives is maintained and updated at least annually.

CoC Member Duties Include:
(1) Attend meetings of the full CoC membership, with published agendas, at least twice a year;
(2) Adopt and follow a written process to select a board to act on behalf of the CoC, which process must be reviewed, updated, and approved by the CoC at least once every 5 years;
(3) Appoint additional committees, subcommittees, or workgroups;
(4) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with HMIS requirements as prescribed by HUD, and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

To see a full list of CoC duties and responsibilities click here.

You can complete a membership application online at https://ohs.sbcounty.gov/ or complete a PDF file of the application and email it to homelessinfo@dhs.sbcounty.gov or mail it to:

The Office of Homeless Services
560 E. Hospitality Lane, Suite 200
San Bernardino, CA 92415-0044

CA-609 San Bernardino City and County Continuum of Care
Membership Application

Instructions: Please submit this form via mail to homelessinfo@dhs.sbcounty.gov or by mail to the Office of Homeless Services – 560 E. Hospitality Lane, Suite 200, San Bernardino, CA 92415-0044

		Date
Organization Name		
Executive Director		
Business Address		
City	State	Zip
Email Address		
Phone Number		
Link to Organization's Website		
Primary CoC Voting Representative Name		
Title		
Email Address		
Phone Number		
Alternate Representative Name		
Title		
Email Address		
Phone Number		

Which of the following sectors best describes your organization sector?

1. Governmental	6. Business	11. Criminal Justice or Law Enforcement Agency
2. Disability Service Organization	7. Mental Health Response Team	12. Faith-Based Organization
3. Food Manufacturer/Food Bank Warehouse	8. Hospital or Health Care Organization	13. Housing Developer
4. Law Enforcement	9. LGBTQ Service Organization	14. Local Government
5. Mental Health Service Organization	10. Non-Profit Homeless Service Provider	15. Public Housing Authority
6. Cross-Sector Collaborative	7. Food Service Provider	8. Street Outreach Team
9. Homeless Veteran Service Provider	10. Substance Abuse Service Provider	11. Veteran Organization
12. Youth Service Provider	13. Youth Homeless Organization	Other

In submitting this application, you hereby attest to being the continuum of care membership duties as outlined in the accompanying documents and that have been implemented in accordance as outlined under section of CoC Policy & Procedures.

Signature: Date:

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COUNTY Homeless Services

Announcement

Each year, the U.S. Department of Housing and Urban Development (HUD) launches the highly competitive Continuum of Care (CoC) Competition, awarding critical funding to communities across the country through the Notice of Funding Opportunity (NOFO) process. This is a major opportunity for our local CoC to secure resources that directly impact our efforts to end homelessness – and your participation plays a key role in our success.

To boost our chances of winning top awards from HUD, the Office of Homeless Services (OHS), The BHR (in Behavioral Health), and the CoC Board are excited to offer a dynamic series of training sessions open to all CoC Members. These sessions cover crucial topics that directly affect our application score, and full agency participation is not just encouraged, it's essential.

Introduce will be taken, so don't miss this chance to strengthen our applications and elevate our community's response to homelessness.

The schedule of the training session currently available are:

#1: August 5, at 1:00 PM - Topic - **Understanding and Developing Cultural Competency**
Virtual Training - Join this meeting now Meeting ID: 396 291 787 0588 Passcode: EP3nLZ7L

#2: August 13, at 9:00 PM - Topic - **Assessing Housing Need, Risks, Landlord Engagement**
Virtual Meeting - Join this meeting now Meeting ID: 278 275 956 8910 Passcode: 6e3ke3ci

#3 August 20, at 4:00 PM - Topic - **Homelessness Prevention**
Virtual Meeting - Join this meeting now Meeting ID: 237 316 769 7175 Passcode: 6C9ejFQp

#4 August 26, at 5:00 PM - Topic - **Assessing Equity**
Virtual Training - Join this meeting now Meeting ID: 297 214 986 3132 Passcode: JhJ9ej7qm

A schedule of these trainings can be found on the San Bernardino Homeless Partnership OHS SPC Webinars & Meetings with the link to the training.

Although some agency staff may have completed training during the 2024 cycle, we strongly encourage participation in this 2025 training cycle to refresh their knowledge, or to share about it. Rangers.

Thank you for your commitment to the CoC.

COUNTY Homeless Services

HMIS In-Person Town Hall Recap

Dear CoC Regional Steering Committee Co-Chairs & Facilitators,

On **August 4, 2025** the HMIS Team hosted a **first-in-person Town Hall**, bringing together over **40 participants** to celebrate new tools, discuss agency enhancements, and strengthen collaboration to improve **System Performance Measures** and **data quality** across the region.

New HMIS Features
Four new HMIS features were introduced, each designed to streamline workflows, increase data accuracy, and enhance service delivery:

- **Customer Portal**
  A new platform that allows clients to access their own information, providing transparency and client engagement.
- **Outreach Outcomes Module**
  A collaborative effort between the CoC Outreach Team and Programs Team to evaluate the efficiency and impact of outreach efforts.
- **Attendance-Based Model with ID Cards**
  Supported by new printer and scanner hardware, this system simplifies check-ins and prototypes the mobility of data records.
- **Shelter Availability Survey**
  Created by the HMIS Team, this tool offers real-time shelter capacity to support more effective coordination and placements.
- **Data Quality Improvements**
  The **Quarter 2 of 2025** saw a total of **10 agencies** were honored with the **Data Champion Award** in two categories:

  - **Excellence in Data Quality** – No data entry
  - **Data Quality Achievement** – 0% or lower error rate, and no more than three overlapping enrollments with appropriate documentation. If applicable

  These awards are presented quarterly to recognize agencies that consistently demonstrate a commitment to high data quality standards.

Interactive Demo Stations
During the Town Hall, attendees joined through **interactive demo stations** showcasing real-case flows from point-of-entry to:

- Data entry in action
- Job questions directly on HMIS staff
- Sign up for implementation training

Save the Date – HMIS Open House

- **February 19, 2026**
  Join us for the **HMIS Open House**, where we will:
  - Launch **two new HMIS features**
  - Review additional training opportunities
  - Continue expanding knowledge with collaborative, casual feel-learning

Together, we are building a stronger, more responsive system that ultimately contributes to the individual and families we serve.

– The HMIS Team

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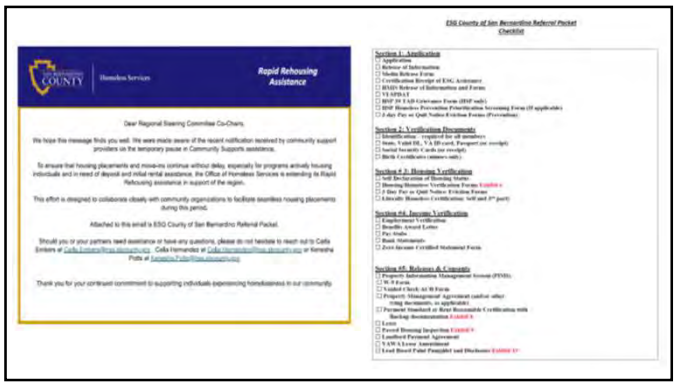
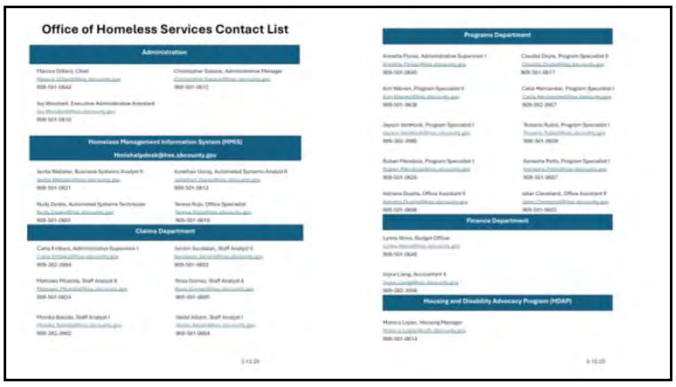

Rapid Rehousing Assistance
Homeless Services
ESG County of San Bernardino Referral Packet Checklist

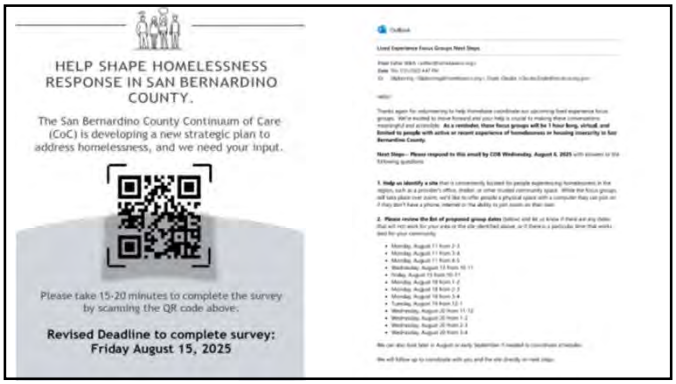
5


Office of Homeless Services Contact List
Administration
Homeless Management Information System (HMIS)
Claims Department
Programs Department
Finance Department
Housing and Disability Advocacy Program (HDAP)

6

HOUSING-CENTERED PRACTICE: SUPPORTING CLIENTS FROM FIRST CONTACT TO STABILITY
Save the Date!
September 8-11, 2026
High Desert September 8
Central Valley September 9
Morongo Basin September 10
West End September 11
Sign Up
Scan the QR code to register or visit this link

7


HELP SHAPE HOMELESSNESS RESPONSE IN SAN BERNARDINO COUNTY.
The San Bernardino County Continuum of Care (CoC) is developing a new strategic plan to address homelessness, and we need your input.
Please take 15-20 minutes to complete the survey by scanning the QR code above.
Revised Deadline to complete survey: Friday August 15, 2025

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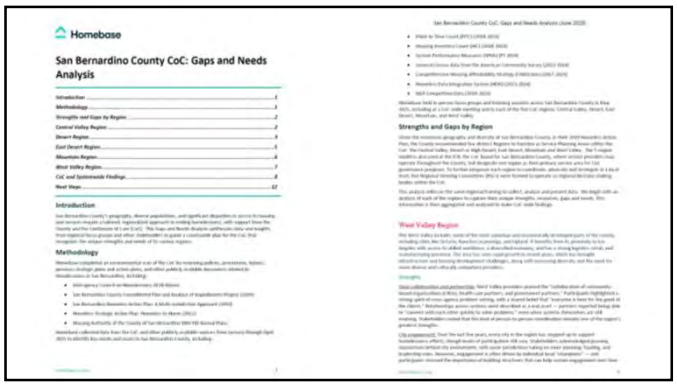

Homebase

San Bernardino County CoC: Gaps and Needs Analysis

Introduction

Methodology

Strengths and Gaps by Region

CoC and Systemwide Findings

Next Steps

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CoC and Systemwide Findings

Next Steps

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City of Ontario Housing Services Department is Hosting a Community Resource Fair - RSVP Vendor Link

I'm reaching out to invite you to participate in our upcoming Community Resource Fair. This event is designed to connect and support low-income individuals, veterans, and families who are experiencing homelessness or facing housing instability.

We're bringing together local partners and service providers—like you—who are passionate about making a difference. This is an opportunity to connect with the community, share your valuable resources, and provide direct support to those who need it most. In addition to essential services, we'll be offering family-friendly activities and games to create a welcoming and uplifting environment for all attendees.

Event Details:
📅 **Date:** Saturday, November 8, 2025
⏰ **Time:** 9:00 AM – 2:00 PM
📍 **Location:** Anthony Community Center - 1240 W. 4th St., Ontario, CA 91762

Interested in joining us?
Please RSVP using the link below:
👉 RSVP Ontario HSD - Community Resource Fair

More details to follow! We appreciate your partnership and support, and we'd be honored to have you be part of our event.
Please let us know if you have any questions.

Thank you!
Maria Munoz
Management Analyst
City of Ontario | Housing Services Department
208 W. EMPORIA ST. | ONTARIO, CA 91762
P: (909) 395-2256
MMunoz@ontarioca.gov | www.ontarioca.gov

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Please Take Inland Empire Hospital Well-Being Survey
Please take a few minutes to share your thoughts on health and well-being. Your information will help San Antonio Regional Hospital better understand and meet community needs.
Thank you!
SAN ANTONIO REGIONAL HOSPITAL
Please use the QR code or click on this link to take the survey:
https://bit.ly/9hu8ty
Inland Empire Well-Being Survey

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Inland Coalition on Aging
INLAND EMPIRE
Master Plan for Aging
2025-2028
Vision
A community where older adults, adults with disabilities, and caregivers age well
Key Priority Areas

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Moving to Action
JOIN THE COALITION!
JOIN THE COALITION TODAY TO STAY INFORMED AND ENGAGED.
We welcome your support!
Learn more about the Coalition and how to join at:
InlandAging.org

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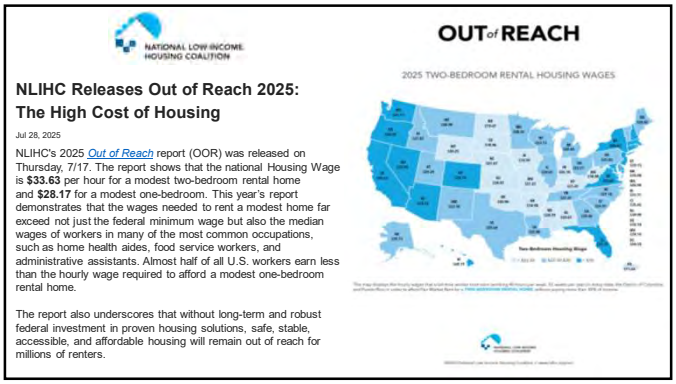
NATIONAL LOW INCOME HOUSING COALITION
OUT of REACH
2025 TWO-BEDROOM RENTAL HOUSING WAGES
NLIHC Releases Out of Reach 2025: The High Cost of Housing
Jul 28, 2025
NLIHC's 2025 Out of Reach report (OOR) was released on Thursday, 7/17. The report shows that the national Housing Wage is $33.63 per hour for a modest two-bedroom rental home and $28.17 for a modest one-bedroom. This year's report demonstrates that the wages needed to rent a modest home far exceed not just the federal minimum wage but also the median wages of workers in many of the most common occupations, such as home health aides, food service workers, and administrative assistants. Almost half of all U.S. workers earn less than the hourly wage required to afford a modest one-bedroom rental home.
The report also underscores that without long-term and robust federal investment in proven housing solutions, safe, stable, accessible, and affordable housing will remain out of reach for millions of renters.

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THE REALITY FOR RENTERS: STRUGGLING TO KEEP UP
"They're working for the rent, but it's not enough. families are trying to do everything to keep themselves in a home."
NOT ENOUGH MONEY IS LEFT FOR OTHER BASIC NEEDS
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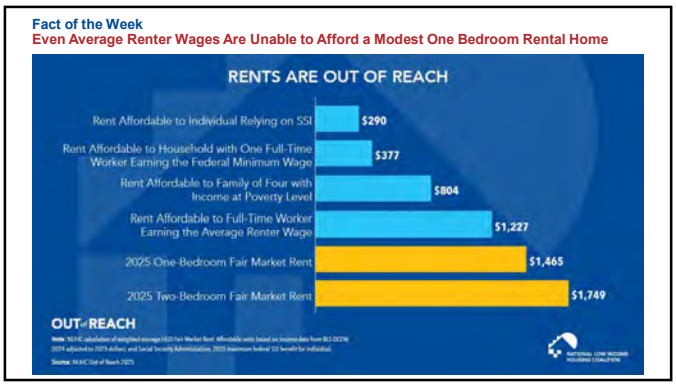
Fact of the Week
Even Average Renter Wages Are Unable to Afford a Modest One Bedroom Rental Home
RENTS ARE OUT OF REACH
Rent Affordable to Individual Relying on SSI
$290
Rent Affordable to Household with One Full-Time Worker Earning the Federal Minimum Wage
$377
Rent Affordable to Family of Four with Income at Poverty Level
$804
Rent Affordable to Full-Time Worker Earning the Average Renter Wage
$1,227
2025 One-Bedroom Fair Market Rent
$1,465
2025 Two-Bedroom Fair Market Rent
$1,749
OUT of REACH

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NATIONAL LOW INCOME HOUSING COALITION
Out of Reach 2025:
The High Cost of Housing
#1 California
View State Map
Select a state...
State Facts
MINIMUM WAGE $16.50
2-BEDROOM HOUSING WAGE $49.61
NUMBER OF RENTER HOUSEHOLDS 5,940,036
NUMBER OF RENTER HOUSEHOLDS BELOW 30% AMI 1,288,946
PERCENT OF RENTER HOUSEHOLDS BELOW 30% AMI 21%
NUMBER OF RENTER HOUSEHOLDS BELOW 50% AMI 2,123,848
PERCENT OF RENTER HOUSEHOLDS BELOW 50% AMI 35%
Affordable Rent for Low Income Households
Minimum Wage Worker $858/mo
Household at 30% of Area Median Income $928/mo
Household at 50% of Area Median Income $1,547/mo
Fair Market Rent
1-Bedroom Fair Market Rent $2,092/mo
2-Bedroom Fair Market Rent $2,580/mo
Working at minimum wage
$16.50/hr
Each week you have to work
98 HOURS
To afford a modest 1 bedroom rental home at Fair Market Rent
DOWNLOAD STATE REPORT
CONNECT TO NETWORK California
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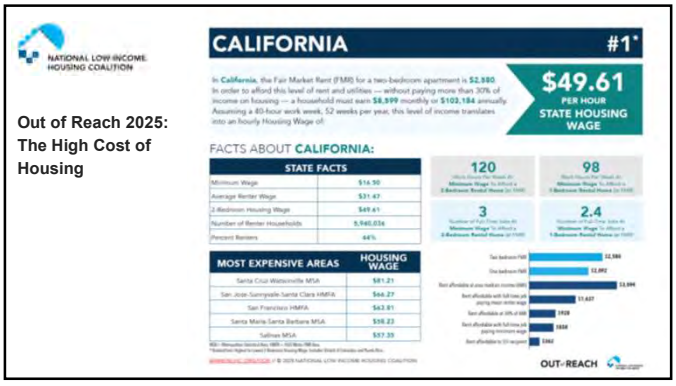
NATIONAL LOW INCOME HOUSING COALITION
Out of Reach 2025:
The High Cost of Housing
CALIFORNIA #1*
$49.61
PER HOUR
STATE HOUSING WAGE
FACTS ABOUT CALIFORNIA:
STATE FACTS
120
98
3
2.4
MOST EXPENSIVE AREAS
HOUSING WAGE
OUT of REACH

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NATIONAL LOW-INCOME HOUSING COALITION

Out of Reach 2025: The High Cost of Housing

California	FY25 HOUSING WAGE	HOUSING COSTS	AREA MEDIAN INCOME (AMI)	RENTERS
	[illegible]	[illegible]	[illegible]	[illegible]
California	[illegible]	[illegible]	[illegible]	[illegible]
Metropolitan Areas				
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

OUT-REACH

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NATIONAL LOW-INCOME HOUSING COALITION

Out of Reach 2025: The High Cost of Housing

	California	San Bernardino County
Number of Households		
TOTAL	13,434,847	668,004
RENTER	5,940,036	256,923
PERCENT RENTERS	44%	38%
Housing Wage		
ZERO-BEDROOM	$36.48	$34.15
ONE-BEDROOM	$40.23	$35.62
TWO-BEDROOM	$49.61	$44.35
THREE-BEDROOM	$64.93	$59.21
FOUR-BEDROOM	$74.32	$72.02
Fair Market Rent		
ZERO-BEDROOM	$1,897	$1,776
ONE-BEDROOM	$2,092	$1,852
TWO-BEDROOM	$2,580	$2,306
THREE-BEDROOM	$3,376	$3,079
FOUR-BEDROOM	$3,865	$3,745
Annual Income Needed to Afford		
ZERO-BEDROOM	$75,878	$71,040
ONE-BEDROOM	$83,681	$74,080
TWO-BEDROOM	$103,184	$92,240
THREE-BEDROOM	$135,053	$123,160
FOUR-BEDROOM	$154,591	$149,800

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NATIONAL LOW-INCOME HOUSING COALITION

Out of Reach 2025: The High Cost of Housing

	California	San Bernardino County
Minimum Wage		
MINIMUM WAGE	$16.50	$16.50
RENT AFFORDABLE FOR A FULL-TIME WORKER AT MINIMUM WAGE	$858	$858
Work Hours/Week at Minimum Wage		
ZERO-BEDROOM	88	83
ONE-BEDROOM	98	86
TWO-BEDROOM	120	108
THREE-BEDROOM	157	144
FOUR-BEDROOM	180	175
Supplemental Security Income (SSI) Payment		
SSI MONTHLY PAYMENT	$1,207	$1,207
RENT AFFORDABLE TO SSI RECIPIENT	$362	$362
Income Levels		
30% OF AREA MEDIAN INCOME (AMI)	$37,126	$31,170
50% OF AREA MEDIAN INCOME (AMI)	$61,877	$51,950
MEDIAN RENTER HOUSEHOLD INCOME	$75,417	$60,904
Rent Affordable at Different Income Levels		
30% OF AREA MEDIAN INCOME (AMI)	$928	$779
50% OF AREA MEDIAN INCOME (AMI)	$1,547	$1,299
MEDIAN RENTER HOUSEHOLD INCOME	$1,885	$1,523

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California

Across California, there is a shortage of rental homes affordable and available to extremely low-income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

KEY FACTS

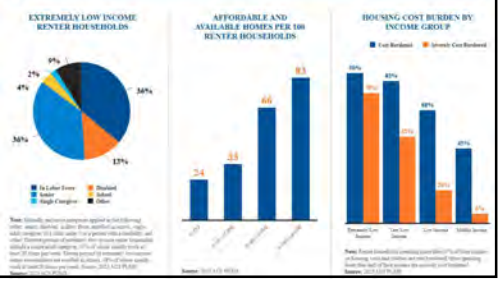
1,288,946 OR **21%** — Renter households that are extremely low-income

-977,030 — Shortage of rental homes affordable and available to extremely low-income renters

$35,030 — Average income limit for 4-person extremely low-income household

$103,184 — Annual Household Income needed to afford a two-bedroom dwelling at HUD's Fair Market Rent

78% — Percent of extremely low-income renter households with severe cost burden



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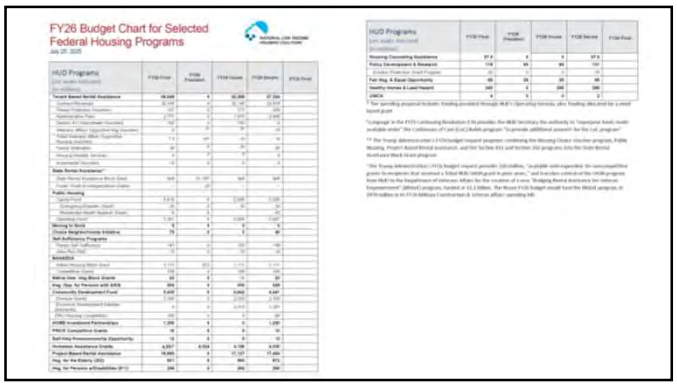

FY26 Budget Chart for Selected Federal Housing Programs

HUD Programs	FY26 Final	FY26 President	FY26 House	FY26 Senate	FY26 Final
Tenant-Based Rental Assistance	18,248	0	32,368	37,326	
Contract Renewals	32,148	0	32,148	32,974	
Tribal Protective Vouchers	50	0	50	105	
Relocation/Mod Plan	1,777	0	1,777	2,500	
Section 811 Vouchers (Vouchers)	70	0	70	0	
Veterans Affairs Supportive Housing Vouchers	0	0	0	0	
Tribal Indian Housing Block Grant/Block	0	0	0	0	
Family Unification	0	0	0	0	
Housing Assistance Services	0	0	0	0	
Incentive Vouchers	0	0	0	0	
State Rental Assistance*					
State Rental Assistance Block Grant	0	20,000	0	0	
Public Trust Administration Grants		0			
Public Housing					
Capital Fund	3,878	0	2,500	3,328	
Rental Assistance Demo (Grant)	0	0	0	0	
Revitalization Tenant Protection Assistance	0	0		0	
Operating Fund	4,500	0	4,500	4,500	
Moving to Work	0	0	0	0	
Choice Neighborhoods Initiative	75	0	0	0	
Self-Sufficiency Programs					
Family Self Sufficiency	141	0	150	150	
Jobs-Plus Pilot	0	0	0	0	
HOME/CDBG					
Indian Housing Block Grant	1,112	850	1,112	1,112	
Competitive Grants	250	0	300	300	
Native Am. Hsg Block Grants	00	0	0	00	
Hsg. Opp. for Persons with AIDS	300	0	300	420	
Community Development Fund	3,450	0	3,900	4,160	
Formula Grants	3,300	0	3,300	3,550	
Section 108 Guaranteed Loans (Subsidy)	0	0	0,000	1,100	
CDBG Housing Competitive	150	0	0	0	
HOME Investment Partnerships	1,200	0	0	1,200	
PRICE Competitive Grants	10	0	0	10	
Self-Help Homeownership Opportunity	10	0	0	10	
Homeless Assistance Grants	4,557	0,150	4,150	4,150	
Project-Based Rental Assistance	16,855	0	17,127	17,454	
Hsg. for the Elderly (202)	557	0	900	972	
Hsg. for Persons w/Disabilities (811)	200	0	250	300	

*The spending proposal includes funding provided through HUD's Operating formula, plus funding allocated for a small round grant

"Language in the FY25 Continuing Resolution (CR) provides the HUD Secretary the authority to "reapropriate funds made available under" the Continuum of Care (CoC) Rehab program "to provide additional assistance for the CoC program"

** The Trump Administration's FY26 budget request proposes combining the Housing Choice Voucher program, Public Housing, Project-Based Rental Assistance, and the Section 811 and Section 202 programs into the State Rental Assistance Block Grant program

"The Trump Administration's FY26 budget request provides $20 million, "available until expended, for noncompetitive grants to recipients that received a Tribal HUD-VASH grant in prior years," and transfers control of the VASH program from HUD to the Department of Veterans Affairs for the creation of a new "Bridging Rental Assistance for Veteran Empowerment" (BRAVE) program, funded at $1.1 billion. The House FY26 budget would fund the BRAVE program at $970 million in its FY26 Military Construction & Veterans Affairs spending bill.

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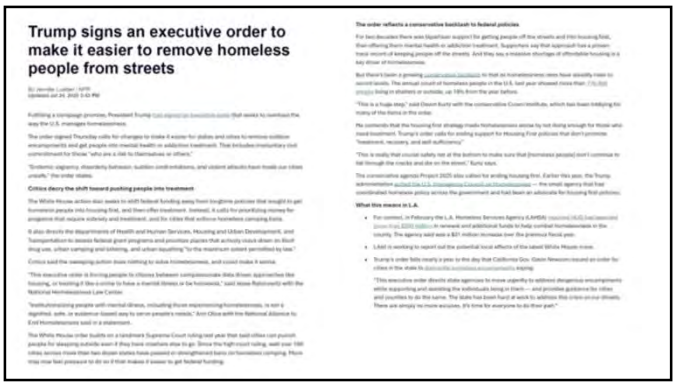

Trump signs an executive order to make it easier to remove homeless people from streets

By Jennifer Ludden / NPR
Updated Jul 24, 2025 3:43 PM

Fulfilling a campaign promise, President Trump has signed an executive order that seeks to overhaul the way the U.S. manages homelessness.

The order signed Thursday calls for changes to make it easier for states and cities to remove sidewalk encampments and get people into mental health or addiction treatment. That includes involuntary civil commitment for those "who are a risk to themselves or others."

"Endemic vagrancy, disorderly behavior, sudden crime initiatives, and violent attacks have made our cities unsafe," the order states.

Critics decry the shift toward pushing people into treatment

The White House action also seeks to shift federal funding away from housing policies that sought to get homeless people into housing first, and then offer treatment. Instead, it calls for prioritizing money for programs that require sobriety and treatment, and for cities that enforce homeless camping bans.

It also directs the departments of Health and Human Services, Housing and Urban Development, and Transportation to assess federal grant programs and prioritize places that actively crack down on illegal drug use, urban camping and loitering, and urban squatting "to the maximum extent permitted by law."

Critics said the sweeping action does nothing to solve homelessness, and could make it worse.

"This executive order is forcing people to choose between compassionate data-driven approaches like housing, or treating it like a crime to have a mental illness or be homeless," said Jesse Rajkowski with the National Homelessness Law Center.

"Institutionalizing people with mental illness, including those experiencing homelessness, is not a dignified, safe, or evidence-based way to serve people's needs," Ann Oliva with the National Alliance to End Homelessness said in a statement.

The White House order builds on a landmark Supreme Court ruling last year that said cities can punish people for sleeping outside even if they have nowhere else to go. Since the high court ruling, well over 100 cities across more than two dozen states have passed or strengthened bans on homeless camping. More may now feel pressure to do so if Trump makes it easier to get federal funding.

The order reflects a conservative backlash to federal policies

For two decades there was bipartisan support for getting people off the streets and into housing first, then offering them mental health or addiction treatment. Supporters say that approach has a proven track record of keeping people off the streets. And they say, a massive shortage of affordable housing is a key driver of homelessness.

But there's been a growing conservative backlash to that as homelessness rises. Now steadily rises to record levels. The annual count of homeless people in the U.S. last year showed more than 770,000 people living in shelters or outside, up 18% from the year before.

"This is a huge step," said Deven Kurtz with the conservative Cicero Institute, which has been lobbying for many of the items in the order.

He contends that the housing first strategy made homelessness worse by not doing enough for those who need treatment. Trump's order calls for ending support for Housing First policies that don't promote "treatment, recovery, and self-sufficiency."

"This is really that crucial safety net at the bottom to make sure that [homeless people] don't continue to fall through the cracks and die on the street," Kurtz says.

The conservative agency Project 2025 also called for ending housing first. Earlier this year, the Trump administration ousted the U.S. Interagency Council on Homelessness — the small agency that has coordinated homeless policy across the government and had been an advocate for housing first policies.

What this means in L.A.

- For context, in February the L.A. Homeless Services Agency (LAHSA) received HUD funds (see chart from 2024 table) in renewal and additional funds to help combat homelessness in the county. The agency said was a $21 million increase over the previous fiscal year.
- LAHSA is working to report out the potential local effects of the latest White House move.
- Trump's order falls nearly a year to the day that California Gov. Gavin Newsom issued an order for cities in the state to enforce anti-homeless encampments saying:

"This executive order directs state agencies to move urgently to address dangerous encampments while supporting and assisting the individuals living in them — and provides guidance for cities and counties to do the same. The state has been hard at work to address the crisis on our streets. There are simply no more excuses. It's time for everyone to do their part."

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2025 San Bernardino Continuum of Care Point-in-Time Homeless Count

540 (14% of the total) People Were Identified as Experiencing Homelessness in the West Valley Region

	Sheltered	Unsheltered	Total	+/- 2024
Countywide	1,201 (+1)	2,620 (-435)	3,821	-434 (10.2%)
West Valley Region	80 (-13)	460 (+53)	540	+40 (8%)
Chino	0	15	15	-28
Chino Hills	0	3	3	-4
Montclair	0	38	38	-36
Ontario	39	258	297	+100
Rancho Cucamonga	7	113	120	+37
Upland	34	33	67	-29
Fontana	93	271	364	+63

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2025 San Bernardino CoC Point-in-Time Homeless Count & Survey

Unsheltered Persons by Subpopulation – West Valley Region Cities

Jurisdiction	Unsheltered Adults	Unsheltered Females	Older Adults (55+)	Transitional Aged Youth 18–24	People of Color	Previously in Foster Care	Incarcerated last 12 mos.	Income <$1000	1st Time Homeless last 12 mos.	Persons in Households w/children
County	2,620	780 (30%)	696 (27%)	89 (3%)	1,697 (65%)	189 (14%**)	301 (22%**)	1,236 (88%**)	502 (36%**)	26 (1%)
Chino	15 (14*)	2 (14%)	3 (21%)	1 (7%)	??? (?%)	1 (7%)	4 (29%)	11 (79%)	5 (36%)	???
Chino Hills	3 (0*)	--	--	--	--	--	--	--	--	???
Montclair	38 (2*)	--	--	--	--	--	--	--	--	???
Ontario	258 (111*)	35 (32%)	28 (25%)	7 (6%)	79 (71%)	9 (8%)	37 (33%)	97 (87%)	39 (35%)	???
Rancho Cucamonga	113 (64*)	12 (19%)	19 (30%)	3 (5%)	38 (59%)	6 (9%)	17 (27%)	54 (84%)	18 (28%)	???
Upland	33 (23*)	6 (26%)	10 (43%)	0	13 (57%)	4 (17%)	8 (35%)	20 (78%)	8 (35%)	???
Fontana	270 (148*)	39 (26%)	???	???	120 (81%)	24 (16%)	35 (24%)	124 (84%)	71 (48%)	???

*Survey sample

**Survey sample size 1,397

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2025 San Bernardino CoC Point-in-Time Homeless Count & Survey

Unsheltered Persons by Subpopulation – West Valley Region Cities

Jurisdiction	Unsheltered Adults	Chronically Homeless	Chronic Health Condition	Devlpmental Disability	Living w- HIV/AIDS	Mental Health Disability	Physical Disability	Substance Use Disorder	Veterans	Survivor of Domestic Violence+
County	2,620	1,678 (56%)	435 (14%)	181 (6%)	33 (1%)	631 (21%)	625 (21%)	866 (29%)	211 (7%)	205 (7%)
Chino	15 (14*)	1 (7%)	2 (14%)	0	0	1 (7%)	0	1 (7%)	0	0
Chino Hills	3 (0*)	--	--	--	--	--	--	--	--	--
Montclair	38 (2*)	--	--	--	--	--	--	--	--	--
Ontario	258 (111*)	50 (45%)	15 (14%)	5 (5%)	2 (2%)	17 (15%)	31 (28%)	19 (17%)	7 (6%)	8 (7%)
Rancho Cucamonga	113 (64*)	25 (39%)	11 (17%)	4 (6%)	1 (1%)	11 (17%)	16 (25%)	10 (16%)	3 (5%)	7 (11%)
Upland	33 (23*)	6 (26%)	6 (26%)	1 (4%)	0	2 (9%)	6 (26%)	4 (17%)	3 (13%)	2 (9%)
Fontana	270 (148*)	55 (37%)	20 (14%)	10 (7%)	2 (1%)	27 (18%)	27 (18%)	26 (18%)	15 (10%)	27 (18%)

*Survey sample **Survey sample size 1,397

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PROPOSED WEST END REGIONAL NAVIGATION CENTER

A. Purpose

San Bernardino County (County) is committed to developing a comprehensive, collaborative approach to address homelessness that leverages our collective resources and expertise in partnership with cities and regional stakeholders. Our shared vision focuses on creating targeted, impactful investments that align with municipal priorities while maximizing the effectiveness of critical social service resources through strategic coordination and deployment.

This regional partnership model prioritizes the elimination of service duplication, promotes seamless integration of support systems, and ensures that our most vulnerable residents receive coordinated care pathways toward permanent housing, sustainable income, comprehensive healthcare, and long-term stability. By working collaboratively with our municipal partners, we can create cleaner, safer public spaces while establishing the highest standards of public service delivery that elevate community quality of life across the region.

The County is seeking Proposals from interested and qualified Proposers to operate the proposed 200- bed Regional Navigation Center, which represents a cornerstone of this collaborative strategy—a comprehensive emergency shelter facility designed to provide intensive, wraparound services that create clear pathways to permanent solutions.

This innovative facility includes emergency shelter services (100 beds), recuperative care services (100 beds), a sobering center component, and a commercial kitchen operation. The comprehensive approach includes on-site case management, behavioral health services, medical services, coordinated social services, transportation assistance, housing placements, and 24/7 staffing with security, all delivered through a partnership framework that maximizes resource efficiency and service effectiveness.

Funding Model

Operations will be sustained through an innovative funding partnership incorporating Memorandums of Understanding with participating San Bernardino County municipalities, neighboring partner cities, healthcare systems, and additional leveraged funding sources ensuring operational stability while distributing costs equitably among benefiting jurisdictions, creating a sustainable model for long-term regional service delivery.

Region: The service area for the West End Navigation Center, which will include the cities of Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and the surrounding unincorporated areas.

Navigation Center: A low-barrier, service-rich shelter that provides temporary housing and connects individuals to permanent housing, healthcare, and supportive services. It offers flexible entry and on-site case management to help people experiencing homelessness stabilize and transition off the streets.

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PROPOSED WEST END REGIONAL NAVIGATION CENTER

A. BACKGROUND INFORMATION

Regional Partnership and Facility Overview:

- The Regional Navigation Center represents a strategic collaboration that leverages municipal partnerships to address homelessness across San Bernardino County.
- This 200-bed comprehensive facility has been sized to meet demonstrated regional need while ensuring sustainable operations through a shared funding model that creates economies of scale benefiting the entire region.
- The proposed facility is located at 11109 Jasmine Street in the City of Fontana and is slated to serve the west end cities and other critical stakeholders including Arrowhead Regional Medical Center (ARMC).

Service Provider Selection:

- The County is conducting a comprehensive RFP process to identify a qualified operator whose service delivery model aligns with the County's commitment to coordinated, outcome-focused interventions.
- The selection prioritizes providers with demonstrated expertise in collaborative service delivery, medical respite care, coordination of substance abuse and behavioral health services, food service operations, regional coordination, and evidence-based practices supporting rapid rehousing and long-term housing stability.

B. PROJECT DESCRIPTION

- The facility will operate 24/7/365, providing access to a wide range of programs and supportive services across all program components.
- The program will provide safe shelter, basic needs, medical respite care, substance abuse and behavioral health service coordination, and navigation services to move clients out of homelessness and into permanent housing opportunities.
- The Regional Navigation Center will operate as a referral-only facility with managed access protocols designed to ensure safety and security for all participants.
- The facility will serve individuals who meet established eligibility criteria for each program component, providing comprehensive in-house services, intensive case management, medical oversight, and coordinated service delivery within a safe, therapeutic environment optimized for successful outcomes.
- Service delivery will prioritize housing navigation, income stabilization, and coordinated case management to expedite clients' transition to stable, long-term housing. Services shall include, but not be limited to:

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PROPOSED WEST END REGIONAL NAVIGATION CENTER

B. PROJECT DESCRIPTION

- **Services shall include, but not be limited to:**

EMERGENCY SHELTER SERVICES (100 beds)

- Emergency shelter operations (24/7/365)
- Intensive case management and housing navigation
- Coordinated entry system participation
- Basic needs provision (meals, hygiene facilities, laundry)
- Transportation services
- Life skills programming
- Employment assistance and benefits enrollment

RECUPERATIVE CARE SERVICES (100 beds)

- Medical respite care for individuals discharged from hospitals
- 24-hour nursing supervision and medical oversight
- Medication management and administration
- Wound care and basic medical procedures
- Coordination with healthcare providers and discharge planning
- Case management focused on permanent housing placement
- Transportation to medical appointments
- Specialized dietary services as medically indicated

SOBERING CENTER SERVICES

- Safe environment for individuals to recover from intoxication
- Medical monitoring and assessment
- Crisis intervention and de-escalation services
- Substance abuse counseling and treatment referrals
- Coordination with law enforcement and emergency services
- Linkage to ongoing addiction treatment services
- Integration with emergency shelter or recuperative care as appropriate

COMMERCIAL KITCHEN OPERATIONS

- Full-service commercial kitchen meeting all health department standards
- Meal preparation for all facility residents (up to 600 meals daily)
- Nutritionally appropriate meals including special dietary requirements
- Potential catering services for other county facilities or programs
- Food safety and sanitation protocols
- Kitchen staff supervision and training
- Inventory management and food procurement
- Revenue generation opportunities through external contracts

COMPREHENSIVE SUPPORT SERVICES

- Behavioral health services coordination
- Medical services coordination and on-site medical care
- Benefits enrollment assistance
- Substance abuse treatment coordination
- Mental health services coordination
- Pharmacy coordination and medication management
- Discharge planning and aftercare coordination

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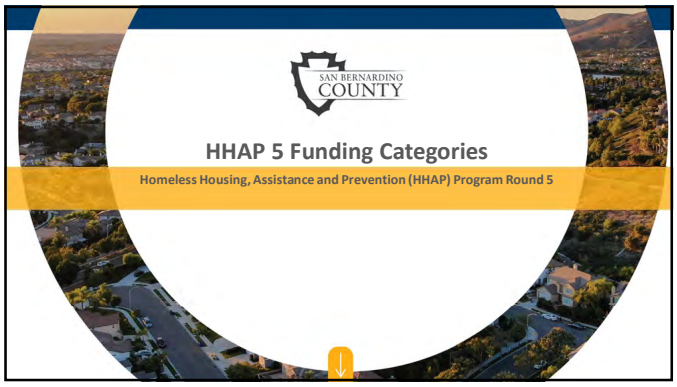

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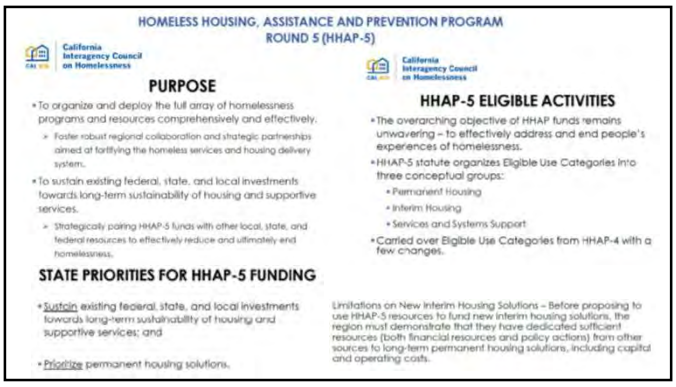

HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM ROUND 5 (HHAP-5)

California Interagency Council on Homelessness

PURPOSE

- To organize and deploy the full array of homelessness programs and resources comprehensively and effectively.
  - Foster robust regional collaboration and strategic partnerships aimed at fortifying the homeless services and housing delivery system.
- To sustain existing federal, state, and local investments towards long-term sustainability of housing and supportive services.
  - Strategically pairing HHAP-5 funds with other local, state, and federal resources to effectively reduce and ultimately end homelessness.

STATE PRIORITIES FOR HHAP-5 FUNDING

- Sustain existing federal, state, and local investments towards long-term sustainability of housing and supportive services; and
- Prioritize permanent housing solutions.

California Interagency Council on Homelessness

HHAP-5 ELIGIBLE ACTIVITIES

- The overarching objective of HHAP funds remains unwavering – to effectively address and end people's experiences of homelessness.
- HHAP-5 statute organizes Eligible Use Categories into three conceptual groups:
  - Permanent Housing
  - Interim Housing
  - Services and Systems Support
- Carried over Eligible Use Categories from HHAP-4 with a few changes.

Limitations on New Interim Housing Solutions – Before proposing to use HHAP-5 resources to fund new interim housing solutions, the region must demonstrate that they have dedicated sufficient resources (both financial resources and policy actions) from other sources to long-term permanent housing solutions, including capital and operating costs.

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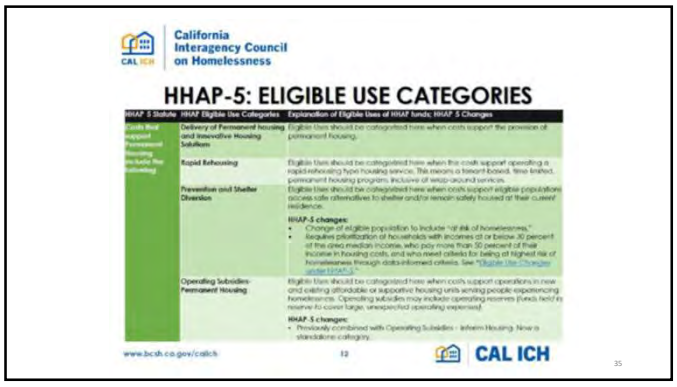

California Interagency Council on Homelessness

HHAP-5: ELIGIBLE USE CATEGORIES

HHAP 5 Statute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds; HHAP 5 Changes
Costs that support Permanent Housing include the following	Delivery of Permanent Housing and Innovative Housing Solutions	Eligible Uses should be categorized here when costs support the provision of permanent housing.
	Rapid Rehousing	Eligible Uses should be categorized here when the costs support operating a rapid-rehousing type housing service. This means a tenant-based, time-limited, permanent housing program, inclusive of wrap-around services.
	Prevention and Shelter Diversion	Eligible Uses should be categorized here when costs support eligible populations access safe alternatives to shelter and/or remain safely housed at their current residence. **HHAP-5 changes:** • Change of eligible population to include "at risk of homelessness." • Requires prioritization of households with incomes at or below 30 percent of the area median income, who pay more than 50 percent of their income in housing costs, and who meet criteria for being at highest risk of homelessness through data-informed criteria. See "Eligible Use Changes under HHAP-5."
	Operating Subsidies-Permanent Housing	Eligible Uses should be categorized here when costs support operations in new and existing affordable or supportive housing units serving people experiencing homelessness. Operating subsidies may include operating reserves (funds held in reserve to cover large, unexpected operating expenses). **HHAP-5 changes:** • Previously combined with Operating Subsidies - Interim Housing. Now a standalone category.

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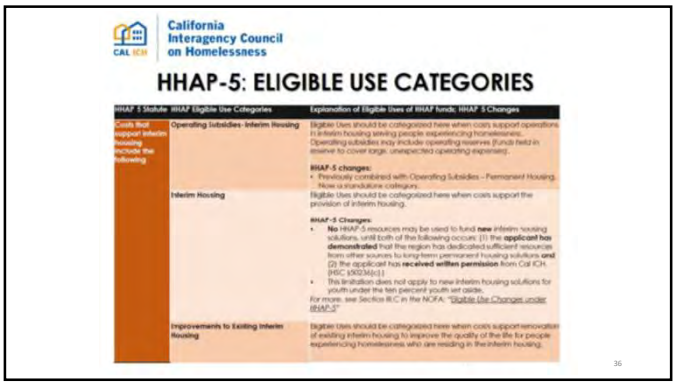

California Interagency Council on Homelessness

HHAP-5: ELIGIBLE USE CATEGORIES

HHAP 5 Statute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds; HHAP 5 Changes
Costs that support Interim Housing include the following	Operating Subsidies-Interim Housing	Eligible Uses should be categorized here when costs support operations in interim housing serving people experiencing homelessness. Operating subsidies may include operating reserves (funds held in reserve to cover large, unexpected operating expenses). **HHAP-5 changes:** • Previously combined with Operating Subsidies – Permanent Housing. Now a standalone category.
	Interim Housing	Eligible Uses should be categorized here when costs support the provision of interim housing. **HHAP-5 Changes:** • **No** HHAP-5 resources may be used to fund **new** interim housing solutions, until both of the following occurs: (1) the **applicant has demonstrated** that the region has dedicated sufficient resources from other sources to long-term permanent housing solutions **and** (2) the applicant has **received written permission** from Cal ICH. (HSC §50236(c).) • This limitation does not apply to new interim housing solutions for youth under the ten percent youth set aside. For more, see Section III.C in the NOFA: "Eligible Use Changes under HHAP-5"
	Improvements to Existing Interim Housing	Eligible Uses should be categorized here when costs support renovation of existing interim housing to improve the quality of the life for people experiencing homelessness, who are residing in the interim housing.

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California Interagency Council on Homelessness

CAL ICH

HHAP-5: ELIGIBLE USE CATEGORIES

HHAP SStatute	HHAP Eligible Use Categories	Explanation of Eligible Uses of HHAP funds: HHAP 5 Changes
Costs that support service provision and systems support.	Street Outreach	Eligible Uses should be categorized here when costs support Outreach programs.
	Services Coordination	Eligible Uses should be categorized here when costs support wrap-around services not directly provided through another project.
	Systems Support	Eligible Uses should be categorized here when the cost supports homelessness services system infrastructure, regional coordination, and/or improves accessibility and outcomes generally, as opposed to specific client(s).

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San Bernardino County
Office of Homeless Services

CATEGORIES AND BUDGET FOR COC

Eligible Use Category	CoC YSA	CoC Allocation
Rapid Rehousing	$ 255,178.28	$700,000.00
Prevention and Shelter Diversion	$ 51,035.66	$700,000.00
Delivery of Permanent Housing and Innovative Housing Solutions	$ 153,106.97	$1,046,544.00
Operating Subsidies – Permanent Housing	$ 51,035.66	$700,000.00
Street Outreach		$600,000.00
Services Coordination	$ 92,879.44	$600,000.00
System Support		$600,000.00
Total	**$ 603,236.01**	**$4,946,544.00**
YSA	**10%**	$ 603,236.00
HMIS	1%	$ 60,324.00
Administrative Cost	7%	$ 422,265.26
		$6,032,370.26

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San Bernardino County
Office of Homeless Services

COC ALLOCATIONS BASED ON 2025 PITC REPORT

Region	Total PITC	Percentage based on PITC #'s	Total allocation per Region
Central Valley	2450	63.87%	$3,158,863.00
High Desert	672	17.52%	$866,139.85
East Desert	91	2.37%	$117,233.09
Mountain Region	68	1.77%	$87,553.83
West Valley	556	14.49%	$716,754.23
			$4,946,544.00

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San Bernardino County
Office of Homeless Services

COC ALLOCATIONS BASED ON CATEGORY

Eligible Use Category	CoC YSA	CoC Allocation:	West Valley	Central Valley	High Desert	East Desert	Mountain Region
Rapid Rehousing	$ 255,178.28	$700,000.00	$101,430.00	$447,020.00	$122,570.00	$16,590.00	$12,390.00
Prevention and Shelter Diversion	$ 51,035.66	$700,000.00	$101,430.00	$447,020.00	$122,570.00	$16,590.00	$12,390.00
Delivery of Permanent Housing and Innovative Housing Solutions	$ 153,106.97	$1,046,544.00	$151,644.23	$666,323.00	$183,249.85	$24,803.09	$18,523.83
Operating Subsidies – Permanent Housing	$ 51,035.66	$700,000.00	$101,430.00	$447,020.00	$122,570.00	$16,590.00	$12,390.00
Street Outreach		$600,000.00	$86,940.00	$383,160.00	$105,060.00	$14,220.00	$10,620.00
Services Coordination	$ 92,879.44	$600,000.00	$86,940.00	$383,160.00	$105,060.00	$14,220.00	$10,620.00
System Support		$600,000.00	$86,940.00	$383,160.00	$105,060.00	$14,220.00	$10,620.00
Total	**$ 603,236.01**	**$4,946,544.00**	**$716,754.23**	**$3,158,863.00**	**$866,139.85**	**$117,233.09**	**$87,553.83**
YSA		$ 603,236.00					$4,946,544.00
HMIS		$ 60,324.00					
Administrative Cost		$ 422,265.26					
		$6,032,369.26					

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San Bernardino County
Office of Homeless Services

SPM 1 Number of people accessing services who are experiencing homelessness.
Key action for improving SPM 1a:

Activity	System Performance Measure	Eligible Category
Focus on Homelessness Prevention (i.e., rental assistance, arrears, utility assistance)	SPM 1a	RRH
Developing a youth re-entry protocol and flow chart to distribute through all access points	SPM 1a	RRH
Strengthening networking and capacity for administrators	SPM 1a	Syst.Sup
Sharing an additional resource with individuals, such as: findhelp.org connectIE.org	SPM 1a	Serv.Coord
Improving socioeconomic and workforce opportunities, including targeting agencies that can help our communities	SPM 1a	Serv.Coord
Implement new Homeless Intake/Resource Hotline	SPM 1a	Serv.Coord
Explore development of application that notifies individuals experiencing homelessness about additional resources	SPM 1a	Serv.Coord
Outreach to organizations/service providers that serve communities experiencing homelessness	SPM 1a	Syst.Sup

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San Bernardino County
Office of Homeless Services

SPM 1b Number of people experiencing unsheltered homelessness on a single night

Key actions for improving SPM 1b
Based on the 2022 PITC – measure 2,359

Activity	System Performance Measure	Eligible Category
Increase the number and volume of housing specifically for the homeless.	SPM 1b	PH & inn.Hou.Sol
Increase the # of shelter beds throughout the county	SPM 1b	PH & inn.Hou.Sol
Increase # of recuperative care beds	SPM 1b	PH & inn.Hou.Sol
Create a pathway to shelter individuals released from an institution	SPM 1b	RRH
Increase outreach in over-represented populations in the county	SPM 1b	SO
Hire a consultant to train prospective and existing service providers of overrepresented population on the RFP submission process	SPM 1b	Syst.Sup

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San Bernardino County
Office of Homeless Services

SPM 2 Number of people accessing services who are experiencing homelessness for the first time.

Key actions for improving SPM 2
Based on the 2022 PITC – measure 7,130

Activity	System Performance Measure	Eligible Category
Access to have available support systems (education)	SPM 2	Syst.Sup
Increase in CalWORKs due to increase in cost of living/SSI Limits	SPM 2	Syst.Sup
After Care Skills and Job Opportunities/Enhanced Case Management	SPM 2	Prev.& Shelter Diversion
On the Job Training	SPM 2	Prev.& Shelter Diversion
Increase number of shelter beds	SPM 2	PH & inn.Hou.Sol

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San Bernardino County
Office of Homeless Services

SPM 3 Number of people exiting homelessness into permanent housing.

Key actions for improving SPM 3
Based on the 2022 PITC – measure 3,285

Activity	System Performance Measure	Eligible Category
Enhance long-term rental subsidy programs to maintain ongoing subsidies for permanent housing placement	SPM 3	Oper.Sub & PH
Connection with Medi-Cal and SSI	SPM 3	SO
Enhance programs to connect with landlords with providers working with people who have housing vouchers	SPM 3	Oper.Sub & PH
Re-establishment with the community, connect families with individuals with local benefit programs (i.e., CalWORKs)	SPM 3	SO
Strengthening relationship between managed care plan and housing provider/property management liaisons	SPM 3	Oper.Sub & PH
Creating permanent supportive housing units/inventory and increase landlord engagement	SPM 3	Oper.Sub & PH
Meet with and establish connection with Neighborhood Housing Services of the Inland Empire (NHSIE)	SPM 3	Oper.Sub & PH
Establish a program that leads to homeownership by 10 community members	SPM 3	Oper.Sub & PH

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San Bernardino County
Office of Homeless Services

SPM 4 Average length of time that people experienced homelessness while accessing services.

Key actions for improving SPM 4
Based on the 2022 PITC – measure 119

Activity	System Performance Measure	Eligible Category
Strengthen a well-thought-out Rapid Rehousing program to lower the time a household experiences homelessness	SPM 4	RRH
Centralized Center/Wellness Center	SPM 4	Serv.Coord
Increase number of shelter beds	SPM 4	PH & inn.Hou.Sol

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San Bernardino County
Office of Homeless Services

SPM 5 Percent of people who return to homelessness within 6 months of exiting the homelessness response system to permanent housing.

Key actions for improving SPM 5
Based on the 2022 PITC – measure 10%

Activity	System Performance Measure	Eligible Category
Establish a support system to contact households who exit to permanent housing within 5-6 months to monitor stabilization and provide resources	SPM 5	Syst.Sup
Enhanced Care Management (ECM) After Care	SPM 5	Serv.Coord
Community Health Worker/Certification of Community Health Worker (CHW)	SPM 5	Serv.Coord
Examine the creation of a Resiliency Fund	SPM 5	Oper.Sub & PH
Explore agencies that can help families with credit repair	SPM 5	Serv.Coord

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San Bernardino County
Office of Homeless Services

SPM 6 Number of people with successful placement from street outreach projects.

Key actions for improving SPM 6
Based on the 2022 PITC – measure 297

Activity	System Performance Measure	Eligible Category
Increase or create transportation systems for people wo are willing to accept payments	SPM 6	Serv.Coord
Ensure accurate tracking of individuals connected to outreach in Clarity	SPM 6	Syst.Sup
Conduct resource fairs in underserved communities	SPM 6	Serv.Coord

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West Valley Regional Steering Committee

Setting Priorities for HHAP 5 Regional Project Funding

1. What are the principal barriers / gaps / service needs for constituents seeking help with resolving their housing/homelessness crisis in the West Valley Region?

2. How can we maximize the use of HHAP 5 Regional Project Funding to have the greatest impact on addressing the barriers/gaps/service needs for constituents seeking help with resolving their housing/homelessness crisis in the West Valley Region?

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Building A Connected Community of Care in the West Valley Region

- **Developing an Effective Regional Housing Crisis Response System**
  - **An efficient and coordinated process that**
    - **Diverts people from imminent homelessness whenever possible**
    - **Moves people from homelessness to housing as quickly as possible**
- **System of Care Asset Mapping/Resource Inventory**
  - **Developing a "real-time" inventory of shelter & housing-related resources**
  - **Identifying and filling the gaps in services**
- **Care Coordination that Gets Results**
  - **Networking / Build relationships / Form partnerships**
  - **Centralized-coordinated referral system *(Regional Request for Referral Assistance)***
  - **Warm handoffs / Closed loop referrals**
  - **Case Conferencing / Real-time "Master List"**
  - **Target population strategies/initiatives**
- **West Valley Regional Working Group – 3rd Wednesdays of the month, 10:00am**
  - **Seeking participation from at least one representative from each city and regional service partners**
  - **Next Meeting – No Meeting in August**

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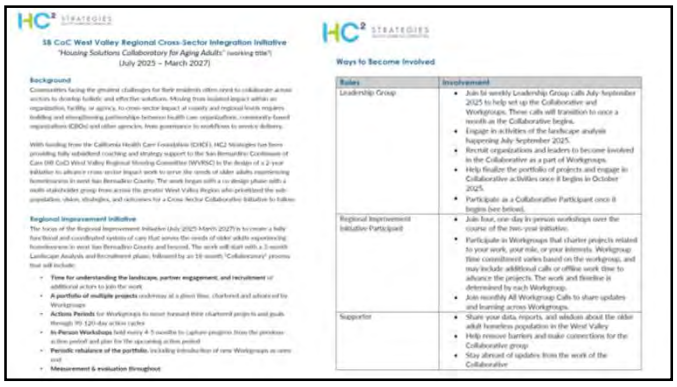

HC² STRATEGIES

SB CoC West Valley Regional Cross-Sector Integration Initiative
"Housing Solutions Collaboratory for Aging Adults" (working title)
(July 2025 – March 2027)

Background

Communities facing the greatest challenges for their residents often need to collaborate across sectors to develop holistic and effective solutions. Moving from isolated impact within an organization, facility, or agency, to cross-sector impact at county and regional levels requires building and strengthening partnerships between health care organizations, community-based organizations (CBOs) and other agencies, from governance to workflows to service delivery.

With funding from the California Health Care Foundation (CHCF), HC2 Strategies has been providing fully subsidized coaching and strategy support to the San Bernardino Continuum of Care (SB CoC) West Valley Regional Meeting Committee (WVRSC) in the design of a 2-year initiative to advance cross-sector impact work to serve the needs of older adults experiencing homelessness in west San Bernadino County. The work began with a co-design phase with a multi-stakeholder group from across the greater West Valley Region who prioritized the sub-populations, vision, strategies, and outcomes for a Cross-Sector Collaboratory Initiative to follow.

Regional Improvement Initiative

The focus of the Regional Improvement Initiative (July 2025-March 2027) is to create a fully functional and coordinated system of care that serves the needs of older adults experiencing homelessness in west San Bernadino County and beyond. The work will start with a 3-month Landscape Analysis and Recruitment phase, followed by an 18-month "Collaboratory" process that will include:

- **Time for understanding the landscape, partner engagement, and recruitment** of additional actors to join the work
- **A portfolio of multiple projects** underway at a given time, chartered and advanced by Workgroups
- **Actions Periods** for Workgroups to move focused time chartered projects and goals through 90-120-day action cycles
- **In-Person Workshops** held every 4-5 months to capture progress from the previous action period and plan for the upcoming action period
- **Periodic rebalance of the portfolio**, including introduction of new Workgroups as were and
- **Measurement & evaluation throughout**

HC² STRATEGIES

Ways to Become Involved

Roles	Involvement
Leadership Group	• Join bi-weekly Leadership Group calls July-September 2025 to help set up the Collaborative and Workgroups. These calls will transition to once a month as the Collaborative begins. • Engage in activities of the landscape analysis happening July-September 2025. • Recruit organizations and leaders to become involved in the Collaborative as a part of Workgroups. • Help finalize the portfolio of projects and engage in Collaborative activities once it begins in October 2025. • Participate as a Collaborative Participant once it begins (see below).
Regional Improvement Initiative Participant	• Join four, one-day in-person workshops over the course of the two-year initiative. • Participate in Workgroups that charter projects related to your work, your role, or your interests. Workgroup time commitment varies based on the workgroup, and may include additional calls or offline work time to advance the projects. The work and timeline is determined by each Workgroup. • Join monthly All Workgroup Calls to share updates and learning across Workgroups.
Supporter	• Share your data, reports, and wisdom about the older adult homeless population in the West Valley • Help remove barriers and make connections for the Collaborative group • Stay abreast of updates from the work of the Collaborative

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What's that headline?

When asked to envision a headline in 2030 celebrating the outcomes of a collective effort to meet the needs of older adults experiencing homelessness, design team members wrote:

It Takes a Village and I Found Mine

West Valley Restores Hope for Homeless Seniors: *Pilot program aims to tackle housing insecurity for older adults*
"Housing: A human right, not a privilege!"

Mission Accomplished: *Welcome Home Seniors*

San Bernardino County Reaches Net Zero for Homeless Seniors: *Cross-sector partnership creates permanent housing solutions for over 500 homeless seniors in San Bernardino County*

Welcome Home Seniors: *Success is possible through collaboration. We are our neighbor's keepers.*

San Bernardino County Commits to No Senior Left Unsheltered: *Cross-sector public-private partnership commits $100 million to ensure no county resident over 50 will be homeless*

Golden Sneakers Stepping Into Housing: *What began as a call for help became a testimony as a community together to lift a family from despair to destiny*
"Step by step leads us HOME"

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Our Sub-Population and Focus

Create a fully functional and coordinated system of care that serves the needs of older adults experiencing homelessness in west San Bernadino County.

HC² STRATEGIES

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PROJECT SET UP

California Health Care Foundation

November 2024:
- Generous funding by California Health Care Foundation

January 2025:
- Selected West Valley as region for multi-year cross-sector integration work

March 2025:
- Launched a multi-sector Design Team

HC²

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DESIGN TEAM

- Selected the sub-population of focus: older adults experiencing homelessness
- Set vision and focus for the work ahead
- Prioritized outcomes, measures, strategies, and key partners

HC²

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COLLABORATORY DESIGN

Phase 1: Landscape Analysis & Set Up
July - September 2025
(3 months)

→

Phase 2: Collaborative Improvement Work
October 2025 – March 2027
(18 months)

→

Phase 3: Harvesting and Summative Evaluation
April 2027 – July 2027
(3 months)

HC²

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COLLABORATORY DESIGN
Phase 1: Landscape Analysis & Set Up
July – September 2025
(3 months)
• Landscape analysis
• Finalize design
• Recruit participants
HC²

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COLLABORATORY DESIGN
Phase 2: Collaborative Improvement Work
October 2025 – March 2027
(18 months)
• Kick-off in September
• Alternating Action Periods (workgroups advancing chartered projects with 120-day goals) and Workshops (in-person meetings to assess progress and plan ahead)
• Workshops planned for October 2025, March 2026, September 2026, and March 2027
HC²

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COLLABORATORY DESIGN
Phase 3: Harvesting and Summative Evaluation
April 2027 – July 2027
(3 months)
• Evaluation and harvesting happening throughout
• Plus, dedicated space after the collaborative
• Highlight the work to inform the field
HC²

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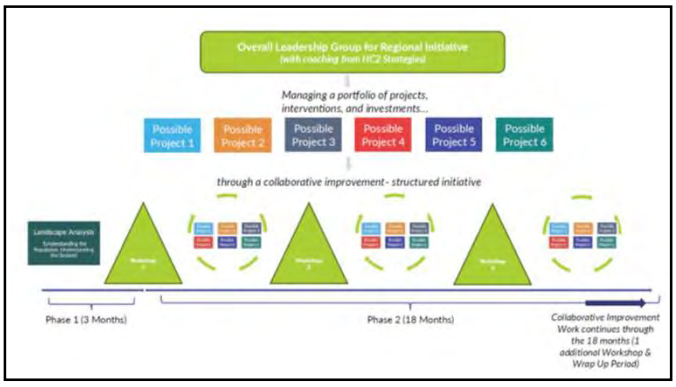
Overall Leadership Group for Regional Initiative
(with coaching from HC2 Strategies)
Managing a portfolio of projects, interventions, and investments...
Possible Project 1
Possible Project 2
Possible Project 3
Possible Project 4
Possible Project 5
Possible Project 6
through a collaborative improvement - structured initiative
Landscape Analysis
Phase 1 (3 Months)
Phase 2 (18 Months)
Collaborative Improvement Work continues through the 18 months (1 additional Workshop & Wrap Up Period)

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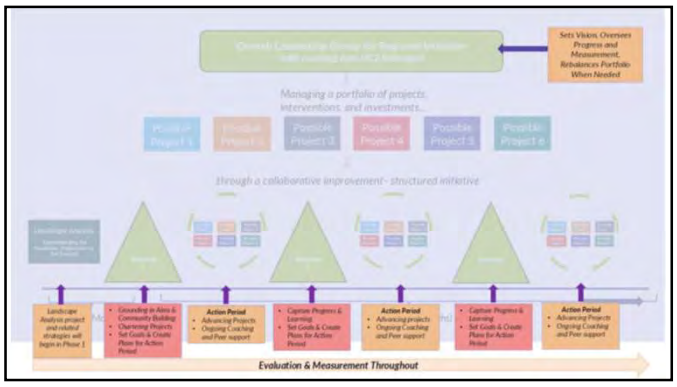

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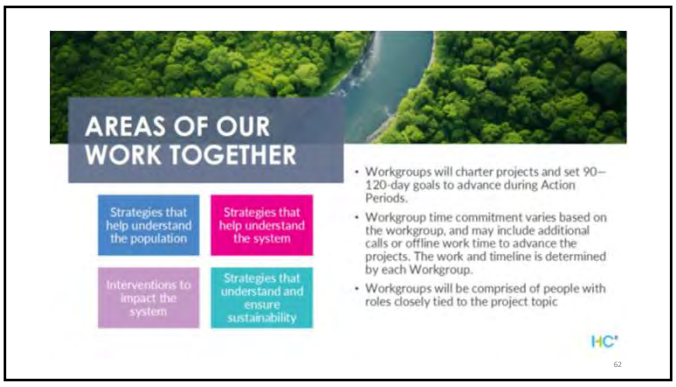

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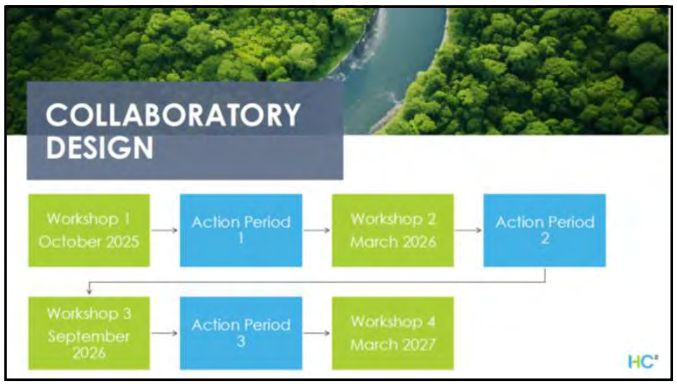

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Timeline of Phase 2: Collaborative Improvement Work Activities (18 Months)

Collaborative Improvement Activities	2025			2026												2027		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Workshop 1 (Formal Kick Off)	X																	
Action Period 1		X	X	X	X													
Workshop 2						X												
Action Period 2							X	X	X	X								
Workshop 3											X							
Action Period 3												X	X	X	X			
Workshop 4																X		
Wrap Up Improvement Work																	X	X

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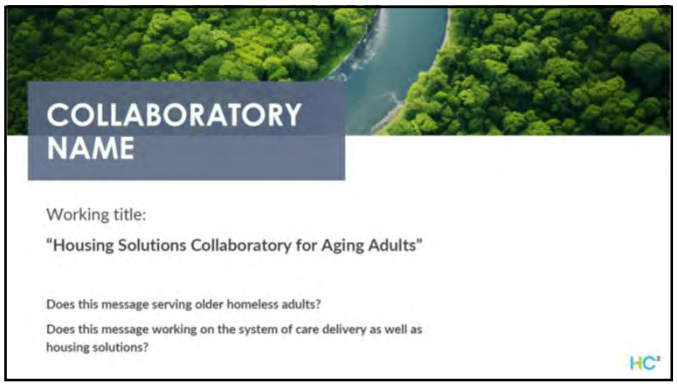

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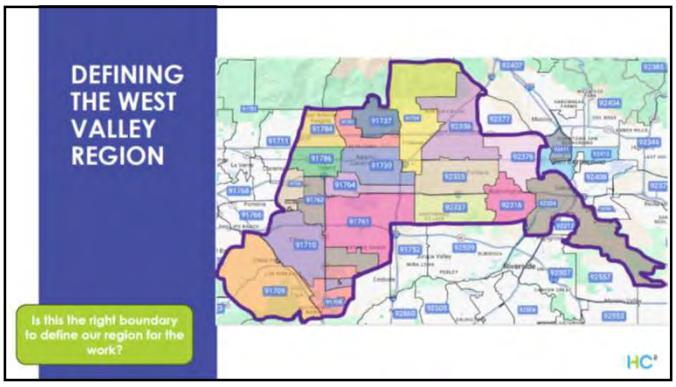

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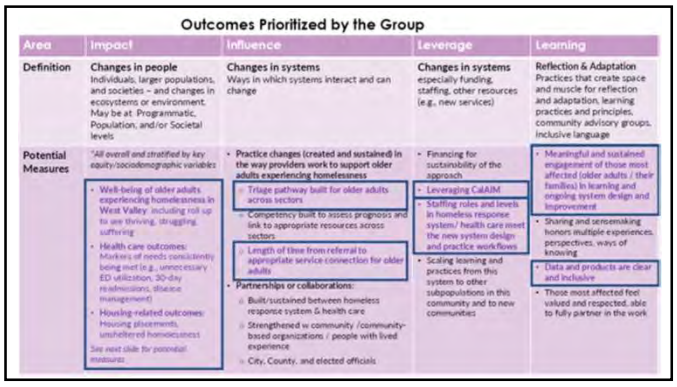

Outcomes Prioritized by the Group

Area	Impact	Influence	Leverage	Learning
Definition	**Changes in people** Individuals, larger populations, and societies – and changes in ecosystems or environment. May be at: Programmatic, Population, and/or Societal levels	**Changes in systems** Ways in which systems interact and can change	**Changes in systems** especially funding, staffing, other resources (e.g., new services)	**Reflection & Adaptation** Practices that create space and muscle for reflection and adaptation, learning practices and principles, community advisory groups, inclusive language
Potential Measures	*All overall and stratified by key equity/sociodemographic variables* • Well-being of older adults experiencing homelessness in West Valley: including roll up to see thriving, struggling, suffering • Health care outcomes: Markers of needs consistently being met (e.g., unnecessary ED utilization, 30-day readmissions, disease management) • Housing-related outcomes: Housing placements, unsheltered homelessness See next slide for potential measures	• **Practice changes (created and sustained) in the way providers work to support older adults experiencing homelessness** ○ Triage pathway built for older adults across sectors ○ Competency built to assess prognosis and link to appropriate resources across sectors ○ Length of time from referral to appropriate service connection for older adults • **Partnerships or collaborations:** ○ Built/sustained between homeless responce system & health care ○ Strengthened w community /community-based organizations / people with lived experience ○ City, County, and elected officials	• Financing for sustainability of the approach • Leveraging CalAIM • Staffing roles and levels in homeless response system/ health care meet the new system design and practice workflows • Scaling learning and practices from this system to other subpopulations in this community and to new communities	• Meaningful and sustained engagement of those most affected (older adults / their families) in learning and ongoing system design and improvement • Sharing and sensemaking honors multiple experiences, perspectives, ways of knowing • Data and products are clear and inclusive • Those most affected feel valued and respected, able to fully partner in the work

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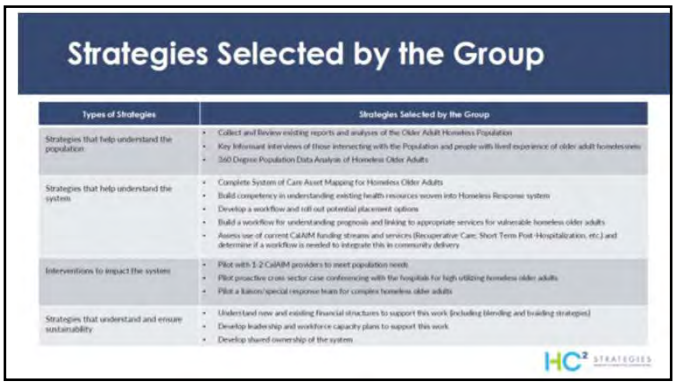

Strategies Selected by the Group

Types of Strategies	Strategies Selected by the Group
Strategies that help understand the population	• Collect and Review existing reports and analysis of the Older Adult Homeless Population • Key Informant interviews of those intersecting with the Population and people with lived experience of older adult homelessness • 360 Degree Population Data Analysis of Homeless Older Adults
Strategies that help understand the system	• Complete System of Care Asset Mapping for Homeless Older Adults • Build competency in understanding existing health resources woven into Homeless Response system • Develop a workflow and roll out potential placement options • Build a workflow for understanding prognosis and linking to appropriate services for vulnerable homeless older adults • Assess use of current CalAIM funding streams and services (Recuperative Care; Short Term Post-Hospitalization, etc.) and determine if a workflow is needed to integrate this in community delivery
Interventions to impact the system	• Pilot with 1-2 CalAIM providers to meet population needs • Pilot proactive cross sector case conferencing with the hospitals for high utilizing homeless older adults • Pilot a liaison/special response team for complex homeless older adults
Strategies that understand and ensure sustainability	• Understand new and existing financial structures to support this work (including blending and braiding strategies) • Develop leadership and workforce capacity plans to support this work • Develop shared ownership of the system

HC² STRATEGIES

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