

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): CA-525 - El Dorado County CoC

CoC Lead Organization Name: El Dorado County Public Housing Authority

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: El Dorado County Continuum of Care Stakeholders Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 79%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

El Dorado County has developed a Stakeholders Committee that collaborates with many faith-based organizations, homeless service programs and government agencies, with the goal of coordinating homeless services currently provided in the jurisdiction. The members of the committee are involved in a larger network within the community, participating on various boards, advisory committees and coalitions in the County. This collaboration is used to obtain and share information and to work collectively on homeless problems and solutions. Members either volunteer to participate or are assigned by participating agencies.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. The lead agency for the El Dorado County Continuum of Care Stakeholders Committee is the El Dorado County Public Housing Authority, which is a local government agency. This is the department that will be applying for and administering grant funds under the Continuum of Care Homeless Programs, as required by the Housing Element of the El Dorado County General Plan.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
El Dorado County Continuum of Care	This group meets once a month to discuss status of CoC application, increase public awareness, address current issues, guides the subcommittees, advocacy and coalition building, address the needs of the homeless within the jurisdiction, determine needs and goals for the Continuum of Care, works together to develop strategies and oversee the progress and development of CoC plan and strategy.	Monthly or more
Homeless Count Committee	Works with local organizations and volunteers to coordinate and conduct homeless count and survey. Conducts the volunteer training, obtain and assemble donations of incentives to encourage participation, coordinate survey locations, prepare survey documents, coordinate unsheltered homeless count, assembles and reviews data and reports results.	Semi-annually
Rating and Ranking Committee	Responsible for review and evaluation of the Continuum of Care Exhibit Two funding requests received, with the goal of determining project priority rankings for inclusion in the annual Continuum of Care Homeless Assistance Program grant funding application.	Semi-annually
HMIS Committee	This committee is responsible for the development and implementation of the local HMIS, including reviewing the needs of community and local agencies, overseeing data collected, providing support to encourage and increase HMIS participation, providing data for the point-in-time homeless count and surveys, developing and reviewing forms and procedures, and provides or coordinates HMIS training for provider organizations.	Monthly or more
Discharge Planning Committee	Members will research, develop and work with publicly funded institutions or systems of care to document or implement a formalized discharge protocol, including working with local faith-based, non-profit and existing community agencies or organizations to encourage the development of partnerships beneficial to discharge planning.	Quarterly

If any group meets less than quarterly, please explain (limit 750 characters):

The Homeless Count and Rating and Ranking Committees meet during the planning phases for the Point-In-Time Homeless counts and annual Supportive Housing Program application submittal.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
El Dorado County Human Services Department	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
El Dorado County Public Guardian	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
El Dorado County Mental Health	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
El Dorado County Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
El Dorado County Public Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Placerville Union School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
El Dorado County Office of Education	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
El Dorado County Sheriff Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
El Dorado County Human Services-Workforce Inves...	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Golden Sierra Job Training Agency-Workforce Inv...	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Womenspace Unlimited-South Lake Tahoe Women's C...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
The Center for Violence Free Relationships	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
H.E.L.P. - Housing Emergency Lodging Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Food Bank of El Dorado County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Emerging Hope Ministries - Hope House Transitio...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

United Outreach of El Dorado County	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Tahoe Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Sierra Recovery Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Salvation Army	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
New Morning Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Boys and Girls Club of El Dorado County-West Slope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Mother Theresa Maternity Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Camino Seventh Day Adventist Church	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Federated Church	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Calvary Chapel	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Green Valley Community Church	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Foothill United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Faith Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Cold Springs Community Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Patrick's Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Theresa Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Affordable Housing Coalition of El Dorado County	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Homeless Advocacy Group	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Marshall Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
El Dorado County Community Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE

Ron Sachs	Individual	Homeless..	Committee/Sub-committee/Work Group	NONE
Hugo Gervais	Individual	Homeless..	Committee/Sub-committee/Work Group	NONE
League of Women Voters	Private Sector	Non-profit..	Committee/Sub-committee/Work Group	NONE
El Dorado Transit	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Jobs of the Sierra	Private Sector	Faith-based...	Committee/Sub-committee/Work Group	NONE
F.A.I.T.H.	Private Sector	Faith-based...	Committee/Sub-committee/Work Group	NONE
S.O.A.P.	Private Sector	Faith-based...	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

- k. Assess Cost Effectiveness, n. Evaluate Project Presentation, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, j. Assess Spending (fast or slow), p. Review Match, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

Voting/Decision-Making Method(s): (select all that apply)

- c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

United Outreach closed their winter shelter and anticipates opening a larger facility for homeless persons.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

There are not currently any Safe Haven beds in El Dorado County.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Tree House Ministries turned over the lease of the Ranch to its tenants, reduced number of clients served at the Tree House due to zoning restrictions. Mental Health opened two transitional housing facilities, one for older adults and one for adult women. THP Plus funds increased the number of beds to ten for individuals.

Permanent Housing: No

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

There are not currently any permanent housing projects in El Dorado County.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	--	No Attachment

Attachment Details

Document Description:

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1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/22/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Stakeholder discussion was the method used to determine unmet need, taking into consideration information gathered from the point-in-time survey, unsheltered count results, local housing inventory, and provider opinion through discussion.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: CA-525 - El Dorado County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Bell Data

What is the name of the HMIS software company? Bell Data

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 12/01/2008
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Anticipated Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation of SHP funded providers, No or low participation by non-HUD funded providers, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The initial 07 SHP funded project is the dedicated HMIS grant. The contract with the software and service provider has been executed and the purchase is underway. Our rural county has few dedicated homeless service and housing providers that serve both at-risk and homeless clients and will have to pay a portion of the HMIS implementation with their budgets in order to participate which makes it difficult to encourage involvement. To overcome this, the CoC will continue to provide the community with information on HMIS through discussion, website, presentations or brochures/flyers and seek the assistance of participating agencies to encourage other community agencies to take part. Participation will increase as the CoC grows and more projects are developed. The economy has created many staffing and budget changes within non profit organizations since grant award on 12/21/07. Marketing efforts will need to be recreated to reach new staff at the existing service and housing providers.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name El Dorado County Human Services, Community Services Division - Public Housing Authority

Street Address 1 937 Spring Street

Street Address 2

City Placerville

State California

Zip Code 95667

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Mrs.

First Name Cynthia

Middle Name/Initial

Last Name Wallington

Suffix

Telephone Number: 530-642-7272
(Format: 123-456-7890)

Extension

Fax Number: 530-295-2598
(Format: 123-456-7890)

E-mail Address: cynthia.wallington@edcgov.us

Confirm E-mail Address: cynthia.wallington@edcgov.us

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	No beds in CoC

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The rates indicated in this chart are only anticipated as the El Dorado County Continuum of Care has just executed the contract with the vendor and is in the process of purchainsg software licenses. HMIS implementation will begin by January 2010. Many agencies have indicated interest in participating in the system and and are also member agencies of the HMIS Committee. It is anticipated that it may take one to two years once funding is received to attain the coverage rates anticipated. In the meantime, the El Dorado County Continuum of Care members are committed to working together to examine ways of encouraging small non-mandated agency participation in the HMIS; the HMIS Committee will continue to develop policies, develop MOU's and promote community participation in the jurisdiction's HMIS; and funding for the HMIS will remain a priority of the committee.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

El Dorado County will work closely with agencies participating in HMIS to improve data quality. Training and technical assistance will be provided individually and in groups to ensure data quality meets standards. The HMIS Committee has developed a policy and procedure manual, including user forms and agreements, as a reference tool on data quality and participation requirements.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Monthly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Semi-annually
* Locking screen savers	Semi-annually
* Virus protection with auto update	Semi-annually
* Individual or network firewalls	Semi-annually
* Restrictions on access to HMIS via public forums	Semi-annually
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Semi-annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Quarterly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 08/15/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Quarterly
HMIS software training	Quarterly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/22/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	4	8	3	15
Number of Persons (adults and children)	13	27	8	48
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	1	22	75	98
Number of Persons (adults and unaccompanied youth)	1	22	75	98
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	5	30	78	113
Total Persons	14	49	83	146

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	15		15
* Severely Mentally Ill	14	0	14
* Chronic Substance Abuse	25	0	25
* Veterans	8	0	8
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	14	0	14
* Unaccompanied Youth (under 18)	0	0	0

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Biennially

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 82%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The resources used for guidance included HUD's A Guide to Counting Sheltered Homeless People, rev. January 2008, and HUD's A Guide to Counting Unsheltered Homeless People, 2nd rev. January 2008. The methodology and procedures followed for the count and survey were developed by HomeBase, The Center for the Common Concerns, the consultant firm hired to conduct the 2008 Homeless Count and Survey through funds received by a California State Community Development Block Grant. Surveys were administered to clients by 13 out of 15 operating programs.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The 2009 Homeless count results reflected a net decrease of 12 sheltered homeless persons from the closure of the United Outreach Cold-weather shelter program during the 2008-09 season and the increase of transitional housing programs, specifically, the Tree House Ministries transitional housing program. Due to an increased level of participation by service providers during the 2009 PIT count, the homeless counted in transitional housing programs almost doubled to 49 persons; however, the homeless counted in emergency shelter programs decreased due to the temporary closure of the cold-weather shelter during the 2008-09 winter season. The shelter is expected to reopen in a new, long-term location for the 2009-2010 winter season.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *A Guide for Counting Sheltered Homeless People* at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Sheltered subpopulation data was obtained through client-level data provided by 13 out of 15 emergency and transitional housing providers. Surveys of people who are homeless were also collected from 18 locations in El Dorado County. Volunteers administered surveys to homeless persons at service site locations throughout El Dorado County during the period of January 22, 2009 through January 26, 2009. The purpose of this component of the homeless count is to gather demographic data on a sample of the local homeless community and to determine an estimate of the chronically homeless, which is a HUD reporting requirement. Volunteers, service providers and formerly homeless persons participated in the administration of the survey and received one-hour training and detailed written instructions.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The 2009 homeless count results indicated an increase in the sub-population data from the 2008 count. This is due to the increase in homeless service locations and food distribution programs that were used to administer surveys. Additionally, the shelter providers participating in the survey increased.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count: (select all that apply)

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The survey instrument used an identifier that consisted of first and middle initial, first two letters of last name and date of birth. The survey instrument also asked where the homeless person spent the night of January 29th, in order to provide de-duplication data.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The techniques used to reduce duplication, include assigning areas for volunteers to conduct the count in and indicating the location the person was counted at on the enumeration document so information could be compared to service-based survey instruments. Also survey documents ask where the person slept on the night of the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

During the point-in-time count, there were three unsheltered families with children counted. Our Continuum of Care consists of multiple agencies that provide outreach to homeless households with dependent children, consisting of domestic violence shelters, the Placerville Union School District, local churches, the El Dorado County Office of Education, Tahoe Youth and Family Services, New Morning Youth and Family Services, Hope House, Mother Theresa Maternity Home and the El Dorado County Human Services Department. There are multiple points of entry in the community to work with families to obtain assistance.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Many Continuum of Care agencies provide outreach to persons sleeping on the streets, including the many involved community volunteers and local faith-based organizations that have established relationships with these persons and provide individualized assistance when possible. Many youth-based organizations provide street outreach to work with local youths that appear to be homeless. Jobs of the Sierras and F.A.I.T.H. routinely visit homeless camps and unsheltered persons to provide food and assistance.

The point-in-time count that took place in January 2009 counted 83 unsheltered, and the point-in-time count that took place in January 2008 counted 75 unsheltered. The reason for this is the increase in volunteers, the participation of local law enforcement.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Over the past few years the Continuum of Care has participated in discussions on the development of permanent housing projects for the homeless populations. The Department of Human Services has worked with developers of affordable housing projects and will continue to research funding alternatives to maximize existing resources to work with developers to encourage the development permanent housing beds for chronically homeless populations. The Public Housing Authority can provide landlord resources to work to develop a leased program should funding become available. Marketing programs can be developed to encourage provider and landlord cooperation, and to inform potential developers of possible funding opportunities to assist chronically homeless populations.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Discussions were taking place between the Department of Human Services and with the County Department of Mental Health on using MHSA dollars to fund the development of permanent housing beds for mentally ill homeless persons at an affordable development project, but due to problems with the site, work had to stop and the development was disencumbered. The Continuum of Care will continue to utilize this working relationship to encourage funding for affordable housing projects and permanent housing projects for the homeless population. The Continuum of Care will continue the marketing program to encourage the creation of permanent housing beds, and researching potential funding opportunities for the development of permanent housing beds.

How many permanent housing beds do you currently have in place for chronically homeless persons? 0

How many permanent housing beds do you plan to create in the next 12-months? 10

How many permanent housing beds do you plan to create in the next 5-years? 20

How many permanent housing beds do you plan to create in the next 10-years? 50

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The El Dorado County Continuum of Care jurisdiction does not presently have permanent housing beds for the homeless population. Once housing beds are developed the goal is to work with existing community providers to develop the supportive services necessary to keep homeless persons remaining in the housing for at least six months to at least 77%. This is anticipated to be accomplished by researching the best practice models and incorporating new approaches for greater efficiencies. Existing collaborations with community agencies and mainstream programs will be utilized as resources to complement the permanent housing beds that are developed.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has established a coordinated community approach to serving the homeless populations. This collaborative will be used to promote the development of permanent housing beds and creation of new supportive services. Best practice models will be used as resources to develop successful supportive service programs for permanent housing projects, field trips will be planned to northern California programs that have high success rates. The CoC lead agency will be responsible for researching potential funding opportunities to provide supportive service programs and encourage the development of permanent housing for the homeless population. HMIS will be used to track client data and monitor the percentage of residents remaining in permanent housing projects past six months, to ensure that at least 77% are remaining in housing. This data will be used to determine if existing programs need to be restructured to ensure higher rate program services if the clients are not achieving the goals.

What percentage of homeless persons in permanent housing have remained for at least six months? 0

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 0

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

El Dorado County does not have permanent housing beds developed in the CoC jurisdiction. However, local transitional housing programs work with landlords and existing mainstream, nonprofit and faith-based community service programs to ensure that clients have access to the resources necessary to provide for a successful transition to self-sufficiency prior to graduation from the programs. The SLT Women's Center has a program that pays for the initials costs of a lease for victims of domestic violence that have successfully completed their stay at the emergency shelter, and the lease is eventually turned over to the clients upon successful graduation of the program. Local transitional housings will continue to provide supportive services and track client success to ensure the 65% successful transition rate of clients is achieved. The existing collaborative of the CoC and other community service organizations will be utilized to provide supplemental supportive resources for clients.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Continuum of Care will work with developers and research potential funding opportunities to create permanent housing beds. Marketing material will be developed by the Continuum of Care lead to encourage the development of permanent housing and to fill any gaps in supportive services that are needed to ensure a successful transition for clients from transitional housing to permanent housing programs. Clients' success will be tracked to ensure that the required 65% success rate is achieved. Working relationships will be established through the Continuum of Care collaborative to prioritize transitional housing applicants to the permanent housing projects, and supportive services will be provided at the site. Existing mainstream, nonprofit and faith-based supportive service programs will be utilized to connect residents with the services they need to achieve self-sufficiency.

What percentage of homeless persons in transitional housing have moved to permanent housing? 0

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 0

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Continuum of Care lead organization will work with the Department of Human Services and with emergency shelter and transitional housing programs to ensure that information on the employment resources available in the community are utilized by program clients. Many clients are employed upon entry into transitional housing programs and those that need additional assistance with locating employment opportunities will work with existing employment and training programs provided by the Department of Human Services, Workforce Investment Act, One Stop Resource Center, Employment Development Department, Crossroads Diversified Services, Central Sierra Regional Occupational Program and El Dorado County Office of Education resources.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Existing mainstream and nonprofit community services will be utilized to connect program participants with employment, including the Department of Human Services, Workforce Investment Act, One Stop Resource Center, Employment Development Department, Crossroads Diversified Services, Central Sierra Regional Occupational Program and El Dorado County Office of Education resources. The Continuum of Care lead organization will work with local organizations to support potential employment and/or vocational programs for homeless or formerly homeless persons, by connecting with resources, potential partnerships, and researching potential grant funding and alternate funding to support the efforts.

What percentage of persons are employed at program exit? 0

In 12-months, what percentage of persons will be employed at program exit? 0

In 5-years, what percentage of persons will be employed at program exit? 20

In 10-years, what percentage of persons will be employed at program exit? 20

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Community and govt orgs in the Co of El Dorado place a high priority on protecting children by developing programs for, and providing assistance to, homeless families with minors. There are multiple services available that assist families and children and allow for multiple entry points for those needing assistance and collaboration among service providers. The steps that will be taken to continue to decrease the number of families are:

- ¿ Support efforts of comm. orgs that serve homeless children by providing collaboration and access to nonprofit and mainstream community services that address unmet needs of homeless.
- ¿ Strengthen efforts of comm.. orgs by researching grant funding opportunities on behalf of orgs that provide services to or are interested in providing services to homeless families with children.
- ¿ Establish partnerships with developers and organizations that have the experience or interest in developing permanent housing beds for families with dependent children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC¿s long-term plan for decreasing homeless households with children will include working with local homeless shelter and transitional housing provided and utilizing HMIS data to obtain reliable data regarding homeless households with children. The Continuum of Care lead organization will continue to support the efforts of local organizations in developing housing and service programs for homeless families. The HMIS will be utilized to determine the number of homeless families being served. The Continuum of Care will continue to work with community agencies that serve families to develop a cohesive and coordinated approach to obtaining housing and services with the goal of expediting their transition to permanent and transitional housing through outreach and access to affordable permanent housing.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 48

In 12-months, what will be the total number of homeless households with children? 40

**In 5-years, what will be the total number of
homeless households with children?** 30

**In 10-years, what will be the total number of
homeless households with children?** 30

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

In 2007/2008, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House Transitional Home, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. This process involved the development of a coordinated and comprehensive community approach, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of MOU's with community organizations to encourage partnerships that will programmatically support a successful discharge planning process.

The local foster care system through the El Dorado County Human Services Department has an established internal protocol that prevents client discharge into homelessness for former foster youth. Established community relationships are in place, including the THP+ Transitional Housing Program for youths aging out of foster care. The THP+ Memorandum of Understanding is attached for reference.

Health Care:

In 2007/2008 a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. This process involved the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of MOU's with community organizations to encourage partnerships that will programmatically support a successful discharge planning process.

Marshall Hospital has discharge planning staff that provide case management as directed in their organizational Generic Structure Standards, which can begin in the pre-admission stage and is developed throughout hospitalization and into the aftercare stage. Development of housing and services so that individuals are not released into homelessness or HUD McKinney-Vento funded homeless programs are a priority of the Discharge Planning Committee.

Mental Health:

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. This process involved the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of Memorandum of Understandings(MOU)with community and county organizations to encourage partnerships that will programmatically support a successful discharge planning process.

Corrections:

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intents of bringing additional partners into discussions and the Continuum of Care. This process involved the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of Memorandum of Understandings(MOU)with community and county organizations to encourage partnerships that will programmatically support a successful discharge planning process.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Long term objectives: establishment of a homeless prevention program, applying for acquisition of permanent supportive housing units; establishment of a staging home for the homeless that will address and recognize the unmet needs of individuals; address the mental and physical well-being of the homeless population with a cooperative relationship with mental health and drug addiction services; develop a HMIS to collect unduplicated data, track trends and demographics, provide HUD required reports and analyze the effectiveness of our services on a long term basis.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

No funds were awarded to the jurisdiction.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

No funds were awarded to the jurisdiction. Should funds become available the CoC will partner with the administrator to identify eligible uses for the benefit of the homeless population.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.			B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.		%	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.		%	%
Increase percentage of homeless persons employed at exit to at least 19%		%	%
Decrease the number of homeless households with children.			H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The County Department of Human Services had been working with the Department Mental Health on an affordable housing development that would include permanent housing beds for the chronically homeless with mental illness. Due to problems with the property identified for the site, the property was no longer eligible for acquisition with the grant funds supporting the project, and the funds were disencumbered and returned to the State of California. Alternate sites for the development of permanent housing projects have been considered and discussed with community organizations in the collaborative. In addition, over the past year, non-profit organizations within the community have experienced a decrease in donations and funding resources. Multiple organizations have experienced a loss of staff and this decrease in manpower has presented challenges in achieving the goals established for the Continuum of Care. The Continuum of Care will continue prioritizing the creation of new permanent housing beds as guided by HUD's national objectives.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	0	0
2008	8	0
2009	15	0

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

El Dorado County does not currently have permanent housing beds.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	0
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	0

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	0
b. Number of participants who moved to PH	0
TOTAL TH (%)	0

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 0

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	0	0	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	0	0	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	0	0	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	0	0	%
Other (Please specify below)	0	0	%
0			
No Financial Resources	0	0	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR No
 should have been submitted?**

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

New CoC in 2007. 2007 Dedicated HMIS was first approved project. No APR has been submitted. APR's will be reviewed to determine the ability to assess and improve access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

The Continuum of Care Stakeholders Committee is open to discussion regarding access to mainstream program, and is always open to discussion of any concerns that local Continuum of Care member agencies have regarding client access to mainstream services. Many agencies in the community have pre-existing working relationships and contacts with mainstream agencies in the community and use these existing relationships to help their clients access mainstream services.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

In implementation phase of dedicated HMIS implementation.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	21%
<p>The programs in the jurisdiction that provide case management services, assess the clients to determine their individual needs for assistance in completing applications for mainstream benefits. This can include assistance with completing applications, accompanying clients to mainstream benefit appointments, providing translation services if needed, and/or providing client transportation to appointments.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	43%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
<p>There is not currently a consolidated application process for mainstream benefit programs.</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	21%
4a. Describe the follow-up process:	
<p>The programs that offer case management services, schedule frequent appointments with clients, based on need, to determine if the clients are meeting the individual outcomes and goals established to work toward self-sufficiency. This process allows the case managers to determine if additional assistance is needed by the client to follow up on mainstream benefits and goals.</p>	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>No</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>No</p>

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>Yes</p>
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<p>Yes</p>
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<p>Yes</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>No</p>
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<p>No</p>

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

e-snaps is currently updating the CoC Project Listing. Due to the complexity of this procedure, the system may take several hours to return the updated list. You may continue to work on other parts of Exhibit 1 or log out and return to the Project Listing later.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
This list contains no items								

Budget Summary

FPRN \$0
Permanent Housing Bonus \$0
SPC Renewal \$0
Rejected \$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	--	No Attachment

Attachment Details

Document Description:

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