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# HOMELESS STRATEGIC ACTION PLAN

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Office of Homeless Services



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# Executive Summary

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San Bernardino County (County) is launching a comprehensive Homeless Strategic Action Plan (Plan) to prevent and end homelessness, reflecting its commitment to protecting vulnerable populations and expanding housing opportunities. By aligning resources, strengthening partnerships, and fostering system improvements, the County seeks to transform its homelessness response into one that is both compassionate and results-driven.

The Plan outlines steps to achieve its goals, sets milestones to guide progress, and establishes timelines for completion. Key indicators and measures for determining success will enable the County to assess progress, identify barriers, and inform planning activities. The Plan sets a five-year timeline covering goals across five strategic areas, with milestones typically covering periods of six months to one year. Key indicators of success and clear metrics are described to measure accomplishments. Ongoing monitoring of the key indicators provides informed mid-cycle assessment on progress and contributes to a comprehensive evaluation of the success of the Plan.

## Framework of the Plan

The Plan begins with a Background and Context section describing the current state of homelessness throughout the County. Quantitative and qualitative data about homelessness illustrate the demographics of individuals experiencing homelessness in the community, key barriers and challenges to overcoming homelessness, and a summary of recent County efforts to address homelessness and the resulting outcomes.

In addition to outlining the Mission, Vision, and Core Values/Guiding Principles, the Plan describes the robust community engagement process and partners that provided feedback, insights, and recommendations to the County moving forward. For further context, the Plan provides a summary of some of the key County efforts and outcomes from these efforts to prevent and end homelessness since 2022.

Reflecting on the feedback and current state of County work, there is a Needs Assessment that identifies the key gaps and needs that continue to exist.

The bulk of the Plan focuses on the Strategic Priorities and Initiatives the County proposes to address the needs and gaps in the region. The section lays out a list of the primary actions the County will undertake over the next five years, drawing conclusions and calling on County stakeholders to take action to accomplish the identified goals and realize the County's vision.

## Current Homelessness Overview

While homelessness is growing throughout the state of California, San Bernardino County is beginning to see some positive changes. In 2025, there were 3,837 adults and children who were counted as homeless during the Point-In-Time Count (PITC) and Survey. The previous PITC and survey, completed in 2024, counted 4,255 persons, a little over 400 more people than the current year. The decrease is a trend that the County hopes to continue in the months and years ahead.

A comparison of the 2024 and 2025 counts reveals that:

- 418 fewer people were counted as experiencing homelessness in 2025 compared to 2024, a decrease of almost 10%;
- Most of the decrease (almost 14%) can be attributed to a decrease in persons living unsheltered, meaning in locations not meant for human habitation, such as in vehicles, tents, parks, and on the street; and,
- The sheltered population increased by only one person between 2024 and 2025 (a 0% change).

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## Needs and Strategic Priorities

The Needs Assessment identified key gaps and needs for the County to focus on over the next five years:

- Inadequate Prevention Efforts and Coordination
- Shortage of Emergency Shelters and Affordable Housing
- Regional Inequities in Services
- Gaps in Coordination and Data Sharing
- Insufficient Systemwide Coordination with the local Continuum of Care (CoC)

At the same time, the Plan outlines strategic priorities and initiatives focused on stabilizing the most vulnerable populations. These include chronically homeless individuals, people with disabilities, extremely low-income households, and first-time homeless families.

The Plan also recognizes that preventing homelessness is critical to reducing system strain. Local data shows significant poverty and first-time homelessness in the county, underscoring the urgency of prevention and diversion strategies, which include eviction counseling, short-term rental aid, and behavioral health support.

Addressing root causes—housing affordability, low wages, family disruption, health, and justice involvement—requires multi-sector collaboration. The Plan expands affordable, accessible, and supportive housing, including rapid rehousing (RRH) and rental subsidies. Specialized outreach teams will serve seniors, women, youth, veterans, and justice-involved individuals with crisis intervention, housing connections, and supportive services.

The Key Actions identified in the Plan are:

Prevent Homelessness

House the Most At-Risk

Expand Affordable Housing Solutions to improve System Performance

Strengthen Community Partnerships

Make System Improvements

Together, these five actions are key to addressing the crisis and growing impacts of homelessness on the community.

Accomplishing these actions will require countywide investment and commitment. Counties that have been successful in addressing homelessness have done so only through partnerships across multiple departments, systems, sectors, and jurisdictions. Through strong cross-sector partnerships, Counties have been able to commit resources and personnel to effectively coordinate and collaborate to serve those with the most complex care needs. In addition, the County should rely on the expertise of their community partners and the CoC to provide regional and on-the-ground knowledge and support for the homeless response system to operate.

The Plan builds on the past successes and prioritizes crisis response and long-term housing solutions for all residents, focusing on prevention, serving those most at risk of housing instability, and improving coordination and collaboration.

# Background and Context

San Bernardino County (County) is a large region in Southern California with approximately 2,181,654 residents.<sup>1</sup> It is the largest county by area in the contiguous United States, stretching from the eastern border of Los Angeles County to the Arizona and Nevada borders, and includes the Mojave Desert, Lake Arrowhead, and Joshua Tree National Park. The County is home to 24 cities, as well as several unincorporated communities. It encompasses a large and diverse geography of urban, suburban, and rural areas.

The County is committed to building a unified regional response to homelessness that reflects the shared responsibility of all jurisdictions, County agencies, community partners, and residents. In 2022, the County documented this commitment with their Homeless Strategic Action Plan: Homeless to Home, A Roadmap to Self-Sufficiency.

The 2022 Strategic Action Plan laid out a vision, mission and three specific interrelated actions to address homelessness in the County:

1. Housing the Most At-Risk
2. Increasing Shelter Capacity
3. System Improvements

The goal of this new Plan is to update progress on the 2022 Strategic Action Plan, revisit its mission, vision, and goals, and establish a new path forward based on current data and changing conditions.

## Data on Homelessness in the Target Area

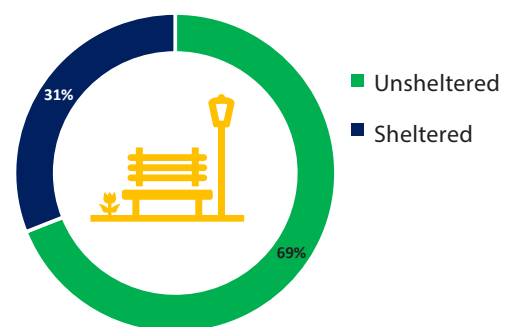
Compared to 2022 data, the collaboration of County agencies, local partners, and community-based organizations has contributed to a decline in unsheltered homelessness. In 2025, unsheltered homelessness in the region declined, the first time since 2017. This milestone shows that change is possible, and is indeed happening, but it also underscores the need to continue building on this momentum until everyone has a safe and stable place to call home.

The Point-in-Time Count (PITC) uses a definition of homelessness mandated by the U.S. Department of Housing and Urban Development (HUD). This definition counts people as homeless when they are living in a place not meant for human habitation (such as an encampment, tent, or vehicle), emergency shelters, or transitional housing. People who are doubled up (more than one household in a unit meant for a single household) or couch surfing are not counted as homeless under this definition.

Every year, the County conducts a Point-in-Time Count (PITC) that provides a snapshot of the size and characteristics of the homeless population on a single night in January. The PITC results can be evaluated over time to determine trends in the characteristics of people experiencing homelessness, a critical data point for effective planning and performance management toward the goal of ending homelessness. In addition, data gathered from the programs that serve people experiencing homelessness provide greater insight into the number of people utilizing the homelessness response system in a year and provide information about the effectiveness of these programs.

During the County's most recent PITC, which took place on January 23, 2025, volunteers identified 3,837 men, women, and children experiencing homelessness, with 2,636 (69%) of those people living unsheltered on the streets, in vehicles, or encampments (Fig. 1). The number of individuals experiencing unsheltered

**Figure 1: Sheltered or Unsheltered (2025 PITC)**

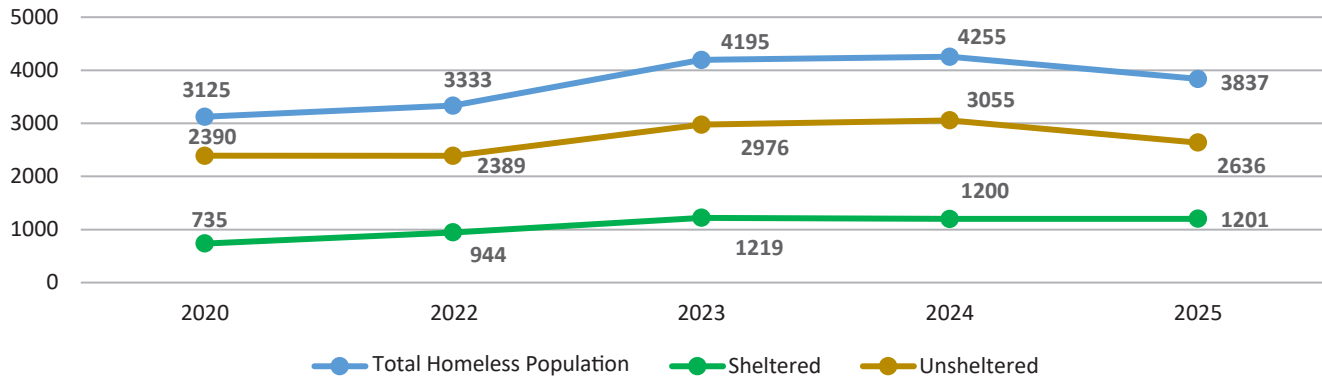


<sup>1</sup> [San Bernardino County profile](#), U.S. Census Bureau.

homelessness in the County decreased by almost 500 people since the 2024 PITC. However, while unsheltered homelessness in the region decreased since 2023, the

latest PITC showed that the overall number of people experiencing homelessness in the County increased between 2020 and 2025 by 23% (Fig. 2).

**Figure 2: San Bernardino County Homeless Population (2020-2025)**

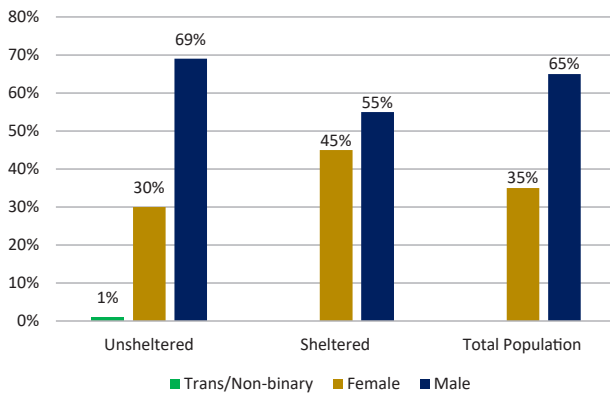


## Gender

The 2024 American Community Survey shows the general San Bernardino County population includes an equal distribution of males (49.9%) and females (50.1%), but males comprise 69% of the unsheltered population (2,636), a disparity of nearly 20%. Recent research points to a disparity in the proportion of men, especially single adults, living in homelessness in California and the housing and services available to them, with emergency shelter often the only option available.

(Research example: Bethany Carter, Jialu Streeter. 2025. Homelessness in California: Recent Challenges and New Horizons. Stanford Institute for Economic Policy Research, June 2025.)

**Figure 3: San Bernardino County Homeless Population by Gender (2025 PITC)**



## Race

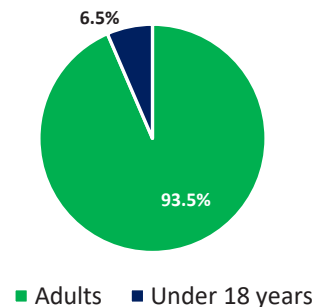
More than 83% of San Bernardino County's general population identifies as a single race, while just under 17% identifies as two or more races or as race unknown. Among unsheltered males, who represent the largest subgroup within the homeless population, the largest share identified as White (33.3%). Compared with the general population, in which 36.0% identified as White alone, this suggests a slight underrepresentation among unsheltered men. By contrast, 8.5% of the County's general population identified as Black or African American alone, while unsheltered survey data

showed a substantially higher share at 19.3%. This is an overrepresentation at over twice the rate of the general population even when only males are included. Survey data place 39.4% of unsheltered males as Hispanic/Latino when it is treated as a single race category. There is no comparable data category in the ACS data.

## Age

General population data for San Bernardino County reflects 62.6% of males are adults age 18-64 and 12.1% are age 65+. Similarly, females in the general population include 61.2% adults age 18-64 and 14.5% are age 65+. Unsheltered PITC survey data, however, found males represent 69% of the total unsheltered persons counted, and that the male population is comprised of 88.7% males age 18-64 and 8.1% age 65+. Unsheltered homeless men aged 18-64 are overrepresented compared to the general male population. Unsheltered males age 65 and older appear to be underrepresented compared with the general population (8.1% versus 12.1%). However, this difference does not account for national and local research indicating that people experiencing homelessness often have shorter life expectancies, and that individuals who first experience homelessness after age 50 face particularly high mortality rates. These findings underscore the heightened vulnerability of older adults experiencing homelessness.

**Figure 4: San Bernardino County Homeless Population by Age (2025 PITC)**



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## Key Challenges and Barriers Faced by Homeless Populations

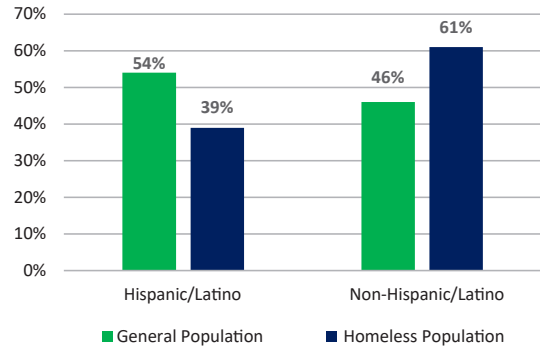
Despite its diverse geography and regional differences, residents across the County face many of the same financial, economic and systemic issues, pressures that intensify housing instability and drive homelessness throughout the region.

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## Housing in the County

In the 2024 American Community Survey (ACS), the County had just under 755,302 total housing units, with a countywide vacancy rate of 9.0% (the national vacancy rate is 9.8%). More than 68% of housing units in the County are single family homes, which is higher than the percent across all of California (for the entire state, it is only 64.6%). More than one-third of the existing housing stock in the County is over 45 years old (36.6%). For the population living in the County, 65% are living in owner-occupied units, with only 34.8% of residents living in rental units (significantly less than the statewide rental average of 44.1%).

**Figure 5: San Bernardino County Homeless Population by Ethnicity (2020 Census v. 2025 PITC)**



In 2024, more than 50% of homes in the County cost over \$500,000, and over 6% of housing in the county cost upward of \$1,000,000. The median gross rent is \$1,957/month, which means that more than half of renters pay 30% or more of their income toward rent.<sup>2</sup>

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<sup>2</sup> [2024 ACS 1-Year Estimates Data Profiles](#), San Bernardino County and California.

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### Research examples:

Jerzy Romaszko, Iwona Cymes, et al. 2017. Mortality Among the Homeless: Causes and Meteorological Relationships. National Library of Medicine, National Institute of Health.

Rebecca Brown, Jennifer Evans, K. Valle, et al. 2022. Factors associated with mortality among homeless older adults in California: the HOPE HOME study. JAMA Intern Med. 2022;182(10).

Benjamin Henwood, Thomas Brine, Brinn Scriber. 2019. Examining mortality among formerly homeless adults enrolled in Housing First: An observational study. BMJ 2019 Jan 25;9(1).

Amanda Grenier, Tamara Sussman, 2024. Late-Life Homelessness: A Definition to Spark Action and Change. National Institute of Health. Gerontologist. 64 (11), Sept. 2024 .

Jessica Heerde, Rohan Borschmann, Jesse Young, et al. 2023. Mortality among people who have experienced homelessness: protocol for a systematic review and meta-analysis. BMJ. 13 (2), Feb 2023).

# Percentage of People Experiencing Unsheltered Homelessness who Self-Reported the following:

Mental  
Illness



21%

Chronic Health  
Condition



22%

Physical  
Disability



22%

Substance  
Abuse



29%

HIV/AIDS



2.1%

Developmental  
Disability



5%

## Housing Cost Burden for County Households

When last measured, more than one in three households in the County (37.5%) experienced a “cost burden” for housing.<sup>3</sup> For renters, that number was even higher, with more than half of the County’s renter households cost burdened (51.6%). HUD defines cost-burdened families as those who pay more than 30% of their household income and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

Fifty percent or more of income spent on housing is considered severely cost burdened and a major risk factor for falling into homelessness. Severe cost burden is considered a high risk for homelessness because a

household that is paying a significant share of their income on housing expenses is less able to handle any unexpected financial demands that may arise, such as a health crisis, automotive repair, employment loss, or a family crisis. A cost-burdened household is also less likely to have the financial savings in place to cover unexpected costs that arise.

Between 2017-2021, close to one in five County households (17.5%) were estimated to be severely cost-burdened. For County renter households, the percentage is far higher, with more than one of every four renter households severely cost-burdened (26.8%).<sup>3</sup> The severe cost burden falls most heavily upon the lowest income households, whose incomes are not high enough to obtain an affordable unit given the median monthly cost

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of rent of \$1,957 per month in 2024.<sup>4</sup> When such a large proportion of income is spent on housing, unexpected expenses can lead to homelessness.

Additionally, 2017-2021 Comprehensive Housing Affordability (CHAS) data<sup>3</sup> shows that many County residents face additional housing problems that make it challenging day-to-day to make ends meet. Households with housing problems are defined as having at least one of the following four conditions: incomplete kitchen facilities, incomplete plumbing facilities, more than one person per room, or paying more than 30% of one's income toward housing. According to the latest CHAS data from 2021, more than 43% of all households in the County had at least one of the four housing problems measured by HUD. Households that experience severe housing problems have at least one of the four following conditions: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. One out of every four County households (25%) experienced severe housing problems. For renter households, those percentages are even higher, with 59% of renter households experiencing at least one of the four housing problems and 38% of renter households experiencing severe housing problems.<sup>3</sup>



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<sup>3</sup> [Comprehensive Housing Affordability \(CHAS\) data, San Bernardino County \(2017-2021\)](#), Office of Policy Development and Research, U.S. Department of Housing and Urban Development (HUD).

<sup>4</sup> [2024 ACS 1-Year Estimates Data Profiles](#), San Bernardino County and California.

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# Vision, Mission, Core Values & Guiding Principles

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## MISSION & VISION

### ▶ Vision

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We envision a County where strong partnerships prevent and reduce homelessness.

### ▶ Mission

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To create a County in which individuals have access to safe, affordable housing and essential services that support well-being.



# CORE VALUES & GUIDING PRINCIPLES

## **Collaboration**

We work together to use resources effectively, deliver high-quality programs, and serve our community responsibly.

## **Person-Centered**

We partner with individuals experiencing homelessness with respect, and dignity to create accessible, responsive solutions.

## **Integrity**

We are dedicated to accountability, transparency, and continuous improvement.

## **Solution-Focused**

We are a solution-focused, community-centered County committed to sustainable strategies that reduce homelessness and meet community needs.

## **Universal Access to Support**

We ensure all individuals have access to the resources needed to prevent or resolve housing instability.



# Community Engagement Process

The County is committed to building a unified, countywide response to homelessness that reflects the shared responsibility of all jurisdictions, County agencies, community partners, and residents. The Plan takes a multi-jurisdictional approach, bringing together numerous County departments, cities, and regional partners to align resources, data systems, assessment processes, and funding streams.

The Plan is grounded in extensive regional community engagement, including lived experience focus groups that elevate the perspectives of people who have experienced homelessness firsthand. Several interviews and focus groups were held with County agency staff who work directly in homelessness response, or touch people experiencing homelessness in some meaningful way. Other local partners at the CoC were also interviewed, to understand how the County's work interacts with the homeless response system more broadly. This input directly informed the policies, interventions, and service strategies outlined in the Plan.



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Community engagement<sup>5</sup> that occurred during the strategic planning process included:



- An in-depth review of existing qualitative and quantitative data about San Bernardino County:
- Quantitative data from the annual Point-in-Time Count (PITC), the Homeless Management Information System (HMIS), the Housing Inventory Count (HIC), System Performance Measures (the SPMs), the U.S. Department of Housing and Urban Development's Comprehensive Housing Affordability Strategy (CHAS), and U.S. Census Bureau data; and,
  - Qualitative data from the County CoC Bylaws, the County's Consolidated Plan and Analysis of Impediments Project (2019), the County's Homeless Action Plan: A Multi-Jurisdictional Approach (2019), and the County's Homeless Strategic Action Plan: Homeless to Home (2022).



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Meetings, Convenings & Presentations:

- A SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted with each of the five RSCs (Regional Steering Committees) and their members.
- Monthly meetings with RSC leaders from all five Committees.
- Weekly meetings with the staff of the County's Office of Homeless Services (OHS).



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Focus Groups:

- Ten focus groups and interviews were conducted with County staff from departments that play a role in homelessness response, including from the County Administrative Office (CAO), as well as Children and Family Services Department, Community Development and Housing Department, the Department of Behavioral Health, the District Attorney's Office, the Office of Homeless Services, the County Library, Preschool Services, the Probation Department, the Public Defender's Office, the Sheriff's Department, the Transitional Assistance Department, United Way 2-1-1, and the Workforce Development Department.
- Focus groups with lived expertise of homelessness or housing instability from each of the five regions of the CoC



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Community Surveys:

- More than 350 County residents completed online surveys where community members, interest holders, housing and service providers, neighbors, businesses, and people with experience of homelessness answered questions about the local gaps, needs, priorities, challenges, and goals related to homelessness.

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<sup>5</sup> The authors wish to thank the following people who gave generously of their time and feedback as we developed the County Action Plan: Diane Rundles, Anja Jacobsen, and Victor Tordesillas at the San Bernardino County Administrative Office (CAO); Jeany Glasgow at the San Bernardino County Children and Family Services Department; Carrie Harmon, Scott Neeri, and Rebecca Sanabria at the San Bernardino County Community Development and Housing Department; Dr. Georgina Yoshioka, Alyce Belford Ph.D., Amber Carpenter, and Joshua Taylor at the San Bernardino County Department of Behavioral Health; District Attorney Jason Anderson of the San Bernardino District Attorney's Office; Marcus Dillard, Claudia Doyle, Annette Florez, Jalen Spencer, Christopher Salazar and Joy Woodward at the San Bernardino County Office of Homeless Services; Melanie Orosco of the San Bernardino County Library; Arlene Molina and Silvia Peinado at the San Bernardino County Preschool Services Department; Deputy Chief Officer Dana Smith-Lacy and Division Officer Noelle Cirilo of the San Bernardino County Probation Department; Public Defender Thomas Sone of the San Bernardino Public Defender's Office; Deputy Mike Jones of the San Bernardino County Sheriff's Department; James LoCurto from the San Bernardino County Transitional Assistance Department; Aziza Manuel, Gail Maddox and Rebecca Siegel from United Way 2-1-1; and Brad Gates, Stephanie Murillo and Shanta Skipper from the San Bernardino County Workforce Development Department.

# The County Response to Homelessness

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The County has built a strong network of dedicated departments, individuals, and providers focused on addressing homelessness. Although resources are limited, the County strategically targets them to those most in need through proven programs and a system designed to connect people to services quickly and effectively.

In recent years, the County has secured significant new state and federal funding, directing it toward evidence-based strategies that support families and individuals exiting homelessness. These efforts contributed to a 14.2% reduction in unsheltered homelessness in the 2025 PITC, and a decrease of 10.2% in overall homelessness compared to the prior year.

This progress reflects major County investments, including:

- \$72 million through the Homeless Initiatives Spending Plan since 2023
- \$40 million in the Housing Development Grant Fund
- \$14 million in State Encampment Response Funding

Leveraging state Homeless Housing, Assistance and Prevention (HHAP) funds and other grants, the County has invested millions in affordable and interim housing development:

- **Pacific Village Platinum Campus Expansion:** Over \$70 million was committed to this affordable housing and shelter in San Bernardino, with Phase I completed (28 interim housing units), Phase II underway adding 58 PSH units, 32 recuperative care beds, and 16 substance use disorder (SUD) residential treatment beds. Eight interim housing units remain from Phase I. Phase III will add another 16-bed SUD treatment facility.
- **St. John of God Campus in Victorville:** An over \$51 million grant from DHCS's Behavioral Health Continuum Infrastructure Program (BHCIP) and an over \$10 million grant from CDSS's Community Care Expansion (CCE) Program funded expansion

will add an 18-bed adult withdrawal center, 14-bed adolescent psychiatric residential facility, 16-bed adolescent SUD treatment facility, 36 beds to an existing 60-bed adult SUD center, 52 recovery residence beds, plus a Community Wellness Center and outpatient clinic. The facility will serve approximately 1,056 individuals annually.

- **West End Regional Navigation Center in Fontana:** This project represents a partnership with eight cities to build a one-stop access shelter with 200 beds (100 general navigation, 100 recuperative care, including a sobering center).
- In March 2025, **substance use disorder recovery beds nearly doubled**, increasing from 169 to 303 beds.
- Several **motels have been acquired and converted to housing**, including 50 permanent supportive units for elderly or disabled encampment residents and 130 interim housing beds for individuals discharged from Arrowhead Regional Medical Center.

Beyond infrastructure, since 2022 the County has invested heavily in staffing and strategic initiatives to address homelessness. Key developments include:

- The **Homelessness Multidisciplinary Team (MDT)**, formed in 2025 with 13 County departments meeting monthly to coordinate homeless services and strategies.
- A **data-sharing agreement** signed in Summer 2025 among MDT members to identify and connect homeless and at-risk of homelessness individuals to housing and services.
- The **Homelessness Ad Hoc Committee** (Oct 2023–Mar 2025), led by Vice Chair Joe Baca, Jr. and Supervisor Curt Hagman, investigated homelessness root causes and made policy recommendations.

Given the County's vast geography, agencies have expanded their reach with creative solutions:

- The **Transitional Assistance Department** serves about 7,000 clients daily at 19 locations.

- The **Preschool Services Department** operates childcare centers in affordable housing complexes to support parents pursuing employment and housing stability.
- **County libraries** provide safe daytime spaces for vulnerable populations.
- A robust **Coordinated Entry System (CES)** case conferencing process unites County departments, the CoC, housing providers, and service agencies to collaboratively serve the most vulnerable.

Outreach efforts engage people where they are:

- The **Department of Behavioral Health** operates field teams visiting encampments to connect residents to treatment and housing.
- Since June 2024, **three mobile health clinics** provide onsite medical and dental care, with upgraded dental equipment for more complex procedures, targeting underserved areas.
- **Arrowhead Regional Medical Center’s Street Medicine Team** improves outreach, health, and mortality among the unsheltered, fostering trust and access to preventive care and behavioral health services.
- A contract with **Health Care in Action** expands street medicine and outreach, offering Medi-Cal Enhanced Care Management and Community Supports for unsheltered individuals.

Law enforcement and justice agencies also play a critical role:

- The **Sheriff’s HOPE team and Probation** conduct encampment outreach to connect individuals to housing, treatment, and legal aid.
- **Care Court** officers collaborate with the HOPE team and police departments.
- The Public Defender’s Office deploys social workers for outreach and operates a **mobile court RV** enabling virtual court appearances in encampments.
- **Shelter Court** convenes regularly to bring justice services directly to the community, with transportation and support for court appearances.

COVID-19 accelerated inter-agency coordination. This collaboration continues today, with [Public Health embedding nurses in behavioral health programs](#) and partnering with OHS during encampment clearings. OHS continues expanding outreach teams to connect unhoused individuals to vital resources locally and beyond. Cross-departmental efforts anticipate housing instability:

- **The Preschool Services Department** uses case management and McKinney-Vento standards to support families at risk.
- **The Workforce Development Department** has provided rapid re-employment and training to maintain housing stability.
- A new pilot program funds a **dedicated Career Coach** for unhoused clients, offering career workshops, resume help, and supportive services.
- A **full-time Workforce Development Specialist** provides intensive case management on-site at low-income and supportive housing communities.

The County also **collaborates with cities and local partners** to enhance effectiveness:

- Biweekly meetings with the City of San Bernardino to coordinate homelessness efforts.
- A partnership with California State University San Bernardino to research subpopulations, service engagement, and barriers.

The County is pursuing the State of California’s **Pro-Housing Designation**, recognizing jurisdictions that accelerate housing production.

An **educational campaign** is underway to raise awareness and access to County services, including social media advertisements and provider-focused videos.

Looking ahead, a comprehensive **Needs Assessment** gathered input from community members, County staff, the CoC, and people with lived experience to identify challenges and opportunities for improving homelessness response over the next five years.

# Needs Assessment

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The County faces a complex homelessness crisis shaped by its vast geography, economic pressures, and limited housing availability. In developing the Plan, OHS engaged a wide range of stakeholders to better understand the County's current homeless response system, identify unmet needs, and identify opportunities for improvement. The needs assessment draws upon qualitative input from County departments, RSCs, and people with lived experience, as well as community survey findings and quantitative data. It identifies the gaps between current conditions and the desired outcomes outlined in the Plan. It highlights not only unmet needs, but also identifies strengths and assets that can be built upon.

## Key Findings

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### Inadequate Prevention Efforts and Coordination

Homeless prevention efforts remain limited in both scale and coordination. County departments consistently reported that most available resources are short-term, narrowly defined, or tied to restrictive eligibility requirements such as HUD's definition of literal homelessness. As a result, many families and individuals in precarious housing situations (including living in motels), or at imminent risk of eviction—fall through the cracks. Departments, such as Children and Family Services, Behavioral Health, and Probation, each operate programs that can offer targeted financial and case management assistance, but these efforts are often siloed and not well integrated across systems.

From the County perspective, the lack of alignment stems from fragmented funding streams, inconsistent referral pathways, and the absence of a shared countywide prevention strategy. For example, one department may have funds to pay for utilities, while another can cover limited rental assistance, but without strong case management and cross-system coordination clients do not know how to access these resources. This fragmented system creates

inefficiencies, increases administrative burden, and leaves residents vulnerable to housing loss simply because they are in contact with the “wrong” part of the system. Without greater integration and shared planning, prevention efforts remain reactive rather than strategic, failing to reduce inflow into homelessness at the scale required to meet the need.

### Shortage of Emergency Shelters and Affordable Housing

Across all sources, the most pressing issue is the shortage of emergency shelter and affordable housing available in the County. Stakeholders noted that shelter beds are limited, especially outside urban centers, and that housing costs outpace wages and benefits throughout the County. Participants highlighted that even individuals working two jobs or living on SSI cannot afford rents, forcing reliance on doubling up, motels or unsafe alternatives. Longer shelter stays caused by limited permanent housing options further reduce system capacity. Some areas of the county have no shelters whatsoever, while others have severely limited shelters for families or other special populations.

### Regional Inequities in Services

The County's vast geography produces uneven service access, leading to inequities between regions of available supportive services and County resources. While each of the RSCs highlighted their strong provider networks, some described significant gaps in service availability exacerbated by housing shortages, transportation barriers, and technology gaps. RSCs in rural areas reported weaker connections to the County and expressed a need for more consistent County engagement.

County departments shared similar feedback, stating that while some urban and suburban areas have relatively strong provider networks and infrastructure, rural and remote regions face severe gaps. From the County perspective, these inequities are tied to several systemic barriers, including transportation

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barriers and access gaps, which keep County officials from delivering the same level of services provided in more populated areas. For example, in the East Desert region the vast distances between communities, limited public transit, and high costs of outreach create major obstacles to service equity. County departments have attempted to address these inequities by implementing mobile, flexible, and creative solutions, but individuals in need in more remote regions simply do not have access to the same level of services.

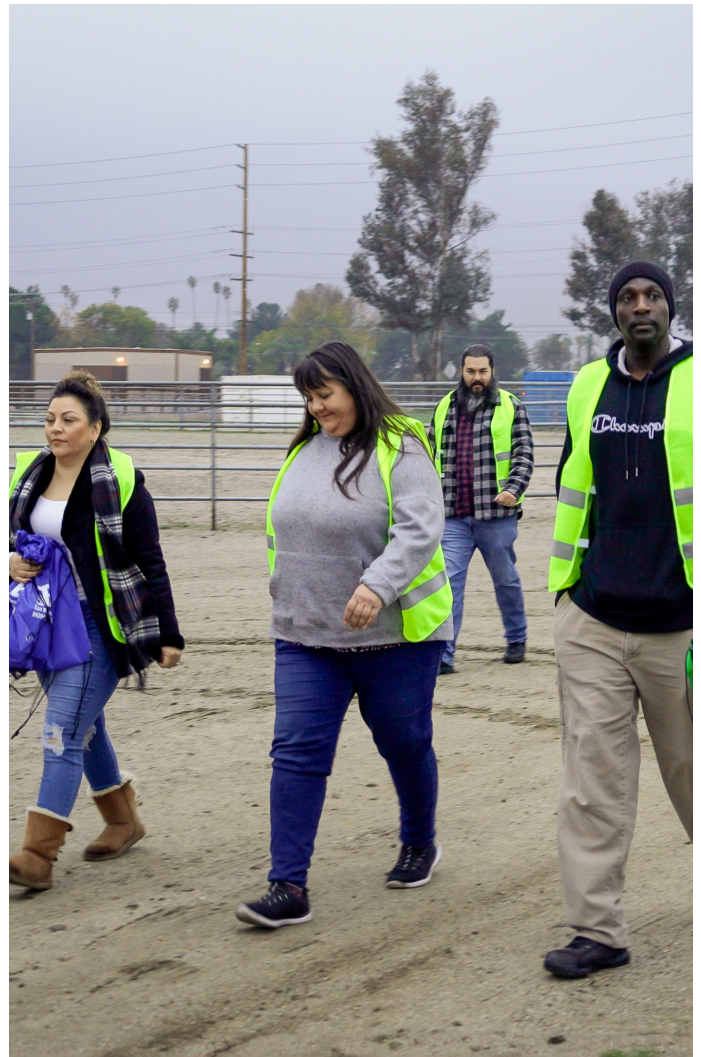
### Gaps in Coordination and Data Sharing

The size and diversity of the County requires strong coordination between the County, the CoC, the RSCs and service providers, and across County departments. While the County has been working diligently to enhance coordination and address data gaps in response to homelessness, inconsistent use of data systems remains a significant challenge. This is especially problematic given that State and Federal funding depend so heavily on data metrics, and because consistent data collection is necessary to strategically and effectively address homelessness. While the Countywide data-sharing agreement will streamline access to care for individuals experiencing homelessness, especially those who are utilizing multiple county systems, there is still some concern that important partners are not at the table as much as they should be.

At the CoC level, a lack of training and technology assistance has led to inconsistent data collection and standards between the RSCs; some of the data collected through HMIS and the PITC is often inconsistent or incomplete. CoC providers and participants should be given adequate access to and understanding of the importance of data to ensure that it is universally collected and of high quality. As the County makes additional efforts to integrate data and visualization tools into their outreach and engagement efforts, improving data accuracy will help ensure resources are used effectively.

### Insufficient Systemwide Coordination with CoC

While the County recognizes that solving homelessness requires a multijurisdictional and cross-departmental solution, collaboration across the CoC, County departments, and local governments can nonetheless be uneven and fragmented. Stakeholders described the need for intentional coordination efforts between all invested partners to ensure that they are not duplicating one another's work or creating gaps in service. Continuing to bring together County Agencies to discuss and align along homelessness response is critical, but so is increasing the County's presence at RSC and CoC meetings and in remote RSCs.



# Strategic Priorities and Initiatives

Across California, including in San Bernardino County, many residents struggle to meet basic needs, including maintaining stable housing. While the County has made meaningful progress in establishing a homelessness response system that has helped hundreds of residents avoid or exit homelessness. Significantly more investment is needed to fully address the impacts of homelessness across the region.

*Prevent Homelessness: Often many people at risk of homelessness need a minimal amount of help or intervention to retain their housing. Whether it is one-time financial resources to provide a security deposit, legal assistance to prevent eviction, or help learning to balance a budget, the more the system can provide supports and services to prevent homelessness in the first place, the more the community will be able to use the limited resources on hand to end homelessness altogether – while at the same time protecting additional individuals and families from the traumas associated with homelessness.*



## Prevent Homelessness

**House the Most At-Risk:** Connecting and building trust with people experiencing homelessness is essential in a region where so many live without shelter – on the streets, in cars, and under bridges. By expanding outreach, targeting services, and developing crisis shelters throughout the area, the community will focus attention and resources to help those most in need get the services and support they require.



## Housing the Most At-Risk with Coordinated Services

*Expand Permanent Housing: Permanent housing – and the supports needed to retain and maintain it – is the solution to homelessness. By expanding permanent housing options, such as PSH and RRH, hundreds more people in the County will have a home that provides security and protection. This housing, when coupled hand-in-hand with the vital supports many residents require to achieve stability, will lead to long-term self-sufficiency.*



## Expand Permanent Housing Solutions

**Strengthen Community Partnerships:** An effective homelessness response requires close coordination at the County, city and regional level, especially somewhere as diverse and large as San Bernardino County. By more closely partnering with community partners and the CoC, the County can ensure that their work and resources are as effective as possible, while supporting those on-the-ground.



## Strengthen Community Partnerships

*Make System Improvements: Strengthening and building collaboration and coordination for and solutions to homelessness will enable the County to effectively accomplish more, better, and faster. Collaboration across different regions within the County can expand understanding of the causes of homelessness and identify the most effective approaches to address it. A stronger network can also celebrate success, reflect and course correct, and monitor and evaluate to ensure continued progress.*



## Make System Improvements

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## Action 1: Prevent Homelessness

As the housing crisis in California deepens, more people are just one paycheck or medical crisis away from losing their housing. In situations like these, people often only need a small intervention to prevent them from becoming homeless. Supporting individuals and families before they become homeless is not only more humane, but also more cost-effective.

At last count, in the County, more than 13.2% of the general population – or 292,285 individuals – are living below the federal poverty level. Put another way, over 90,000 County households are at risk of becoming homeless. Further, more than one-third (35.9%) of adults counted as unsheltered during the 2025 PITC became homeless for the first time in the 12 months before the count.

Prevention encompasses activities designed to stop individuals and families from becoming homeless, reduce the recurrence of homelessness, or mitigate the severity of homelessness when it occurs.

Prevention targets households who remain housed but face imminent threats of eviction, displacement, or instability. Core strategies include:

- Eviction mediation and legal support.
- Emergency financial assistance for rent, utilities, arrears, or moving costs.
- Referrals to employment, behavioral health, and supportive services.

Diversion focuses on individuals and families who have just lost housing or are at imminent risk of doing so. It includes individuals and families who are actively seeking entry into the homeless service system. Diversion also leverages community-based supports and mediation to extend housing options, while reducing reliance on emergency shelter.

Diversion strategies include:

- Structured problem-solving to identify immediate safe alternatives (friends, family, and shared housing).
- Short-term financial assistance.
- Mediation and community-based support to expand options.

The County's prevention and diversion efforts seek to:

- Keep people from becoming homeless in the first place.
- Avoid chronic homelessness and preventing returns to homelessness.
- Reduce trauma by stabilizing households at risk.
- Improve quality of life and access to care for those who do experience homelessness.

Together, prevention and diversion form the upstream cornerstone of the County's homeless response system, shifting the focus from crisis management to early stabilization. The approach preserves shelter capacity, reduces system strain, and supports long-term housing stability.

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## Research about prevention and diversion supports the following findings:

- Early intervention is particularly effective for families and youth experiencing first-time homelessness.
- Individuals with high public system utilization (Emergency Room visits, psychiatric inpatient stays, justice involvement) face higher risks of chronic homelessness.
- Predictive tools combining data from health, justice, and housing systems show promise for identifying high-cost, high-need households most likely to benefit from PSH.
- Prevention efforts should not be limited to those requesting services—data should be used to inform targeting.
- Case management and follow-up, even when direct assistance is not provided, can reduce risks.
- Proactive outreach in health care and institutional settings connects high-needs households earlier.
- Programs must be flexible, individualized, and trauma-informed to meet complex needs.

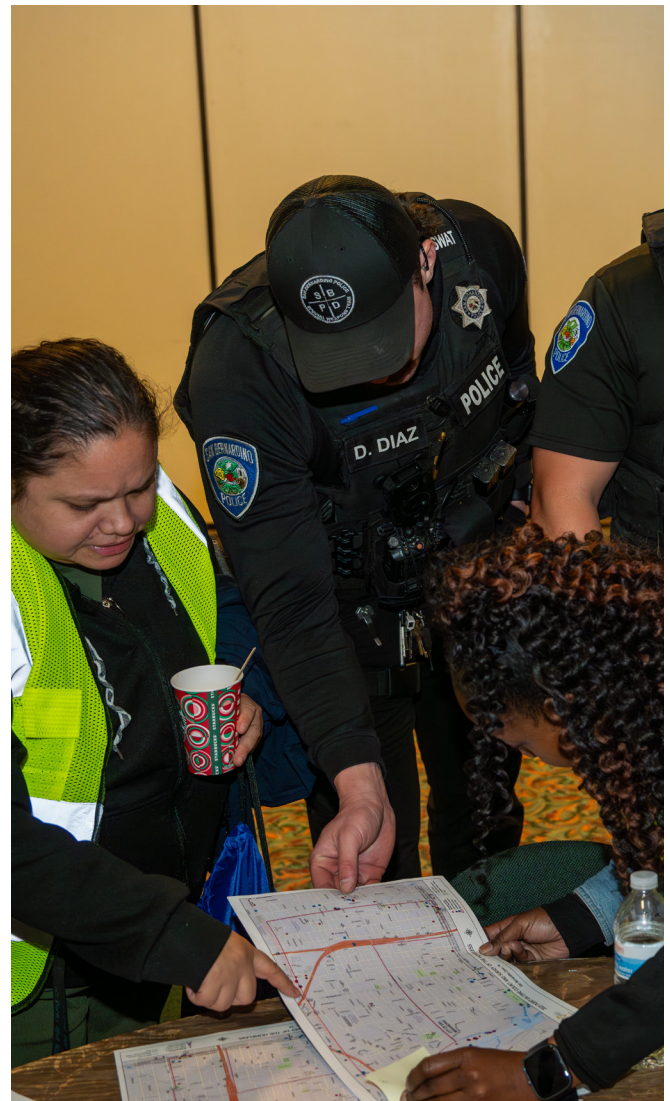
### Action 1 Goal Statement

Over the next five years, the County aims to reduce first-time homelessness by 20% through expanded prevention and diversion strategies, including eviction mediation, short-term financial assistance, structured problem-solving, and rapid reconnection to safe housing alternatives.

### Action 1 Strategies

- Ensure people at risk of homelessness are aware of mainstream resources and services.
- Use Navigation Centers to connect people to safe housing alternatives.
- Expand eviction prevention programs with legal aid, mediation, and rental/utility assistance.
- Standardize diversion practices at coordinated entry and other entry points.
- Enhance coordination with schools, health care, behavioral health, and criminal legal systems.

- Deploy housing navigators and community-based staff throughout the county for problem-solving and housing connections.
- Apply culturally responsive, trauma-informed approaches to engage households equitably.
- Leverage flexible funding to meet urgent needs (e.g., transportation, deposits, one-time subsidies).
- Provide targeted support for individuals exiting institutional settings.
- Prevent homelessness through data-informed early interventions that identify at-risk individuals and families before housing loss occurs.



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## Action 2: Housing the Most At-Risk with Coordinated Services

Of the 2,636 individuals who were unsheltered during the 2025 PITC, 44% were chronically homeless adults. More than half of unsheltered families (five of nine households – comprised of seven adults and six children) were chronically homeless. Nearly one out of four chronically homeless adults (22.3%) had a doctor or other medical professional diagnose them with a life-threatening chronic health condition such as heart, lung, liver, kidney disease or cancer. More than half of chronically homeless adults self-reported a serious mental illness (56%). Nearly two-thirds of chronically homeless adults had no income (62.4%).

Providing services to chronically homeless individuals is significantly more costly than supporting them in permanent supportive housing. OHS conducted a cost study from data from 2018 to 2019 that found serving a chronically homeless individual while unsheltered costs an average of \$31,873 per year, compared to \$17,652 per year for supportive housing.<sup>6</sup>

### Action 2 Goal Statement

The County will strive in collaboration with partner cities and agencies to reduce unsheltered homelessness by 15% and increase permanent housing placements by 30%. The County will do so by expanding PSH strengthening interim and supportive pathways, and embedding equity and lived experience into all system responses.

The County will target the expanded resources to chronically homeless individuals, people with disabling conditions, and first-time homeless households. County efforts will address any identified geographic disparities in the region.

The Action 2 goal will seek to continue the positive trend of 2025 that showed a reduction in unsheltered homelessness in the County compared to the previous twelve months and will address the specific

demographics of San Bernardino County homelessness that were highlighted in the 2025 PITC data: a high number of chronically homeless individuals, a large percentage of extremely low-income households in the County, and a concentration of unsheltered homeless households in eight cities in the region.

### Action 2 Strategies

- Establish a pilot program to improve public safety and access to health care services.
- Identify the top 100 unsheltered high need/ high utilizers of services across the county.
- Establish a multi-sectoral committee to conduct bi-weekly case conferencing meetings that identify and recommend the most appropriate temporary and permanent housing interventions for prioritized populations.
- Leverage partnerships between the Department of Behavioral Health, the Transitional Assistance Department, and the CoC to connect chronically homeless individuals who are eligible for Medi-Cal to the Transitional Rent program.
- Deploy outreach and field-based mobile health care teams (with clinical staff) to engage, support, and/or treat identified individuals experiencing debilitating physical health, mental health, and/or substance use illnesses.
- Facilitate opportunities for health care providers to meet with unsheltered persons without existing street outreach and engagement teams, when safe and appropriate.
- Utilize evidence-based processes, such as motivational interviewing and trauma-informed care, in the provision of services.
- Transition, based on the needs of each person, to the appropriate level of shelter and care.
- Design and tailor solutions for diverse populations, including women, youth, older adults, LGBTQ+ individuals, Veterans, people with disabilities, survivors of violence, and Tribal communities.

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<sup>6</sup> Cost study analysis conducted in 2019 by Greg Shinn MSW from Creative Housing Solutions.

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## Action 3: Expand Permanent Housing Solutions

The County offers a variety of PSH and RRH programs, funded through several sources, including the CoC, Emergency Solutions Grant (ESG), CalWORKS, HUD's Veterans Affairs Supportive Housing (VASH), Supportive Services for Veteran Families (SSVF), Housing Authority program vouchers, Project Homekey, California's HHAP grants, and the Behavioral Health Services Act (BHSA) (formerly the Mental Health Services Act (MHSA)). Increasing these resources has also increased the number of people moving from homelessness to permanent housing.

The County allocated \$4,745,769.61 of HHAP-5 funding toward permanent affordable housing. In their regional action plan submitted for HHAP-6, they again proposed to leverage the entire County allocation of \$5,787,523.92 toward developing additional permanent housing.

### Permanent Supportive Housing

(PSH) provides longterm housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.

**Rapid Rehousing (RRH)** provides housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing. RRH is funded primarily through CoC and ESG programs, CalWORKS, and Supportive Services for Veteran Families.

## Action 3 Goal Statement

Over the next five years, the County will continue to dedicate additional HHAP allocations to expanding permanent housing for people experiencing homelessness.

## Action 3 Strategies

- Foster the development of permanent supportive housing units: Pursue additional motel conversions, adaptive reuse, and new construction to expand PSH and RRH options.
- Explore County policy discussions regarding diverse housing models, including shared housing, tiny homes, modular units, and individual lease structures to broaden placement options.
  - » Identify and adapt state and national models that have demonstrated success.
  - » Explore innovative housing solutions designed to meet various needs. (MDT-BH)
- Track outcomes through HMIS and dashboards: Monitor housing exits and retention, with disaggregated reporting by race, gender, and other demographics.
  - » Identify tools and resources needed for real-time data tracking, such as kiosks and enhanced HMIS capabilities (MDT-BH).
- Coordinate with CES: Optimize CES referrals to ensure equitable targeting and effective matching with new housing opportunities.
- Embed equity in service delivery and procurement: Require providers and developers to demonstrate cultural competency, prioritize outreach to historically underserved groups, and incorporate feedback from individuals with lived experience into program design and implementation.

## Action 4: Strengthen Community Partnerships

Homelessness response involves an intricate web of public and private actors, such as government, providers and individuals, each working in close coordination with one another. To coordinate effectively requires deep collaboration throughout the

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homeless system, not only between County agencies, but also with cities, the CoC, community-based and faith-based organizations, and people with lived experience of homelessness. While the County has made enormous efforts to improve collaboration and coordination between its own departments, it could further improve homelessness response by more closely working with community-based partners, especially with the CoC and its RSCs. By partnering regularly, consistently, and effectively with cities, community-based organizations, the CoC and the RSCs, County leaders can better understand local dynamics, surface emerging challenges, leverage a broader array of resources, and identify gaps in service. Collaboration and coordination with all homeless system partners is especially critical given the size and diversity of San Bernardino County. The County should ground planning and resource decisions in community feedback to ensure that their decisions are responsive, equitable and reflective of real conditions throughout the region.

#### **Action 4 Goal Statement**

Over the next five years the County will strengthen collaboration with community-based organizations, the CoC, RSCs, and local jurisdictions to identify and address regional challenges, assess emerging needs across the region, design regional projects and systems, and leverage financial and human resources, to ensure that strategies and resources effectively respond to the diverse needs and subpopulations in the regions.

#### **Action 4 Strategies**

- Incorporate Community Expertise into Planning
  - » Partner with RSCs, local providers, people with lived experience, and the CoC to hold regular forums in each RSC and with the CoC as a whole to identify gaps, underserved populations, and under resourced geographic areas.
  - » Convene regular information sessions and focus groups around specific funding sources to help determine how to best utilize funding and expand the funding sources available to the region.

- » Provide sufficient time for community and CoC feedback periods for any major projects, grants, or funding decisions.
- » Incorporate insights from community engagement into policy development efforts, program design, and funding decisions to ensure local relevance and equity.
- Support Capacity Building for Local Partners
  - » Develop training programs that help organizations understand how capital investments relate to program outcomes, and to learn about fiscal compliance.
  - » Offer workshops on grant writing, data collection, reporting, trauma-informed care, and cultural competency tailored to smaller or newer organizations.
  - » Subsidize HMIS licenses to enable smaller community-based organizations to participate in HMIS, so that data is captured in HMIS for all parts of the region.
  - » Provide technical assistance by assigning County liaisons to the CoC and community-based organizations with organizational, compliance and operational challenges.
- Partner more Closely with the CoC
  - » Establish a diverse County presence, in addition to OHS, at all CoC-wide and RSC meetings, as active and engaged participants, including the Transitional Assistance (TAD), the Department of Behavioral Health (DBH), and Community Development and Housing (CDH).
  - » Seek CoC input on major County decisions and investments that affect the homelessness system.
  - » Work with the CoC to establish peer learning networks where local partners can share best practices, lessons learned, and collaborate on joint initiatives with the County and County departments.
- Focus on Technology
  - » Train frontline staff to use County technology and fully integrate it into intake, case management, and other activities.

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- Provide county resources and support throughout the county to providers and cities to educate the public about homelessness and homelessness response in the various regions in partnership with the CoC and RSCs.
    - » Train frontline staff, outreach workers, and housing providers to use and integrate County technology, and systems into intake, case management and other activities.
    - » Develop a shared data framework to improve data collection and sharing between agencies and community partners to better track needs, outcomes, and subpopulation trends.

## DEVELOP A SOLUTIONS-DRIVEN APPROACH BASED ON REGIONAL EXPERTISE

The County solutions-driven approach to addressing homelessness tailors housing responses to the distinct needs of targeted subpopulations. For example, families are prioritized for larger affordable housing units and rapid rehousing interventions that reduce the length of time children spend in unstable conditions. Youth experiencing housing instability, particularly those transitioning out of foster care, are supported through housing models that integrate education, employment, and life-skills development to create pathways to long-term stability.

Expanded populations may also benefit from this approach. Expansion of accessible, affordable housing, and system improvements, such as home health supports will help seniors age in place, remain in their homes, and avoid institutionalization. Veterans gain from enhanced referral processes, system prioritization, veteran treatment court, increased PSH, and targeted voucher programs that reduced the incidence of homelessness for those who have served this country bravely. Unaccompanied women are an increasingly vulnerable population experiencing homelessness who require housing solutions

that prioritize safety and privacy, expanded access to mental health and substance use services, and a recognition of their gender-specific needs. Justice-involved individuals face a cycle of housing instability and criminal justice involvement, but targeted solutions can break this pattern, such as expanding supportive housing paired with reentry services, applying Housing First to this population, and strengthening cross-system collaboration with courts, probation, and housing providers.

This solutions-oriented framework ensures that the County's investments not only expand the housing supply but also embed supportive services that address health, behavioral, and economic needs. By leveraging housing models and aligning rental subsidies with the realities of the local housing market, the County is creating a more responsive and equitable system. These targeted strategies build resilience across vulnerable populations and advance the County's broader vision of reducing homelessness and strengthening community well-being.

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## Action 5: Make System Improvements

In addition to strengthening collaboration with external partners before making decisions which impact the system of care, there are other system improvements which would make the entire homeless response system more effective and efficient. The County's system improvement efforts are guided by foundational principles designed to strengthen collaboration, enhance accountability, and ensure equitable access to housing and services.

These principles include:

- Advancing Trauma-Informed Care and Person-Centered Services
- Aligning health, housing, and homelessness strategies
- Balancing crisis response with permanent housing solutions
- Promoting collaboration and coordination across systems
- Develop solutions tailored to the diverse needs of people experiencing homelessness
- Ensuring a data-driven response to guide decisions and resource allocation
- Designing and piloting innovative services to meet evolving needs
- Adhering to Housing First principles
- Increasing access to resources for California's Tribal Communities
- Leading with equity in all policy and program decisions
- Preventing homelessness through upstream interventions
- Seeking and valuing the expertise of people with lived experience of homelessness

An integrated approach that incorporates these system improvements will promote collaboration, innovation, and accountability—reducing unsheltered homelessness, shortening the duration of homelessness, and improving equitable access to housing and supportive services across all populations.

## Action 5 Goal Statement

Over the next five years, the County will strengthen the homelessness response system by embedding trauma-informed, person-centered, and equitable practices, grounded in Housing First principles, across all system improvements.

## Action 5 Strategies

- Align health, housing, and homelessness systems through integrated services and coordinated referrals.
- Embed Homeless Housing First principles in all County-supported programs and initiatives.
- Balance crisis response (e.g., shelters, navigation centers) with the creation of long-term permanent housing.
- Foster interagency collaboration through centralized data systems, case conferencing, and cross-departmental protocols.
- Implement a data-driven approach using real-time shelter bed tracking and equity dashboards to guide resource allocation and performance measurement.
- Pilot innovative shelter models, such as safe parking programs, sanctioned encampments, and tiny home villages.
- Partner with Tribal governments to ensure equitable access to County and State funding, housing, and supportive services.
- Incorporate equity frameworks into policymaking, planning, procurement, and implementation.
- Integrate lived experience expertise into decision-making, program design, and policy evaluation to ensure authentic, effective solutions.

# Monitoring, Evaluation, and Reporting

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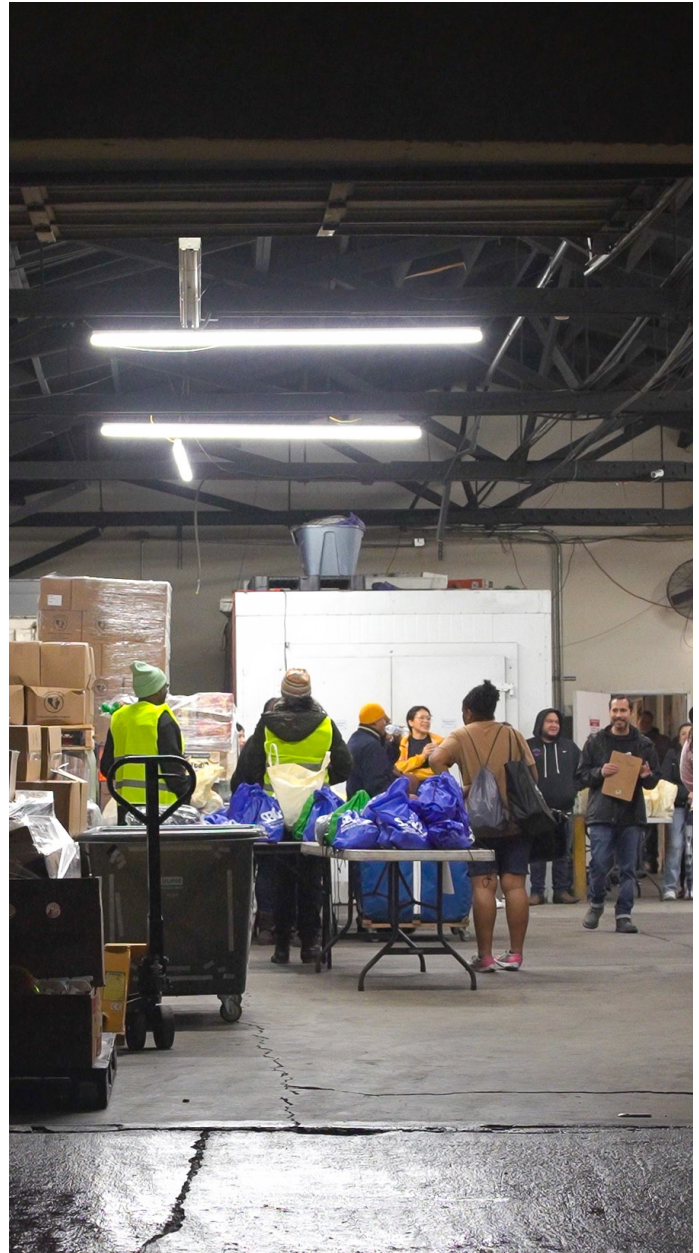
The strategic planning process is iterative. Feedback on progress informs resource allocation, supports adjustments to the Plan, and helps refine strategies for improved outcomes. Ongoing monitoring assists in ensuring that the Plan remains relevant when there are changes in the social or economic environment.

The County uses a performance-based evaluation<sup>7</sup> approach that measures effectiveness by assessing outcomes and progress toward objectives. Specific actions and performance indicators help track progress, collecting both qualitative and quantitative data, and using the feedback to make informed adjustments to the strategy or create new plans. The County monitoring and evaluation plan also incorporates core best practice principles for evaluators such as operating with integrity, respect for all people, and promoting the common good.<sup>8</sup>

## Focus on Outcomes

Monitoring and evaluation assess the Plan's performance by looking at whether it successfully led to desired results and objectives. Systematic oversight of program activities helps ensure compliance, effectiveness, and adherence to regulatory and contractual requirements and determines if programs achieve their stated goals. Oversight through monitoring and evaluation tasks is active throughout the life of the program, initially during the planning phase, then developmental and progress reviews, and finally summative or outcomes evaluation. Monitoring of key indicators assesses progress and identifies potential problems, unintended effects, and system achievements.

Monitoring and evaluation of a strategic plan could simply focus on fulfilling the actions and tasks included in the plan.



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<sup>7</sup>Performance Evaluation

<sup>8</sup> American Evaluation Association: Guiding Principles for Evaluators. Retrieved online 9.30.2025. [https://www.eval.org/Portals/0/Docs/AEA\\_289398-18\\_GuidingPrinciples\\_Brochure\\_2.pdf](https://www.eval.org/Portals/0/Docs/AEA_289398-18_GuidingPrinciples_Brochure_2.pdf).

## Goals of Monitoring and Evaluation

The chart below summarizes how monitoring and evaluation activities work to achieve essential program goals.

Goal	Description
Ensure Compliance	Verify that programs and activities are implemented in accordance with applicable laws, regulations, and program requirements of the funding source and County department.
Assess Effectiveness and Efficiency	Determine if program activities are meeting goals, providing intended benefits, and using resources efficiently and economically.
Identify Issues and Barriers	Identify issues, barriers, or inefficiencies early to support timely corrective action.
Improve Program Performance	Gather information to inform policy and operational decisions, to help improve program design and implementation.
Operate with Integrity	Foster communication, partnership, and coordination.
Enhance Service Implementation	Engage service providers in assessment of program operations through periodic monitoring or independent review.

### Program Goals, Key Performance Indicators, and Measures of Success

Each funding source, county department, and program identifies specific goals, key performance indicators (KPI) and measures of success and offer anticipated timeframes for implementation and achievement. Periodic reviews and audits of programs and activities to ensure they operate economically, efficiently, and effectively. For HUD-funded homeless programs two types of monitoring are required. One requirement focuses on project-level compliance and the second focuses on program and system-level monitoring.

For general purposes, strategic planning fits into the second type of monitoring. To ensure the Plan remains relevant and vibrant, the County will annually review and update the Plan as appropriate. The review process will benefit from reports from departments and key stakeholders and will be derived from ongoing monitoring

and evaluation activities such as open lines of communication and coordination between the departments; ensuring actions and projects remain aligned with priorities; identifying key concerns or challenges that can be corrected through support; offering technical assistance; regular review of established milestones on the timeline; and vigilance with respect to changes in environment or emerging trends.

The key performance indicators, measures, timelines, and intended outcomes for each identified goal/ outcome are summarized or each homeless population defined by HUD as well as the system performance measures are found in the Plan.

# Risks and Challenges

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This Plan sets out to accomplish ambitious goals and strategies to expand the County’s homelessness response system and impact, but to do so we must also recognize the complex environment in which this work takes place. Achieving the goals of the Plan will require navigating a complex and complicated range of risks and challenges, both internal and external. This section is intended to identify some of the primary and most threatening barriers to implementation, so that these factors are considered and contingencies adopted at the outset.

## Potential Barriers to Implementation

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### State Funding Challenges

California’s homelessness funding has historically relied on one-time allocations, creating uncertainty for jurisdictions planning long-term solutions. San Bernardino County currently leverages multiple state funding streams, including the HHAP grants and CalAIM Medi-Cal housing-related services. However, these funds are not guaranteed beyond current cycles, posing ongoing risks. Upcoming legislation, such as Assembly Bill 1165, could establish more stable, ongoing funding, but its passage is not yet assured. Additionally, some CalAIM services may expire by 2027, while new benefits, such as Transitional Rent, are temporary and tied to expiring federal waivers. Other state resources, like BHSA funding for mental health and substance use services, remain insufficient to meet demand and lack permanence.

### Federal Funding Risks

Federal homeless response funding, including HUD CoC and ESG programs, is subject to shifting priorities and program requirements. Potential changes could disrupt service delivery, reduce housing and shelter availability, and impact staffing and program continuity.

### Legal and Policy Shifts Following the Grants Pass Decision

The 2024 U.S. Supreme Court decision in Grants Pass v. Johnson permits enforcement of camping bans even without available shelter, changing the legal landscape for homelessness management. Coupled with executive encouragement for anti-camping ordinances, these shifts highlight the need for sustained funding for housing, shelter, and supportive services to prevent homelessness from being treated primarily as a behavioral or legal issue.

### Public Perceptions of Homelessness

Limited public perceptions of homelessness—focusing on visible unsheltered individuals or associating homelessness primarily with behavioral health or substance use—can hinder effective interventions and support for housing-focused solutions.

### Coordination within the System

San Bernardino County demonstrates strong internal coordination, but the system’s effectiveness depends on active collaboration with cities, community partners, the CoC, and individuals with lived experience. Lack of full engagement risks siloed efforts and reduced impact.

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## Opportunities

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### **Increased Awareness and Coordination of Existing Services**

Enhancing knowledge of available services, improving interdepartmental collaboration, and engaging community and lived-experience stakeholders can strengthen the system without new funding.

### **Increased Access to Services**

Expanding access to case management, treatment options, shelter availability, and regional outreach can help individuals navigate the system and achieve stable housing.

### **Financial Assistance and Homeless Prevention**

Strengthening homelessness prevention, diversion programs, and long-term housing investments—supported by community feedback and data-driven planning—can enhance outcomes, exemplified by initiatives like HHAP 6.



## Conclusions and Next Steps

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San Bernardino County's Homeless Strategic Action Plan 2025 represents a bold, coordinated effort to transform the homelessness response system into one that is data-driven, accessible, and compassionate homelessness response system. This Plan unites the County's collective vision to ensure that every resident has access to safe, stable, affordable housing and the system support needed for housing sustainability and security. Through five core strategic actions and clearly defined performance strategies, outcomes, and outputs, the Plan outlines what is required to prevent and end homelessness by expanding housing opportunities, strengthening system coordination, and investing in the people and partnerships that drive meaningful, measurable results.

Key actions across the Plan focus on the reduction of unsheltered homelessness, prevention and diversion, and the expansion of PSH and affordable housing. With an almost 10% decrease in homelessness and a 14% reduction in unsheltered homelessness between 2024 and 2025, San Bernardino County is already demonstrating measurable progress toward system improvement. These gains reflect the effectiveness of coordinated outreach, expanded shelter capacity, and the effective use of federal, state, and local funding investments to address homelessness. The addition of hundreds of shelter, transitional, and RRH beds within a single year demonstrates both responsiveness and scalability. While challenges remain, particularly in addressing chronic homelessness and supporting vulnerable subpopulations, the County's data-driven approach provides clear solutions to accelerate success over the coming years.

San Bernardino County recognizes that homelessness cannot be solved by housing alone, it requires a system that supports everyday well-being. The Plan focuses on aligning housing, healthcare, behavioral health, and access to mainstream services to help individuals and families rebuild housing stability and

independence. New tools, such as real-time shelter tracking through HMIS and data dashboards, will improve transparency and make it easier for people



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to find help quickly. At the same time, targeted efforts will focus on specialized subgroups who often face unique challenges and need specialized support.



The long-term vision is clear, a County where homelessness is rare, brief, and nonrecurring where those who once faced instability can rebuild their lives with dignity. By achieving this vision, everyone benefits by making communities stronger, improving public health outcomes, and promoting safety and economic resilience. Each milestone, from increasing engagement through outreach to achieving data participation among providers, contributes to a more responsive and resilient system that benefits all County residents. The Plan's success will ripple beyond homelessness services, ideally reducing costs in emergency systems, improving neighborhood safety, and enhancing quality of life for all its residents countywide.

The Plan is both a roadmap and a call to action. The success of the Plan depends on everyone from public agencies, nonprofits, businesses, faith-based organizations, and members of the community, working together to be part of the solution. By staying engaged, supporting local initiatives, and building partnerships that reflect our shared interests, the region can turn this shared vision into reality. San Bernardino County will do all that it can to ensure that homelessness is not long-lasting, but a challenge that requires real-world solutions that can only be overcome together.

# Appendices

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Outcomes and Outputs

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## Appendix A: Breakdown of Current County Homelessness Data

**Table 1.** Comparison of 2024 and 2025 Homeless Counts

	Sheltered	Unsheltered	Total
2024 Homeless Count	1,200	3,055	4,255
2025 Homeless Count	1,201	2,636	3,837
Difference:	+1 (0.0%)	-419 (13.7%)	-418 (9.8%)

Regarding sheltered homelessness, HUD states that CoCs must count all individuals or families who meet the criteria in paragraph (1)(ii) of the homeless definition in 24 CFR 578.3. This includes individuals and families “living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals)” on the night designated for the count. This includes individuals residing in Safe Haven projects.

Regarding unsheltered homelessness, HUD states that CoCs must count all individuals or families who meet the criteria in paragraph (1)(i) of the homeless definition in 24 CFR 578.3. This includes individuals and families “with a primary nighttime residence that is a public or private place not designed

for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground” on the night designated for the count.

RRH assisted households who are still unsheltered on the night of the count (e.g., staying in an encampment and being assisted by an RRH project to obtain housing) must be included as part of the unsheltered count.

The following table provides a breakdown of the total number of sheltered and unsheltered persons counted in 2025 by jurisdiction.

**Table 2.** Total Number of Sheltered and Unsheltered Adults and Children by Jurisdiction

Jurisdiction	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
Adelanto	1	17	20	38
Apple Valley	0	0	18	18
Arrowbear	0	0	1	1
Barstow	32	6	58	96
Big Bear City/Sugarloaf	2	11	0	13
Big Bear Lake	3	0	29	32
Bloomington/Crestmore	0	0	33	33
Blue Jay	0	0	0	0
Cajon Canyon	0	0	0	0
Cedarpines Park	0	0	1	1
Chino	0	0	31	31
Chino Hills	0	0	3	3
Colton	7	0	171	178
Crestline	0	0	6	6
Devore	0	0	0	0
Fontana	36	57	271	364
Grand Terrace	0	0	4	4
Hesperia	2	0	68	70
Highland	0	0	90	90
Joshua Tree	0	0	12	12
Lake Arrowhead	0	0	0	0
Landers	0	0	4	4
Lenwood	0	0	0	0
Loma Linda	0	0	19	19
Lucerne Valley	0	0	0	0
Lytle Creek	0	0	0	0
Mentone/Crafton	0	0	0	0
Montclair	0	0	38	38
Morongo Valley	0	0	0	0
Muscoy	0	0	11	11
Needles	0	0	12	12
Ontario	17	22	258	297

**Table 2.** Total Number of Sheltered and Unsheltered Adults and Children by Jurisdiction continued.

Jurisdiction	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
Phelan/Piñon Hills	0	0	2	2
Rancho Cucamonga	7	0	113	120
Redlands	42	0	104	146
Rialto	2	0	52	54
Running Springs	0	0	4	4
San Bernardino	438	116	981	1,535
Skyforest	0	0	1	1
Twentynine Palms	2	0	19	21
Twin Peaks	0	0	0	0
Upland	0	34	33	67
Valley of Enchantment	0	0	10	10
Victorville	263	44	141	448
West Cajon Valley	0	0	0	0
Wonder Valley	0	0	0	0
Yermo	0	0	0	0
Yucaipa	12	0	4	16
Yucca Valley	19	9	14	42
Countywide or Unknown	0	0	0	
<b>Total</b>	<b>885*</b>	<b>316*</b>	<b>2,636**</b>	<b>3,837</b>

\*Of the 1,201 sheltered person counted (885 in Shelter and 316 in TH), 965 were adults age 18+ and 236 were children under age 18.

\*\*Of the 2,636 unsheltered persons counted, 2,623 were adults age 18+ and 13 were children under age 18. There were 9 families that consisted of 13 adults and 13 children.

**Table 3.** Jurisdictions with Largest Number of Persons Counted as Homeless

Jurisdiction	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
County	885	316	2,636	3,837
Barstow	32	6	58	96
Colton	7	0	171	178
Fontana	36	57	271	364
Ontario	17	22	258	297
Rancho Cucamonga	7	0	113	120
Redlands	42	0	104	146
San Bernardino	438	116	981	1,535
Victorville	263	44	141	448
<b>Total:</b>	<b>842</b> (95.1%)	<b>245</b> (77.5%)	<b>2,097</b> (80%)	<b>3,184</b> (83.3%)

The following table provides the total number of people counted as unsheltered for each supervisorial district. The total number of people counted is broken down by the number of adults age 18 or older, number of unaccompanied children under age 18, and number of accompanied children under 18.

**Table 4.** Supervisorial District

Supervisorial District	Total	Adult		Unaccompanied Children Under 18		Accompanied Children Under 18	
	Number	Number	Percent	Number	Percent	Number	Percent
District 1	249	249	100	0	0	0	0
District 2	387	386	99.7	0	0	1	0.3
District 3	441	433	98.2	0	0	8	1.8
District 4	360	358	99.4	0	0	2	0.6
District 5	1,196	1,194	99.8	0	0	2	0.2
Unknown	3	3	100	0	0	0	0
<b>Total:</b>	<b>2,636</b>	<b>2,623</b>	<b>99.5</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>0.5</b>

The following related table provides a comparison of the 2025 unsheltered count to the 2024 unsheltered count by supervisorial district.

**Table 5.** Supervisorial District Unsheltered Count Comparison

Supervisorial District	2024	2025	Difference	
			Number	Percent
District 1	444	249	-195	-43.9
District 2	343	387	+44	+12.8
District 3	691	441	-250	-36.2
District 4	324	360	+36	+11.1
District 5	1,246	1,196	-50	-4.0
Unknown	7	3	-4	-57.1
<b>Total:</b>	<b>3,055</b>	<b>2,636</b>	<b>-419</b>	<b>-13.7</b>

The Housing Inventory Count (HIC) is mandated by HUD for CoCs that receive funding through the CoC and ESG programs. The HIC is conducted during the same time a CoC conducts its homeless count. Data collection requires the number of beds for Emergency Shelters (ES), Transitional Housing (TH), RRH, and PSH.

The following table compares the total number of beds counted in 2025 to 2024 for each of the four residential components. The table shows

- Emergency Shelter beds counted in 2025 was 1,268 in 2025 which represents an increase of 346 beds or 37.5% when compared to the number of beds counted in 2024;
- Transitional Housing beds counted in 2025 was 526 in 2025 which represents an increase of 108 beds or 25.8% when compared to the number of beds counted in 2024; and
- RRH Beds counted in 2025 was 1,384 in 2025 which represents an increase of 147 beds or 11.9% when compared to the number of beds counted in 2024;

The table also shows:

- PSH Beds counted in 2025 was 1,517 in 2025 which represents a decrease of 132 beds or 8.0% when compared to the number of beds counted in 2024.

**Table 6.** Housing Inventory Count Comparison

	2024	2025	Difference	
			Number	Percent
Emergency Shelter Beds	922	1,268	+346	+37.5
Transitional Housing Beds	418	526	+108	+25.8
RRH Beds	1,237	1,384	+147	+11.9
PSH Beds	1,649	1,517	-132	-8.0

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## Appendix B: County Agency Feedback

As part of developing the 2025 County Action Plan, Homebase engaged staff from numerous County agencies—including Behavioral Health Services, Public Health, Probation, Libraries, Workforce Development, and more—to gather insights on strengths, weaknesses, opportunities, and threats (SWOT) related to homelessness response. Across agencies, common themes emerged highlighting both challenges and strategies for improvement.



## County Challenges

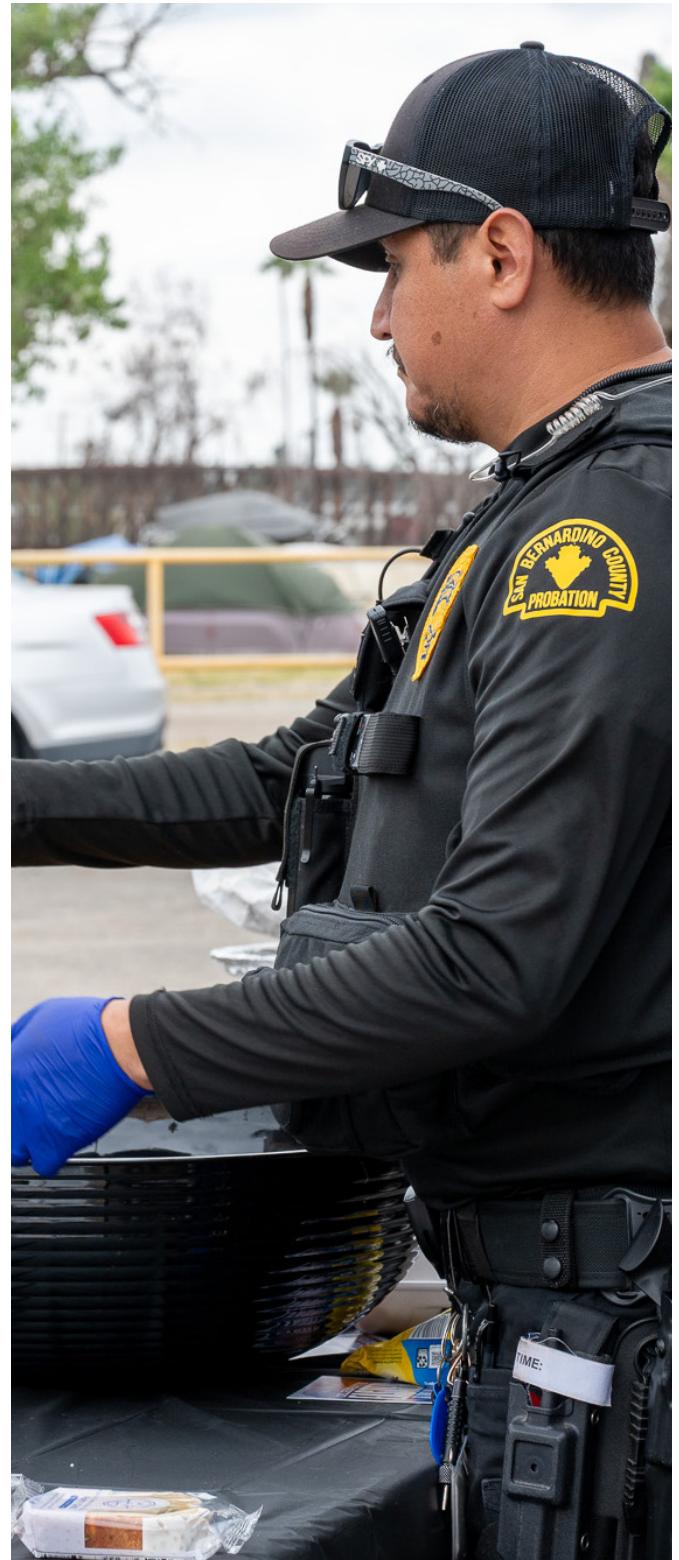
- **Staff Training and Capacity:** Frontline staff often lack trauma-informed training, crisis de-escalation skills, and clear referral tools, limiting their ability to effectively support people experiencing homelessness.
- **Eligibility and Access Barriers:** Federal program definitions, particularly HUD's definition of homelessness, exclude families in precarious housing, restricting access to supportive services.
- **Limited Emergency and Shelter Resources:** Emergency shelter beds are scarce, particularly outside standard hours, leaving urgent needs unmet.
- **Housing Affordability:** High rents and limited affordable housing drive homelessness, even for those employed or receiving SSI.
- **Policy and Funding Instability:** State and federal funding fluctuations disrupt program planning, staffing, and service continuity.
- **Fragmented Service Networks:** Access to services varies across regions, creating gaps in coverage and uneven support.
- **Insufficient High-Needs Care:** Limited sobering centers, detox programs, and specialized facilities hinder timely crisis interventions.
- **Coordination and Data Integration:** Siloed funding, limited data sharing, and inconsistent participation in HMIS impede cross-agency problem-solving and coordinated care.
- **Expertise and Decision-Making Gaps:** Departments without specialized homelessness expertise risk decisions that may not align with broader system goals.
- **Local Collaboration Challenges:** Shelter Court expansion faces resistance from some municipalities, limiting regional program reach.
- **Reentry Support:** Programs like the Multidimensional Anti-Recidivism Partnership (M.A.P.) show promise in connecting justice-involved individuals to services but require expansion for full County coverage.



## County Opportunities for Improvement

- **Centralized Resource Directory:** A live, countywide directory of shelters and supportive services with eligibility criteria, availability, and after-hours contacts would streamline referrals and reduce service gaps.
- **Expanded Training and Capacity Building:** Countywide training in trauma-informed care, motivational interviewing, and effective referrals, particularly for frontline staff such as library personnel, would enhance both service quality and staff resilience.
- **Low-Barrier Access Points:** Increasing accessible entry points, such as co-located services in library branches or embedding early childhood programs in transitional housing, can improve service reach and continuity of care.
- **Integrated Case Management:** Strengthening coordination across housing, behavioral health, employment, and other services can provide holistic support for individuals and families with complex needs.
- **Community and Faith-Based Partnerships:** Leveraging local organizations' strengths through targeted training, funding, and technical assistance can extend service reach across the County's diverse regions.

County agencies have made significant progress in homelessness response, but challenges in training, funding, access, coordination, and specialized care remain. Focused investments in workforce capacity, integrated services, centralized information, and community partnerships can enhance accessibility, effectiveness, and sustainability across the County's homeless system of care.



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## Appendix C: Regional Steering Committee (RSC) Feedback

San Bernardino County established five Regional Steering Committees (RSCs) in 2019—Central Valley, East Desert, High Desert, Mountain Region, and West Valley—to ensure that temporary and permanent housing and related services align with the needs of each region. Each RSC reflects its community’s unique geographic, demographic, and seasonal characteristics, ranging from dense urban centers to sparsely populated rural areas. RSCs include diverse stakeholders, such as local governments, service providers, faith-based organizations, businesses, educational institutions, and people with lived experience of homelessness.

During summer 2025, Homebase conducted in-person SWOT analyses with each RSC, supplemented by virtual and telephone follow-ups, to assess strengths, weaknesses, opportunities, and threats to effective homeless system coordination.

### Strengths

- Long-standing provider collaboration and strong local relationships support coordination and service delivery.
- RSCs are resourceful and committed to addressing local homelessness needs.

### Challenges and Weaknesses

- **County Engagement and Support:** Remote and smaller RSCs report feeling distanced from County planning and decision-making, limiting equity in resource allocation. Urban RSCs report higher satisfaction with County engagement.
- **Complex County Contracting:** The current process is burdensome, especially for under-resourced RSCs lacking grant-writing capacity.

Legalistic language, rigid timelines, and focus on direct services over capacity-building hinder participation.

- **Affordable Housing Shortage:** Countywide, there is a severe lack of affordable housing. Influxes from Los Angeles have driven up rents in the Central and West Valley, while short-term rental markets have decimated housing availability in the Mountain and East Desert regions.
- **Insufficient Emergency Shelters:** Shelter availability is limited, particularly low-barrier options, creating protracted stays and limiting access for first-time homeless individuals.
- **Geographic and Service Disparities:** The County’s size and diversity create uneven service coverage. Remote regions, including East Desert, High Desert, and Mountain areas, report significant service gaps and low visibility in County planning.
- **Training and Systems Support:** Additional training is needed to ensure consistent adherence to CES, HMIS, and data-sharing protocols. Uneven use of these systems results in inaccurate data, underrepresented homeless populations, and gaps in planning.
- **Faith and Community-Based Providers:** In some regions, primary service provision is by organizations outside the CoC framework, which limits data integration and recognition of local efforts.

### Opportunities

- Strengthen County presence and engagement across all RSCs to ensure equitable support and representation.
- Simplify contracting processes and provide clear, accessible RFPs to enable participation from smaller and rural providers.

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- Increase affordable and low-barrier housing and shelter options throughout the County.
  - Provide targeted training and technical support to ensure consistent use of CES, HMIS, and data-sharing across all regions.
  - Foster greater integration of faith- and community-based providers into the CoC to fully reflect regional efforts and data

While RSCs demonstrate strong collaboration and commitment, geographic disparities, housing shortages, uneven County engagement, and inconsistent use of data systems limit the County’s ability to respond equitably and effectively to homelessness. Enhancing County presence, streamlining processes, expanding housing resources, and fully integrating all providers into CoC systems are critical to creating a more robust, inclusive, and effective homelessness response countywide.



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## Appendix D: Feedback from Focus Groups of People with Lived Experience

In September 2025, Homebase facilitated four focus groups with individuals who have experienced homelessness across four RSC regions (all except East Desert). Participants included people currently unhoused, in transitional housing, or recently housed, recruited through local providers. The sessions captured insights into system strengths, barriers, and recommendations for improvement.

### System Strengths

**Staff Relationship** – Across regions where services were accessible (Central Valley, High Desert, West Valley), participants reported strong, caring relationships with case managers and outreach staff who helped them access services and continue support after program participation.

**Employment Support** - Participants valued assistance with job placement, resume building, certifications, educational opportunities, clothing, and transportation, which sometimes led to employment within the homeless service system.

**Access to Care** – Health care, substance use treatment, and mental health services were viewed as critical supports once participants accessed programs, despite initial challenges in some regions.

**Sense of Community** – Peer support, connections to recovery programs (AA/NA), and community networks were vital for stability, particularly in regions with limited services, like the Mountain Region.

**Other Supports** – Access to outreach services, basic needs (food, showers, mail, IDs), family supports, and transportation assistance were noted. Positive outcomes included obtaining employment, skills certifications, or personal assets (e.g., a car).

### System Barriers and Challenges

**Availability of Support** – Shelter and program beds are insufficient relative to demand. Programs often have restrictive eligibility criteria (gender, family status, location, substance use), leaving many without access. Mountain and West Valley regions faced acute shortages of shelters and services.

**Navigating the System** – Participants often had to contact multiple agencies without clear guidance, relying on word-of-mouth or limited tools like 2-1-1. Outreach staff were helpful where available but absent in some regions.

**Negative Perceptions and Stigma** – Experiences of discrimination from law enforcement and community members created hesitancy to seek help, particularly in West Valley and Mountain regions.

### Lack of Affordable Housing and Job

**Opportunities** – Participants across all regions reported difficulty finding affordable housing and sustainable employment. In some areas, jobs that pay enough for housing were geographically distant, complicating family logistics.

**Regional Differences in Housing Status** – Housing stability varied widely: Central Valley participants were mostly housed; High Desert participants were in transitional programs; Mountain Region participants were largely unhoused; West Valley participants were a mix of unsheltered, doubled-up, and housed.

### Suggestions for System Improvement

**Awareness and Coordination of Existing Services** – Improve public and community awareness of available services and enhance coordination among providers and stakeholders.

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### Access to Case Management and Other Services

– Expand case management, substance use and mental health treatment, shelter beds, employment services, and public benefit access. Services should be aligned with client needs rather than restrictive program criteria.

### Longer Term Financial Assistance and Homeless Prevention

– Increase programs that prevent homelessness and provide sustained financial assistance to address housing instability.

### Additional Recommendations

- Allow pet-friendly services to support security and companionship.
- Develop community-wide strategies to reduce stigma toward people experiencing homelessness.

- Provide additional staff training to improve engagement and support for individuals experiencing homelessness.

Focus group participants highlighted the importance of compassionate staff, employment support, access to health and mental health services, and peer/community support as system strengths. Key barriers include insufficient shelter and housing, restrictive program eligibility, limited service awareness, regional disparities, stigma, and lack of preventive financial support. Participants emphasized the need for better coordination, expanded case management, more accessible services, longer-term housing solutions, and inclusive, community-oriented strategies to improve outcomes across all regions.



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## Appendix E: Community Survey Feedback

In August 2025, Homebase conducted a countywide survey to gather input on how the CoC and County could best respond to homelessness. A total of 363 respondents participated, including 162 people with lived experience of homelessness, service providers, residents, and local businesses. The survey explored perceptions of homelessness, policy and system challenges, housing solutions, and priority populations.

Key facts about those who participated in the survey:

### Community Perceptions:

- 61% strongly agree that homelessness is a serious problem in the County.
- 75% believe communities are responsible for ensuring people are not unsheltered.
- 88% agree addressing homelessness should be a top local government priority.
- 76% support public funding for temporary shelter; 87% support greater investment in mental health and substance use treatment.
- 79% support locating homeless services in their neighborhoods; 83% favor a mix of services and accountability to help people exit homelessness.
- Less consensus on fairness and equal access in the homeless system (49%) and enforcement of anti-camping laws.

### Housing Solutions Preferred:

- 51% favor housing with integrated supportive services.
- 41% support converting motels/hotels to housing.
- 40% support rental assistance programs.
- Additional ideas included incentives for landlords, tax policies, mental health support, and eviction prevention.

### Barriers Identified:

- Lack of affordable housing (84%) and supportive services (50%) limit access to permanent housing.
- Landlord reluctance due to tenant histories (30%).
- Policy and regulatory restrictions: 60% cited limits on fund usage, 49% cited behavioral health access limits, and 49% cited complex eligibility verification processes.
- Challenges in providing services: limited funding/resources (70%), lack of affordable housing (65%), and limited shelter availability (60%).

### CES Feedback:

Mixed opinions on CES accessibility and effectiveness:

- 33% disagree CES is accessible; 38% agree.
- 34% disagree CES accurately identifies needs; 31% agree.
- 31% disagree CES prioritizes appropriately; 28% agree.
- 44% disagree CES matches and refers effectively; 21% agree.

### Priorities for Action:

- Expand access to affordable housing (48%).
- Invest in permanent housing for people experiencing homelessness (40%).
- Increase mental health and addiction treatment services (37%).

### Populations Requiring Additional Focus:

- Children and families (58%).
- Seniors (43%).
- People experiencing chronic homelessness (41%).
- Low-wage workers (36%).

Survey respondents broadly recognize homelessness as a serious and urgent community issue. There is strong support for expanding affordable and permanent housing, integrating supportive services, and investing in behavioral health and substance use

treatment. Key barriers include housing affordability, limited supportive services, policy constraints, and gaps in the CES system. Respondents highlight the need to prioritize vulnerable populations such as children, families, seniors, and those experiencing chronic homelessness.



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## Appendix F: Classifications of Homelessness

The classifications of homelessness are essential for understanding the various forms and conditions under which households, including families, may lack stable housing. The HUD Exchange provides a detailed definition of homelessness, which includes the following four categories:

1. Literally Homeless;
2. Imminent Risk of Homelessness;
3. Homeless Under Other Federal Statutes, and
4. Fleeing/Attempting to Flee Domestic Violence

### Literally Homeless: Category 1

HUD defines Literally Homeless as an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary night-time residence that is a public or private place not meant for human habitation; or
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Note: An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless.

### Imminent Risk of Homelessness: Category 2

HUD defines Imminent Risk of Homelessness as an individual or family who will imminently lose their primary night-time residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; and

3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, share with others, or are living in without paying rent.

### Homeless Under Other Federal Statutes: Category 3

HUD defines Homeless Under Other Federal Statutes as an unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

1. Are defined as homeless under the other listed federal statutes;
2. Have not had a lease, or ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
3. Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
4. Can be expected to continue in such status for an extended period of time due to special needs or barriers

Note: HUD has not authorized any CoC to serve the homeless under Category 3. HUD determines and approves the use of CoC Program funds to serve this population based on each CoC's Consolidated Application. See 24 CFR 578.89. Individuals and families that qualify as homeless under Category 3 may be served by the ESG program if they meet required eligibility criteria for certain ESG components.

## Fleeing/Attempting to Flee Domestic Violence

HUD defines Fleeing/Attempting to Flee Domestic Violence as any individual or family who:

1. Is fleeing, or is attempting to flee, domestic violence;
2. Has no other residence; and
3. Lacks the resources or support networks to obtain other permanent housing

Note: For the purposes of this plan, “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

Under VAWA 2022, HUD interpreted the definition of homeless, Category IV to include the following:

Any individual or family who

1. is experiencing trauma or lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual’s or family’s current housing situation, including where the health and safety of children are jeopardized;
2. Has no other safe residence; and
3. Lacks the resources to obtain other safe permanent housing.



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## Appendix G: Foundational Principles and Practices for System Improvements

System improvements are based on a wide range of foundational principles and practices that include:

- **Trauma-Informed and Person-Centered Services:**

- » Programs must recognize and respond to trauma associated with homelessness.
- » Strength-based approaches empower individuals to set goals, make decisions, and define pathways out of homelessness.
- » Environments should promote healing, recovery, and community connection.

- **Alignment of Health, Housing, and Homelessness Strategies:**

- » Ensure coordination across housing, homelessness, and healthcare systems.
- » Promote equitable opportunities for all community members to obtain and maintain safe housing.

- **Balancing Crisis Response and Permanent Housing Solutions:**

- » Address immediate crises with supportive, non-punitive approaches.
- » Scale permanent housing options to provide long-term solutions.

- **Collaboration and Coordination:**

- » Maximize impact by integrating efforts across County departments and community stakeholders.
- » Break down silos to promote shared leadership, planning, and information sharing.

- **Diversity and Inclusion in Solutions:**

- » Programs must be trauma-informed and tailored to meet the needs of diverse populations, including youth, families, older adults, LGBTQ+ individuals, Veterans, people with disabilities, and survivors of domestic violence.

- **Data-Driven Decision Making:**

- » Use evidence and data to inform policy, funding, and system improvements.

- » Strengthen stakeholders' capacity to collect, report, and analyze data for continuous improvement.

- **Innovative Service Design:**

- » Pilot alternative service models focused on stabilization, recovery, and diversion.
- » Increase access to services across the continuum of care.

- **Housing First:**

- » Secure, stable housing is the foundation for addressing other issues such as health, employment, and substance use.
- » Maintain focus on removing barriers to permanent housing access.

- **Tribal Communities Engagement:**

- » Recognize the unique challenges faced by Tribal communities, including systemic disparities and historical barriers.
- » Partner with Tribes to ensure programs and funding are accessible and culturally appropriate.

- **Justice and Fair Access Across Communities:**

- » Address structural factors contributing to homelessness among people of color.
- » Apply a fair treatment lens to policy, planning, funding, and service delivery.

- **Homelessness Prevention:**

- » Prioritize upstream interventions for at-risk households.
- » Implement policies and programs to prevent homelessness before crisis occurs.

- **Valuing Lived Experience:**

- » Integrate expertise from people with current or former homelessness to inform programs, policies, and services.
- » Use advisory boards and feedback mechanisms to guide system design.

### Best and Promising Practices

Best practices are methods or techniques that have been generally accepted as superior to any alternatives because they produce results which

are superior to those achieved by other means. These practices are not considered evidence-based because not enough rigorous research has shown them to be effective, which may yet happen.

#### Best Practices (Evidence-Based) include:

- **Permanent Supportive Housing (PSH):** Long-term subsidized housing with supportive services.
- **Housing First:** Immediate access to permanent housing without preconditions.
- **HMIS:** Collect and analyze client-level data to coordinate services and inform policy.
- **Street Outreach and Engagement:** Proactively connect unsheltered individuals to housing and services.
- **Rapid Rehousing (RRH):** Temporary rental assistance and supportive services for quick housing stabilization.
- **Housing Navigation:** Individualized assistance for housing searches, applications, and move-in coordination.
- **Trauma-Informed Care:** Services designed to ensure safety, empowerment, and stability.

#### Promising practices include:

- **Coordinated Entry System (CES):** Standardized assessment and prioritization to connect households with appropriate services.
- **Data-Driven System Improvement:** Continuous performance review to strengthen interventions.
- **By-Name List:** Real-time tracking of individuals experiencing homelessness for targeted interventions.
- **Weekly Case Conferencing:** Coordinated discussions to identify appropriate housing solutions.
- **Housing Locators:** Dedicated staff to secure housing opportunities.
- **Encampment Response Plan:** Humane, coordinated interventions for unsheltered populations.

- **Morbidity and Mortality Prevention:** Data-informed strategies to reduce preventable deaths.
- **Bridge Housing:** Low-barrier temporary housing with navigator support for permanent housing transition.
- **Flexible Funding Pool:** Rapidly addresses housing barriers with adaptable financial resources.



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## Appendix H: Outcomes and Outputs

### Action 1: Prevent Homelessness

#### Outcomes

- Households receiving prevention assistance remain stably housed.
- Divert households presenting at CES to safe alternatives.
- Rapidly connect individuals exiting institutions to housing navigation.
- Reduce disparities in first-time homelessness.
- Strengthen cross-sector partnerships with formal MOUs and shared referral systems.

#### Outputs

- Persons known to the County Behavioral Health clinics or Probation services will receive resource list upon exit. (MDT)
- Households receive eviction mediation, legal, and financial assistance.
- Successful diversion of households from shelter into safe alternatives.
- Housing navigators deployed across access points.
- Cross-sector partnerships formalized.
- Equitable, trauma-informed interventions delivered.
- Data dashboards track prevention, diversion, and stability outcomes.

### Action 3: Expand Permanent Housing Solutions to Improve System Performance:

#### Outcomes

- PSH: Create or secure new PSH units, prioritizing individuals who are chronically homeless (44% of the unsheltered population).
- Provide 128 units of PSH (28 in short term, 100 long term) (MDT-CDH).
- Expand subsidized housing assisted living partnerships. (MDT-DAA + PG).
- Increase inventory of long-term housing solutions. (MDT-BH).

- Create re-entry programs and scale permanent housing
- Housing Prioritization: Ensure that new PSH placements are allocated to households with disabling conditions and extremely low incomes (62.5% reporting no income).
- Supportive Services: Ensure that individuals in PSH are connected to behavioral health, healthcare, and income supports after program enrollment.
- Homeless checklist and tasks are completed for all persons (align with SB1152) (MDT-Clinical SW)
- Foster partnerships to ensure collaboration with local agencies, county and non-county resources.
- Create partnerships to support reintegration into structured living environments. (MDT – DAA& PG).
- Equity and Inclusion: Demonstrate measurable reductions in geographic disparities by ensuring resources are proportionately allocated to the City of San Bernardino, where 34% of first-time homelessness originates.
- Lived Experience Engagement: Establish a formal advisory body of people with lived experience to inform policy, program design, and evaluation.
- Data-Driven Accountability: Implement real-time data dashboards, with public reporting on system performance (housing placements, retention rates, and reductions in unsheltered homelessness).
- Systemwide Retention Goal: Achieve a significant housing retention rate in PSH.

#### Outputs

- Scale PSH targeting nearly half (44%) of unsheltered residents experiencing chronic homelessness.
- Prioritize high-need populations, including those with disabling conditions and extremely low incomes (62.5% reporting no income).
- Strengthen housing-focused outreach and low-barrier shelters in the eight cities where 83% of homelessness is concentrated.
- Apply human-centered and trauma-informed approaches to engagement and service delivery.

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- Ensure equity and inclusion in targeting and resource allocation, with special attention to populations disproportionately affected by homelessness.
  - Use data-driven accountability to monitor progress in real time and adapt strategies to achieve measurable, sustained reductions in homelessness.

## Action 5: Make System Improvements

### Outcomes

- Establish formal data-sharing agreements with health systems (i.e., behavioral health, Medi-Cal managed care, hospitals) to coordinate care plans with housing interventions, reducing hospital discharges to homelessness.
- Publish transparency dashboards that track shelter utilization, equity indicators, and provider compliance, to promote accountability and continuous improvement.
- Establish a Lived Experience Advisory Board to review shelter access equity data and make recommendations annually into system policies or procedures.
- Implement weekly case conferencing across all CES access points with housing navigators, outreach workers, and health providers, ensuring households in the By-Name List are actively case-conferenced.
- Launch an equity impact assessment of homelessness interventions, with a goal of reducing disparities in shelter access and housing placements.
- Reduce the average length of time individuals remain unsheltered before entering shelter or interim housing, through improved real-time bed access, expanded shelter options, and rapid outreach-to-shelter referral protocols.
- Reduce the average length of time individuals spend in emergency shelter, while increasing the rate of exits to permanent housing from interim housing.

- Ensure CoC-funded providers complete annual training in trauma-informed care and person-centered practices, with clients reporting improved experiences of dignity, choice, and safety in annual surveys.

### Outputs

- Centralized shelter bed capacity platform is developed and operational, accessible to outreach teams, CES staff, 211 operators, first responders, and shelter providers.
- Shelter staff training conducted on trauma-informed practices, cultural responsiveness, and use of the bed capacity system.
- Public-facing dashboard or designated partner-access portal displaying real-time shelter availability and utilization.
- Equity dashboards are launched to monitor shelter access and housing placement by race, gender, age, and geography.
- Expanded shelter options integrated into CES (i.e., safe parking, tiny homes, sanctioned encampments, Tribal-specific housing pathways, etc.).
- Case conferencing protocols standardized across outreach, shelter, and housing providers with regular convenings.
- Automated referral and alert systems established between outreach teams and shelter providers to expedite placements.
- Quarterly transparency reports published documenting shelter utilization, equity outcomes, and provider compliance rates.
- Lived experience advisory group recommendations integrated into system design and evaluation processes, with recommendations documented and applied.



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