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-515 - Roseville/Placer County CoC

CoC Lead Organization Name: Placer Consortium on Homelessness

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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: Placer Consortium on Homelessness (PCOH)

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) 80%

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

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

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):

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PCOH is an open, inclusive, and voluntary organization. Its members are community-based organizations, public agencies, faith-based groups, and individuals whose mission is to end homelessness, increase affordable and accessible housing, and provide better support services. The size of Placer County allows us to include all agencies serving the homeless and low income. In 2007 formal by-laws were adopted. To be considered an official PCOH voting member, an organization or individual must submit a brief application, which is then approved by the PCOH Board and membership (all have been approved to date). All meetings and subcommittee meetings are open to anyone who wishes to attend.

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

Elected:	X
Assigned:	X
Volunteer:	X
Appointed:	X
Other:	X

Specify "other" process(es):

Eight of the fifteen PCOH Board seats are elected. These include seven seats for community-based organizations and one seat for an at-large representative. The four seats for public agencies are assigned by those agencies: Placer County Board of Supervisors, Placer County, City of Roseville, and City of Rocklin. PCOH members recommend candidates to fill the faith-based representative and the two current/formerly homeless seats. These individuals attend 1-2 PCOH meetings before being welcomed onto the Board.

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):

If HUD provided sufficient administrative funds to be able to fully fund all the mentioned administrative activities, we would have the capacity to be responsible for them. We have discussed incorporating as a non-profit or one of our public or private agencies could serve as the grantee. However, given our relatively small initial pro rata need of $267,358, we do not believe that we would be given enough additional administrative funds to cover the additional duties, so it would be very difficult. It would require extensive training regarding regulations, compliance, and procedures in order to monitor 2-3 agencies. Also, we are wary of funds being pulled from direct services.

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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
PCOH Board	Coordinates the work of committees/task forces: Ten Year Plan, SSI Advocacy Project, Housing, and Homeless Connect/Count. Arranges presentations about mainstream resources for general membership. Convenes the SHP Review and Monitoring Team. Coordinates with the Food Closet Collaborative, Placer Collaborative Network, and Community Collaborative of Tahoe Truckee. Coordinates with neighboring counties and the Northern CA/Central Valley Homeless Roundtable to initiate regional planning on homelessness. Members include representatives from the Placer County Board of Supervisors, the two CDBG entitlement cities, Adult System of Care (Mental Health), Roseville Housing Authority, nonprofits, faith-based community and homeless community.	Monthly or more
HPRP and HMIS Committee	No jurisdiction in Placer County received a direct allocation of HPRP funds and PCOH needed to submit a competitive application to the State of California. From May-August, the HPRP Task Force met weekly to develop an effective countywide prevention and rapid re-housing program, establish priorities, and prepare the application for funds. Six PCOH agencies were the applicant agencies and were awarded $1.24 million. The grant began October 1 and these agencies are now beginning to implement HPRP. Since one of the goals of the application was to select an HMIS that could be used countywide, regardless of funding sources, the HPRP Committee has taken oversight of and planning for the HMIS.	Monthly or more
Homeless Counts Committee	Planned, coordinated, and conducted all aspects of the January 2009 Homeless Count and Survey. Certifies the results of the count and approves all publicity. Meeting schedule depends on how close it is to a Count. It ranges from every other day close to a Count to every 3-6 months between Counts. Conducted a 2009 Summer Housing Survey to ascertain how many homeless are in Placer County during the summer months. Additionally, in cooperation with the Food Closet Collaborative, interviewed people at risk of homelessness at Food Closets. More than 50% of the Count and Survey Team were homeless individuals.	Quarterly

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Housing Committee	Works to increase permanent supportive housing, particularly for the chronically homeless or those with mental illness or substance abuse issues. Explores funding and housing models. Members served on the MHSA Review Team for selection of housing projects. Reviews and comments on the draft Housing Element of each jurisdiction, develops recommendations beneficial to the homeless and very low income, and arranges speakers for public input meetings. Coordinates with Placer Collaborative Network's Housing Committee, which is working on a Land Trust and affordable housing issues for those with low to moderate incomes. Keeps PCOH informed about housing related issues of the community, California legislation, grants, and advocacy opportunities.	Monthly or more
Discharge Protocols Committee	Its role is to ensure that people are not discharged from public institutions, such as mental health institutions, jails/prisons, foster care, or hospitals, into homelessness. Worked with law enforcement and the Sheriff to develop and implement a jails project where homeless people are identified during incarceration. They are given resources and housing was arranged for after release.	Monthly or more

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

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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
City of Lincoln	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Auburn	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Rocklin	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
City of Roseville	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth
Placer County Board of Supervisors	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Se...
Roseville Housing Authority (Cities of Rosevill...	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Placer County Community Services Commission	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Adult System of Care - Placer County HHS	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Children's System of Care - Placer County HHS	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Serio...
Community Health - Placer County HHS	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Employment Development Department	Public Sector	State g...	None	Veterans
Community Clinics - Placer County HHS	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	HIV/AIDS
Human Services - Placer County HHS	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Placer County Redevelopment Agency	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Placer County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Placer County Veterans Services Office	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Veterans
Placer County Office of Education	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth

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Placer Union High School District	Public Sector	Sch ool ...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Roseville Joint Union High School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Auburn Parole and Community Team (PACT) Partner...	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Substan ce Abuse
California Department of Corrections and Rehabi...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Auburn Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Roseville Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Placer County Sheriff's Office	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Placer County Probation Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Substan ce Abuse
Golden Sierra Job Training Agency	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	Youth
Placer Adult Literacy Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Advocates for Mentally Ill Housing (AMIH)	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Hope, Help & Healing	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	Substan ce Abuse
PEACE for Families	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	Domesti c Vio...
Re-Entry Program	Private Sector	Busi ness es	Primary Decision Making Group, Attend 10-year planning me...	Substan ce Abuse
Roseville Home Start	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
Sierra Foothills AIDS Foundation	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	HIV/AID S
St. Vincent de Paul, Lincoln	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
St. Vincent de Paul, Roseville	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, Se...
Tahoe Women's Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Domes.. .

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The Gathering Inn	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
The Lazarus Project	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Se...
The Salvation Army Auburn	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
The Salvation Army Roseville	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
What Would Jesus Do?	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Whole Person Learning	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	Youth
Acres of Hope	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes...
KidsNow	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Auburn Family Resource Center	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes...
North Tahoe Family Resource Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Legal Services of Northern California	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Lighthouse Counseling and Family Resource Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
NAMI - Placer County	Private Sector	Funder...	Committee/Sub-committee/Work Group	Seriously Me...
Placer Caring Connection, Auburn Presbyterian C...	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Placer Independent Resource Services (PIRS)	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
US Department of Veterans Affairs, Auburn Clinic	Public Sector	Other	None	Veterans
Adventist Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Bayside Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Valley Springs Presbyterian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE

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Adventure Christian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shepherd of the Sierras Presbyterian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Pioneer United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Placer Collaborative Network	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Collaborative of Tahoe Truckee	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Builders' Industry Association, HomeAid	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Sutter Auburn Faith Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Critchlow Consulting	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Placer People of Faith Together (PICO California)	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Formerly Homeless Person: SC	Individual	Formerl...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Social Security Administration	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Michelle Blakeley	Private Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Kaiser Permanente Roseville	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Sierra Foothills Unitarian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Placer Community Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Hospital Council of Northern and Central Califo...	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	NONE
Sierra Family Services, Tahoe Office	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Formerly Homeless Person: CC	Individual	Formerl...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Homeless Person: TB	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Homeless Person: TH	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse

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Homeless Person: SD	Individual	Homeles...	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
Homeless Person: HZ	Individual	Homeles...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Elijah's Jar	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Homeless Person: SM	Individual	Homeles...	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
Auburn Interfaith Food Closet	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Food Closet Collaborative	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Welcome Center	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Northern California/Central Valley Homeless Rou...	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Formerly Homeless Person: GC	Individual	Formerl...	Primary Decision Making Group, Attend 10-year planning me...	Veterans, HI...

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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, 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)**	g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): **(select all that apply)**	c. All CoC Members Present Can Vote, 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):	

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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):

There was an increase of 13 emergency shelter beds. PEACE for Families opened its new domestic violence shelter. This shelter is much larger and the rooms have moveable walls so that the space can be reconfigured to accommodate need. The Gathering Inn, the only emergency shelter in the County (except for DV) was in its second year as a year-round shelter. Its nightly maximum was 50 beds. In response to increased need because of the economy and inclement weather, the Community Services Planning Commission allocated funds for extreme weather. Using these funds, The Gathering Inn can accommodate up to 70 people (as long as the church for that night is large enough). During extreme weather conditions, guests do not have to be clean and sober.

Safe Haven: No

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

Transitional Housing: Yes

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

There was a net increase of 23 beds. The transitional housing agencies that provide free or low cost housing to clients remained fairly stable or expanded slightly. PCOH has several agencies that provide intensive case management and 1-2 months of free or very low rent and then charge rent thereafter. These agencies open and close houses somewhat frequently. Because of budget problems, St. Vincent de Paul and New Leaf Counseling had decreased their bed numbers. However, Re-Entry opened a few large houses, accounting for most of the increase. Also, using Mental Health Services Act funds and EHAPCD funds, many of the providers are moving from leasing their houses to buying them, leading to more stability for the programs.

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Permanent Housing: No

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

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

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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	eHIC 2009 CA-515	11/25/2009

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Attachment Details

Document Description: eHIC 2009 CA-515

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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: (mm/dd/yyyy)

01/26/2009

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

Housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)

Unsheltered count, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

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

The PCOH Board solicited provider opinions and anecdotal experiences at PCOH meetings and in emails. The Board then compared the Homeless Count results with the Housing Inventory. Through discussion, review of our Ten-Year Plan goals, and all feedback, the Unmet Need numbers were specified.

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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-515 - Roseville/Placer County CoC
(select all that apply)

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

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 No
CoC Lead Organization?

Has the CoC selected an HMIS software Yes
product?

If "No" select reason:

If "Yes" list the name of the product: Access

What is the name of the HMIS software Not applcable
company?

Does the CoC plan to change HMIS software Yes
within the next 18 months?

Indicate the date on which HMIS data entry 01/01/2004
started (or will start):
(format mm/dd/yyyy)

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

Indicate the challenges and barriers Inability to integrate data from providers with
impacting the HMIS implementation: legacy data systems, No or low participation by
(select all the apply): non-HUD funded providers, Inadequate
resources

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).

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Our Ten-Year Plan identifies HMIS as a key strategy but there has not been funding. There are only two HUD-funded agencies (one is domestic violence). They have 4 projects and use an HMIS Access database. The emergency shelter participates. This was an interim step until a continuum-wide HMIS. The plan had been to add all providers into the Access HMIS. It became apparent that we need a web-based HMIS and it did not make sense to have providers use a paper-based system. A major barrier is that each provider already has a system it is using for client and service data. For providers to participate in the HMIS, it needs to provide better information than they can generate currently. Developing a continuum-wide HMIS was a key goal in designing the HPRP program. Since the lead agency has used Tapestry HMIS by VisionLink for several years, the other partners agreed to it. HPRP began on 10/1 and the partners are learning Tapestry. After HPRP is implemented, we will add other providers.

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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	Adult System of Care - HHS
Street Address 1	11512 B Avenue
Street Address 2	
City	Auburn
State	California
Zip Code Format: xxxxx or xxxxx-xxxx	95603
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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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:	Ms.
First Name	Kathie
Middle Name/Initial	
Last Name	Denton
Suffix	LCSW
Telephone Number: (Format: 123-456-7890)	530-886-2974
Extension	
Fax Number: (Format: 123-456-7890)	530-889-2974
E-mail Address:	kdenton@placer.ca.gov
Confirm E-mail Address:	kdenton@placer.ca.gov

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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	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	86%+

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:

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Placer County has 478 emergency, transitional, and permanent supportive housing beds. Of these, only 91 or 19% are HUD-funded.

We have good coverage of the emergency and the permanent supportive housing beds. We have little coverage of the transitional housing beds (except for the HUD-funded domestic violence program).

Two of the recently funded HPRP Program Partners are transitional housing providers. They plan on using HMIS with all their programs, not just HPRP. Not only will this cause an immediate increase of HMIS covered beds but this will influence others to join as well. Another partner already uses an HMIS for HOPWA funds.

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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.

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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?   Semi-annually

How frequently does the CoC review the quality of program level data?   Semi-annually

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

There are two people using the HMIS at each agency. The agencies support each other in collecting the data and using the HMIS. Reports are run bi-monthly and checked for accuracy. Annually there's a meeting with the staff using the HMIS and the Executive Directors/Program Managers to discuss any challenges or changes needed.

With the addition of the HPRP program, there will be changes in this process but we are still in the planning stage.

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

Enrollment and discharge documents are completed by line staff immediately following enrollment and discharge and approved by the supervisor. The clerical staff inputs the data in HMIS and the supervisor checks HMIS data against an Excel web registry during weekly case supervision.

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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:	Annually
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

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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	Annually
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Quarterly
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Semi-annually

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

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

If 'Yes' indicate date of last review or update by CoC: 11/01/2009

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

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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	Semi-annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Annually

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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): 01/27/2009

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	3	63	16	82
Number of Persons (adults and children)	8	193	58	259

| Households without Dependent Children | | | | |

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	69	106	159	334
Number of Persons (adults and unaccompanied youth)	74	107	176	357

| All Households/ All Persons | | | | |

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	72	169	175	416
Total Persons	82	300	234	616

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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)	25	77	102
* Severely Mentally Ill	119	61	180
* Chronic Substance Abuse	154	58	212
* Veterans	21	34	55
* Persons with HIV/AIDS	0	5	5
* Victims of Domestic Violence	75	22	97
* Unaccompanied Youth (under 18)	0	0	0

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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: 100%

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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:	X
HMIS:	
Extrapolation:	
Other:	X

If Other, specify:

A survey form/interview sheet was filled out for every adult in the sheltered programs. At some agencies, the clients filled out the forms themselves. At other agencies, the providers filled out the forms with the clients or from case records. Some agencies preferred that the Homeless Count Committee interview the clients.

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

Most of the providers for the sheltered population are active in PCOH. The upcoming count was announced and discussed at meetings. Before the Count, each provider was contacted by email and by phone to determine who would interview that agency's clients and to discuss all procedures. Each agency reported on the total count for that evening and turned in its forms.

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):

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Sheltered Emergency:
The number of households with children in emergency shelters was about the same in the 2007 and 2009 counts. Provider statistics show that there are more homeless families in 2009 than in 2007. However, since the only emergency shelter rotates among churches and all guests sleep in one large room, the staff does immediate case management with families to find them more accommodating places to stay. The family transitional programs may provide housing on an emergency basis or motel vouchers may be used.

For households without children, there was an increase of 22 people. This reflects not only more homeless people but a greater capacity of the emergency shelter to house more people.

Transitional Housing:
The number of households with children in transitional housing was about the same in the 2007 and 2009 counts. While there are more homeless families, several programs cut the number of units/beds available due to budget constraints. For households without children, there were 85 more people in transitional housing in 2009 than in 2007. Some of this reflects more beds available but most of it was an actual increase, probably due to the poor economy. Providers have noticed that it is taking people longer to find permanent housing.

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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	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

 The interview sheet asked questions that the homeless persons answered or the provider entered the information from client records.

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

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The interview form asked questions to elicit subpopulation data. The results from the interview forms were entered into an Excel database and then the counts for each subpopulation were run.

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):

Chronically Homeless: There were three more chronically homeless people in 2009 than in 2007.

Severely mentally ill: There were 38 more people in 2009 than in 2007. We believe this is because ASOC is improving its outreach and because the stigma may have lessened and people are more forthcoming.

Chronic substance abuse: There were 49 more people with substance abuse issues in 2009. Some of the increase is due to an expansion of the housing program at Re-Entry which deals with people as they leave jails and prison.

Veterans: Seven more veterans in 2009 than in 2007. Most likely this is because of the war and the poor economy.

Persons with HIV/AIDS: There were no people with HIV/AIDS counted in either year.

Victims of Domestic Violence: There were 9 more in 2009 than in 2007. The DV shelter had expanded and domestic violence often increases during times of economic pressures.

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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:	
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

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

The sheltered count was done the evening before the street count, during a four hour period. Given that only people in residence that night were counted and interviewed, duplication with other shelter providers was not likely. Clients were told about the street count taking place the next day and were asked not to participate if approached by an interviewer. We also collected initials and birthdates. This information was compared with the street count forms to check for possible duplications.

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2O. 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:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

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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: Complete Coverage and Known Locations

If Other, specify:

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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¿ 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):

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1) The geographic areas of the county are separated, thus reducing chances of duplication.
2) The training for volunteers stressed the importance of reducing duplication and following count protocol.
3) Within each area, each counting team was given a map of the area they were to count and interview in.
4) The interview form asked, "Have you taken this survey in the past day?"
5) The survey asked, "Where did you sleep last night?" The interviewers were asked to write the name of any emergency or transitional programs mentioned. These forms were identified as likely duplicates and were scrutinized carefully by the data entry person and Count Coordinator.
6) We asked "What is your date of birth?" and "What are your first and last initials?" Queries were run to identify possible duplicates.
7) When there were "count onlys" -- that is, people who could not/would not be interviewed, there was a recording sheet that had spaces for location, setting, number of people, individual or family, gender, age, and a description of the person or group (for example, ethnicity, clothing, or behavior). That way, the information could be compared with other count onlys to check for duplicates.
8) We only used the Food Closets for a service based count in very remote parts of the county.

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):

Placer's Ten-Year Plan to End Homelessness covers families as well as the individuals and the chronically homeless. Philosophically, PCOH wants to reduce or end all homelessness.

Fifty-six percent of the beds in the county are for families with children. Our membership includes all the agencies that are serving families with children, including the Family Resource Centers. However, we need to reach out again to the homeless liaisons in each school district and the mainstream children's agencies for joint planning.

The Gathering Inn, the emergency shelter, has been experiencing a sharp rise in the number of families with children. Families are receiving help immediately to find more stable housing. This is a collaborative effort with the transitional housing agencies to find the families housing as soon as possible. In the meantime, the staff helps the family keep the children in school. If a child or family has a special need, The Gathering Inn is able to send a message to all the supporting churches asking for help. For instance, one boy was being teased at school because he only had one set of old clothes. After the email was sent, a church member showed up with a wardrobe of new clothes in his size. The Gathering Inn has asked host churches to prepare for 60 guests each night rather than the usual 50.

The agencies that are providing transitional housing to families provide intensive case management, skill development, and child development classes.

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):

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In our two major areas, Roseville and Auburn, What Would Jesus Do? uses a van to provide breakfast foods and bag lunches at rotating sites. Besides feeding people, the primary aim of this program is outreach and engagement. WWJD? different rural areas once a week. There are volunteers who are very familiar with referrals. Volunteer social workers help the guests with gathering the documentation needed to apply for mainstream benefits and assist with making and getting to medical appointments. The Gathering Inn, the nomadic emergency shelter, has become known among the homeless. The Adult System of Care sponsors a Welcome Center, staffed mainly by mental health clients, where the homeless are welcome to come during the day. The staff is familiar with homeless services and can make appropriate referrals. ASOC and Sheriff's Office have a joint street outreach program that is successfully engaging people. The Salvation Army in Auburn is working with a local pastor to sponsor movie nights and special holiday meals. The Food Closets are also serving in an outreach and referral capacity.

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):

There were 97 more unsheltered people counted in 2009 than in 2007. The increase in households with children was staggering. It went from four unsheltered families with 13 family members to 16 households with 58 people. There were 52 more people in households without children. The majority of the increase seems to be because of the poor economy.

There were 61 more chronically homeless people. Some of the increase may be because we are using homeless and formerly homeless interviewers and we are getting better at finding people. In addition, with the assistance of the Sierra Foothills AIDS Foundation, we were able to get a count of the unsheltered homeless with HIV/AIDS.

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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)?

ASOC will analyze its housing programs to identify permanent housing beds that could be designated for the chronically homeless. WWJD? Outreach will make connections with APSH and Shelter Plus Care programs. The proposed 3T program to reduce repeat emergency room visits will have housing as a component. MHSA Housing program and NSP funds are still available in Placer, PCOH will advocate for the chronically homeless to be served. The MHSA Housing Program will continue to develop housing projects as possible.

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

From Placer's Ten Year Plan: Sustain the existing supply of housing for the lowest income households. Use a master leasing approach to secure housing for chronically homeless individuals. Increase the availability of housing subsidies by applying to HUD for new Shelter Plus Care rental subsidies each year. Establish a Placer County Land Trust to ensure existing affordable units remain affordable and do not revert to market rate rentals. Identify and apply for all available state, federal, and private funding for permanent housing acquisition, construction, or rehabilitation. Target county- and city-controlled funding, including general, redevelopment and Community Development Block Grant (CDBG) funds, that can be used as a match for permanent housing acquisition, construction, or rehabilitation. Increase nonprofit capacity to develop affordable permanent and supportive housing through technical assistance, trainings, and targeted capacity building grants.

How many permanent housing beds do you currently have in place for chronically homeless persons? 10

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

How many permanent housing beds do you plan to create in the next 5-years? 27

How many permanent housing beds do you plan to create in the next 10-years? 48

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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)?

ASOC and the AIMH Housing Collaborative will continue to use a "whatever it takes" philosophy to help people who have been long-term homeless to adjust to living inside. The SSI Advocacy Project will train providers in using SOAR processes to help people obtain SSI. Stabile income will assist people in maintaining their housing. PCOH Board will schedule a brainstorming session about techniques to help people stay in their housing. PCOH will provide for community providers in the Housing First Model.

(As with all of the objectives, we hope to maintain and exceed the current percentages. However, given the economy, we are setting goals we feel confident we can achieve.)

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).

From Ten Year Plan: Strengthen access to mainstream health, income-assistance, housing, and social service programs to ensure they provide the maximum assistance possible. Increase the scope and availability of substance abuse services to people who are homeless. Increase the scope and availability of mental health services to people who are homeless or at-risk of homelessness. Services should include a range of treatment and include those who are not diagnosed as seriously mentally ill. Establish a safe haven, providing a low-demand, less structured environment in which to provide mentally ill home-less people immediate access to safety, stability, permanent housing referral, and treatment. Continue to implement a Housing First approach as much as possible. There will still be a need to address immediate crises, such as flight from domestic violence, but emergency capacity should be a very short-term intermediate station en route to more appropriate community housing.

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What percentage of homeless persons in permanent housing have remained for at least six months? 78

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 83

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 88

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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)?

Clients who meet the HPRP elibility and selection criteria will be referred to the HPRP project. Roseville Home Start and The Lazarus Project will provide the rapid rehousing services. HPRP will develop an affordable housing database. ASOC will continue to update the Housing Resource Booklet on a quarterly basis. The Gathering Inn will continue to offer its substance abuse treatment program. AMIH has developed 5 new PSH beds for homeless and will continue to develop more PSH for individuals transitioning out of their housing programs.

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).

From Ten Year Plan: Strengthen access to and availability of mainstream health, income-assistance, housing, and social service programs to ensure that they provide eligible homeless people with the maximum assistance possible. Work with the County and cities to simplify the administration of safety-net programs. Increase access to the public benefits for which homeless people are eligible by providing them support in applying for, obtaining and retaining benefits. Develop and increase services that are designed for individuals with long-standing psychiatric illnesses, substance use disorders or dual diagnoses. Direct service provision would include assistance in meeting basic needs as well as clinical services. Increase access to services through affordable, available transportation. Provide transportation for homeless people. Create a continuously updated Internet website that provides centralized information on housing availability and service/program information.

What percentage of homeless persons in transitional housing have moved to permanent housing? 83

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

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In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 83

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 90

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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 HPRP Partners will work with Golden Sierra Job Training Agency to increase access to employment and training services for the homeless. Assist SSI recipients to know about and use the available work incentives. Invite the Department of Rehabilitation and PRIDE Industries to present at a PCOH meeting. ARRA funds from CSD will be used to assist people recently impacted by the economic downturn with job training and assistance through Golden Sierra Job Training Agency. ASOC will expand its occupational trainee program.

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).

Increase the employment services available for homeless adults and those at risk of homelessness. These employment services could include temporary employment for immediate needs and preparation for long-term employment, as well as job training, literacy/English language, job placement, internships, post-placement support, and life skills training/mentoring. These includes a broad range of programs that help to remove barriers to employment and/or job advancement including adult education, employment and training programs and temporary work.

What percentage of persons are employed at program exit? 24

In 12-months, what percentage of persons will be employed at program exit? 20

In 5-years, what percentage of persons will be employed at program exit? 30

In 10-years, what percentage of persons will be employed at program exit? 35

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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)?

HPRP will contract with Legal Services of Northern California to provide eviction prevention services and teach credit repair classes. HPRP will offer prevention and rapid rehousing services. PCOH will host a meeting of homeless providers and homeless liaisons from the schools.

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

From Ten Year Plan: Expand financial assistance to those at risk of homelessness. Provide back rent, move-in costs, security deposits and utility payments. Prevent evictions by increasing the availability of pro bono legal assistance that enforces the law and educates landlords and tenants about their respective rights and responsibilities. Provide support to schools, districts and other youth services agencies in addressing the needs of homeless youth and their families, including academic support, nutrition, transportation assistance, health care access, and connections to community support services and housing agencies. Support community efforts that encourage our young people to be successful in school and engage in healthy lifestyles. Focus on success in education, including employment and life skills programs. Employment programs specifically designed for youth can assist them in finding and preparing for work and becoming financially independent.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 82

In 12-months, what will be the total number of homeless households with children? 75

In 5-years, what will be the total number of homeless households with children? 40

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

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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:

WHAT: State policy requires that the following be provided before emancipation from foster care: Medi-Cal or other health insurance applications; college or vocational training applications; information on obtaining financial assistance for education; assistance in securing housing, obtaining employment or other financial support, and in maintaining relationships with individuals who are important to the child. Placer County Juvenile Court will not sign Termination of Dependency Jurisdictions unless all of the above are in place. This protocol is understood and agreed to by the publicly funded systems and the CoC.

WHERE: The Transitional Housing Placement Plus program provides former foster youth, ages 18-24, with up to two years of housing and education or employment. Sierra College is one of the few community colleges with dorms. The Transition Age Youth full partnership of the MHSA can pay housing costs. It is understood that McKinney-Vento housing is not an available option for youth transitioning out of foster care. Some youth are prepared to live independently.

WHO: Primary stakeholders include the Placer County SMART Policy Board (Chief Probation Officer, the Director of Health and Human Services, Health Officer, the Associate Superintendent of Schools and the Presiding Juvenile Court Judge), Placer County Office of Education Foster Youth Services, Whole Person Learning, continuation high schools and homeless liaisons, and Public Health Nursing.

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Health Care:

WHAT: AB 2745 prohibits hospitals from causing the transfer of homeless patients from one county to another for the purpose of receiving supportive services without prior notification to, and authorization from, the receiving agency. It required that hospital associations convene regional meetings to identify the best practices in post-hospital transition of homeless patients. Placer County's meeting was held in December 2007 and subsequently the hospital personnel and homeless service providers have continued to meet. The emergency shelter provider has been working with the discharge planners of each hospital to ensure they know the best alternatives for discharging a homeless patient. The committee visited Interim Care Projects and researched different service models. Sutter Auburn Faith Hospital recently funded a pilot Interim Care Project for homeless people being discharged from the Auburn or Roseville hospitals. The Committee is considering implementing the 3T program: triage, transportation to case management resources, and treatment.

WHERE: Homeless people leaving the hospital can recuperate in the Interim Care Project house. Case management is provided so that permanent housing can be obtained by the time the person is medically able to leave.

WHO: The Hospital Association, Sutter Health Care System, hospital discharge planners, The Gathering Inn, Sierra Foothills AIDS Foundation, WWJD?, and the Placer County Health and Human Services Department.

Mental Health:

WHAT: The Adult System of Care (ASOC) serves persons diagnosed with chronic and persistent mental illness who are functionally impaired due to this mental illness. The continuum of care goes from extremely restrictive and intensive services at locked facilities and hospitals to independent living in the community. Additional care and support are provided at transition times, especially during discharge from any facility. ASOC has a weekly Community Integration Meeting attended by 15 clinicians/staff where placement decisions are made regarding ASOC members moving from local mental health hospitals, locked psychiatric units, State hospitals, and jails. ASOC staff interviews persons prior to discharge from residential institutions and steps are taken to ensure the person will have the means to support their housing upon discharge. ASOC has a Forensics Supervisor who works with people in Napa State Hospital to coordinate the release of mentally disordered offenders and those in the conditional release program. Planning is started several months in advance.

WHERE: There is a range of housing available including crisis residential, board and care, transitional, and permanent supportive housing. Most are transitioned into the AMIH/ASOC Housing Collaborative. ASOC uses its HUD McKinney-Vento funds only for homeless people and does not accept people coming from institutions.

WHO: The person and family, ASOC, institution staff, AMIH/ASOC Housing Collaborative, and HPAC.

Corrections:

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WHAT: ASOC stations a social worker in the jail to identify and assist those with mental illness during incarceration and upon release. A protocol was developed to reduce inmates discharged into homelessness. The jail modified its database to track those at risk of homelessness. The Re-Entry Program visited these inmates to identify service and housing needs and then provided a month of housing. Re-Entry has withdrawn due to the economic downturn. Sierra Foothills AIDS Foundation (SFAF) and jail staff are in negotiations. The Department of Corrections mandated discharge planning 180 days before release. There were special teams to assist those with substance abuse issues, mental health issues, and HIV/AIDS maintain their housing. The State Corrections system is in disaster and is no longer following this policy, nor offering any housing money. The Placer Parole and Community Team Parolee Orientation is held monthly to connect recent parolees with service providers.

WHERE: With friends and family, and non-HUD funded emergency and transitional housing providers. Some parolees are eligible for ASOC Housing. As a matter of policy, discharging people into HUD-funded programs is not allowed. In practice, the two currently HUD-funded programs serve only domestic violence victims or those with disabilities.

WHO: Placer County Sheriff, family members, non-HUD funded emergency and transitional housing providers, churches, the Legislature, Re-Entry, ASOC, and SFAF.

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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:

From the City of Roseville's Consolidated Plan:

Implement a Housing First Model for all homeless individuals with permanent housing and supportive services as needed.

The City will also support PCOH's efforts to develop approaches to discharging people from public institutions to prevent homelessness through the provision of affordable housing and supportive services.

The City will work in cooperation with PCOH utilizing the Continuum of Care planning process to address homeless needs in Roseville and throughout Placer County.

Transitional housing and permanent supportive housing, especially for the chronically homeless, are identified as high priorities. Emergency shelter is also identified as high priority.

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):

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Prevention of homelessness is a major section in the Placer Ten Year Plan but there had never been funding to address it in a coordinated manner. When no jurisdiction in Placer County received an allocation of HPRP monies directly from HUD, PCOH initiated planning for a competitive HPRP application to the Housing and Community Development Department, State of California. The planning committee met weekly from early May until August. Over 32 people were involved from the City of Roseville, HomeAid of the Building Industry Association, KidsNow, Legal Services of Northern California, PEACE for Families, Placer County Community Services Commission, Placer County ASOC, Placer County Human Services, Placer Independent Resource Services, Sierra Foothills AIDS Foundation, The Gathering Inn, the Lazarus Project, and The Salvation Army. There were also representatives from Lake Tahoe and each Family Resource Center. HCD announced the awards on 9/21 and Placer is receiving $1.24 million. The lead agency and the five other partners are all PCOH agencies and have begun to implement HPRP. Besides providing prevention and rapid rehousing services over the next two years, we plan to use this as a springboard to incorporate prevention activities on a permanent basis.

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)?

PCOH and its members have systematically tracked ARRA funding and helped apply and coordinate these applications. For instance:

NSP: The Cities are active members of PCOH. The City of Roseville is using its money for the first time buyer program. Rocklin, Lincoln, and the County have developed a tri-jurisdictional program. Mercy Housing and Placer County Redevelopment have assisted with these plans.

The Placer County Community Services Commission has worked with Placer County Human Services and Golden Sierra Job Training Agency to provide job creation services for the low income, TANF recipients, and the homeless.

Roseville CDBG ARRA money has been used to create energy improvements for homeless agencies who own their buildings.

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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.	9	Beds	10	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	%	78	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	71	%	83	%
Increase percentage of homeless persons employed at exit to at least 19%	35	%	24	%
Decrease the number of homeless households with children.	55	Households	82	Households

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:

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Increase percentage of homeless persons employed at exit to at least 19%: We exceeded the national objective but were below our goal, which we had based on last year's percentage. The unemployment rate has been high in California and is hitting special populations very hard.

Decrease the number of homeless households with children: There were 27 more homeless families due to the economic conditions and that some of the programs have reduced their beds and services.

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	82	18
2008	48	12
2009	102	10

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.

3

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

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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):

Adult System of Care (the county mental health department) re-evaluated its permanent housing programs and reclassifed three more beds for the chronic homeless. This was cost neutral since the beds were reclassified. A joint street outreach program between ASOC and the Sheriff's Office had encourged more of the chronically homeless to participate in housing.

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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? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	15
b. Number of participants who did not leave the project(s)	63
c. Number of participants who exited after staying 6 months or longer	9
d. Number of participants who did not exit after staying 6 months or longer	52
e. Number of participants who did not exit and were enrolled for less than 6 months	11
TOTAL PH (%)	78

Instructions:

HUD will be assessing the percentage of all transitonal 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? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	6
b. Number of participants who moved to PH	5
TOTAL TH (%)	83

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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: 21

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	3	14	%
SSDI	1	5	%
Social Security	0	0	%
General Public Assistance	2	10	%
TANF	4	19	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	5	24	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	1	5	%
Food Stamps	7	33	%
Other (Please specify below)	1	5	%
WIC			
No Financial Resources	6	29	%

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

Does CoC have projects for which an APR should have been submitted?   Yes

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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

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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.

A meeting is held each year to review the HUD-funded projects. At that meeting, all data from each project is reviewed in depth. APR's are discussed and analyzed.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?　Yes

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

2008 Dates: 10/9, 12/11

2009 Dates: 1/8, 2/12, 3/12, 3/31, 4/9, 5/13, 5/14, 6/11, 7/1, 9/10, 10/8, and 11/12

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?　Yes

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.　Yes

If "Yes", specify the frequency of the training.　Quarterly

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

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

Has the CoC participated in SOAR training?   Yes

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

October 26-29, 2009

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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:**	100%
Providers usually have a checklist of mainstream programs they discuss with a client. They assist clients in filling out the forms. The Welcome Center and Cirby Hills - two sites of the ASOC -- provide drop-in assistance with forms	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	98%

Activity	Percentage
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:**	100%
Because of electronic applications, there is no longer a universal application in Placer County. However, Human Services and the providers have a screening sheet that lists all the mainstream benefits possibilities and the providers work down the list. The Roseville SSA office has a pilot program for electronic applications	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Given signed release of information forms, the provider may check directly with the mainstream benefits agency. Many times the providers just ask the clients. Or they might call the mainstream provider with the client in the room. SSA and ASOC have a pilot project to reduce application and approval times for SSI for homeless clients. They are offering trainings in this to other providers	

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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

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Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

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Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*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? 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.)	No
*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. **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?**	Yes
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.	
*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?	Yes
*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?	Yes
*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.)	No
*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?	Yes

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Part A - Page 3

*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? **(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.)**	Yes
*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	No
*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?	Yes
*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?	Yes
*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	No
*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?	No

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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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
PEACE Permanent H...	2009-11-24 20:21:...	1 Year	Placer Women's Ce...	217,898	Renewal Project	SHP	TH	F
ASOC Shelter Plus...	2009-11-24 23:11:...	1 Year	Placer County HHS...	120,240	Renewal Project	S+C	TRA	U
ASOC Shelter Plus...	2009-11-24 23:22:...	1 Year	Placer County HHS...	202,896	Renewal Project	S+C	TRA	U
Timberline Shelte...	2009-11-24 22:59:...	5 Years	Placer County HHS...	33,180	New Project	S+C	PRA	P1
ASOC Permanent Su...	2009-11-24 23:04:...	1 Year	Placer County HHS...	299,927	Renewal Project	SHP	PH	F

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Budget Summary

FPRN	$517,825
Permanent Housing Bonus	$33,180
SPC Renewal	$323,136
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificates of C...	11/20/2009

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Attachment Details

Document Description: Certificates of Consistency

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: CA-515 Roseville/Placer County CoC (PCOH)

Project Name: Please see attached sheet; 1 new project and 4 renewals

Location of the Project: Placer County, City of Roseville, City of Rocklin

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: City of Roseville

Certifying Official of the Jurisdiction Name: Michael T. Shellito

Title: Acting City Manager

Signature:

Date: October 26, 2009

form **HUD-2991** (3/98)

List of New and Renewal Projects
Roseville/Placer County CoC
CA-515

New Project

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Timberline Shelter Plus Care	$40,104	Placer County Auburn

Renewal Projects

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Adult System of Care Permanent Supportive Housing	$299,927	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2003	5 - 0 BR Units 5 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2004	3 - 0 BR Units 12 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
PEACE for Families	PEACE Permanent Housing	$217,898	Throughout Placer County: Roseville, Rocklin, unincorporated

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan (Type or clearly print the following information:)

Applicant Name: CA-515 Roseville/Placer County CoC (PCOH)

Project Name: Please see attached sheet; 1 new project and 4 renewals

Location of the Project: Placer County, City of Roseville, City of Rocklin

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: City of Rocklin

Certifying Official of the Jurisdiction Name: Carlos Urrutia

Title: City Manager

Signature: *Carlos A Urrutia*

Date: Nov 4, 2009

List of New and Renewal Projects
Roseville/Placer County CoC
CA-515
Placer Consortium on Homelessness (PCOH)

New Project

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Timberline Shelter Plus Care	$40,104	Placer County Auburn

Renewal Projects

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Adult System of Care Permanent Supportive Housing	$299,927	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2003	5 - 0 BR Units 5 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2004	3 - 0 BR Units 12 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
PEACE for Families	PEACE Permanent Housing	$217,898	Throughout Placer County: Roseville, Rocklin, unincorporated

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: CA-515 Roseville/Placer County CoC (PCOH)

Project Name: Please see attached sheet; 1 new project and 4 renewals

Location of the Project: Placer County, City of Roseville, City of Rocklin

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Programs

Name of Certifying Jurisdiction: State of California (Housing and Community Development)

Certifying Official of the Jurisdiction Name: Cathy E. Cresswell

Title: Deputy Director

Signature: *Cathy E. Cresswell*

Date: 10/29/09

List of New and Renewal Projects
Roseville/Placer County CoC
CA-515
Placer Consortium on Homelessness (PCOH)

New Project

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Timberline Shelter Plus Care	$40,104	Placer County Auburn

Renewal Projects

Applicant	Project	Amount	Primary jurisdictions served
Placer County HHS Adult System of Care	Adult System of Care Permanent Supportive Housing	$299,927	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2003	5 - 0 BR Units 5 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
Placer County HHS Adult System of Care	Adult System of Care Shelter Plus Care 2004	3 - 0 BR Units 12 - 1 BR Units 2 - 2 BR Units	Throughout Placer County: Roseville, Rocklin, unincorporated
PEACE for Families	PEACE Permanent Housing	$217,898	Throughout Placer County: Roseville, Rocklin, unincorporated

Housing Inventory Chart: Emergency Shelter

Total Year-Round Beds - Household without Children	
1 Current Year-Round Emergency Shelter (ES) Beds for Households without Children	51
1A Number of DV Year-Round ES Beds for Households without Children	9
1B. Subtotal, non-DV Year-Round ES Beds for Households without Children	42
2 New Year-Round ES Beds for Households without Children	8
3. Under Development Year-Round ES Beds for Households without Children	0
4. Total Year Round ES HMIS Beds for Households without Children	42
5. HMIS Bed Coverage: ES Beds for Households without Children	100%

Total Year-Round Beds - Households with Children	
6 Current Year-Round ES Beds for Households with Children	33
6A Number of DV Year-Round ES Beds for Households with Children	25
6B Subtotal, non-DV Year-Round ES Beds for Households with Children	8
7 New Year-Round ES Beds for Households with Children	20
8 Under Development Year-Round ES Beds for Households with Children	0
9. Total Year-Round ES HMIS Beds for Households with Children	8
10. HMIS Bed Coverage: ES Beds for Households with Children	100%

KEY: Target Population A
CO: couples only, no children
HC: households with children
SF: single females
SFHC: single females and households with children
SM: single males
SMHC: single males and households with children
SMF: single males and females
SMF + HC: Single male and female plus households with children
YF: youth females (under 18 years old)
YM: youth males (under 18 years old)
YMF: youth males and females (under 18 years old)

KEY: Target Population B
DV - Domestic Violence victims only
VET - Veterans only
HIV - HIV/AIDS populations only

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Error Messages
ERROR MSG: PROGRAM DETAILS None
ERROR MSG: FAMILY BEDS/UNITS None
ERROR MSG: DV HMIS COVERAGE None

#	Organization Name	Program Name	Geo Code	Inventory type	A	B	Does this program receive HUD McKinney-Vento funding?	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds	HMIS Beds for Households with Children	HMIS Beds for Households without Children	Percentage of HMIS Beds for Households with Children	Percentage of HMIS beds for Households without Children	Total Seasonal Beds	Number of Seasonal Beds Available in HMIS	Availability Start Date	Availability End Date	O/V Beds	Point-in-Time Homeless Count	Program Utilization Rate
ES1	PEACE for Families	Emergency Confidential Shelter	069061	C	SFHC	DV	No	0	0	0	0	0	0			0	0				0	
ES2	PEACE for Families	PEACE for Families New DV Shelter	069061	N	SFHC	DV	No	20	7	8	28	0	0	0%	0%	0	0				8	29%
ES3	Placer County Health and Human Services	Motel Vouchers	069061	C	SMF+HC		No	0	0	0	0	0	0			0	0			1	0	
ES4	Tahoe Women's Services	TWS Safe House	069061	C	SFHC	DV	No	5	3	1	6	0	0	0%	0%	0	0			0	0	0%
ES5	The Gathering Inn	The Gathering Inn	063108	C	SMF+HC		No	8	1	42	50	8	42	100%	100%	0	0			20	72	144%
ES6	The Salvation Army - Auburn	Motel Vouchers	069061	C	SMF+HC		No	0	0	0	0	0	0			0	0			1	0	
ES7	The Salvation Army - Roseville	Motel Vouchers	063108	C	SMF+HC		No	0	0	0	0	0	0			0	0			1	0	
	Insert organization name										0											
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Housing Inventory Chart: Transitional Housing

Total Year-Round Beds - Household without Children	
1 Current Year-Round Transitional Housing (TH) Beds for Households without Children	155
1A Number of DV Year-Round TH Beds for Households without Children	5
1B Subtotal, non-DV Year-Round TH Beds for Households without Children	150
2 New Year-Round ES Beds for Households without Children	46
3 Under Development Year-Round TH Beds for Households without Children	0
4 Total Year Round TH HMIS Beds for Households without Children	0
5. HMIS Bed Coverage: TH Beds for Households without Children	0%

Total Year-Round Beds - Households with Children	
6 Current Year-Round TH Beds for Households with Children	256
6A Number of DV Year-Round TH Beds for Households with Children	41
6B Subtotal, non-DV Year-Round TH Beds for Households with Children	215
7 New Year-Round TH Beds for Households with Children	0
8. Under Development Year-Round TH Beds for Households with Children	0
9. Total Year-Round TH HMIS Beds for Households with Children	0
10. HMIS Bed Coverage: TH Beds for Households with Children	0%

KEY: Target Population A
CO: couples only, no children
HC: households with children
SF: single females
SFHC: single females and households with children
SM: single males
SMHC: single males and households with children
SMF: single males and females
SMF + HC: Single male and female plus households with children
YF: youth females (under 18 years old)
YM: youth males (under 18 years old)
YMF: youth males and females (under 18 years old)

KEY: Target Population B
DV - Domestic Violence victims only
VET - Veterans only
HIV - HIV/AIDS populations only

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Error Messages
ERROR MSG: PROGRAM DETAILS None
ERROR MSG: FAMILY BEDS/UNITS None
ERROR MSG: DV HMIS COVERAGE None

							HUD Funding Information	All Year-Round Beds/Units				Year-Round Beds in HMIS				PIT Counts	Utilization Rates
#	Organization Name	Program Name	Geo Code	Inventory type	A	B	Does this program receive HUD McKinney-Vento funding?	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds	HMIS Beds for Households with Children	HMIS Beds for Households without Children	Percentage of HMIS Beds for Households with Children	Percentage of HMIS beds for Households without Children	Point-in-Time Homeless Count	Program Utilization Rate
TH1	Acres of Hope	Acres of Hope	069061	C	HC		No	33	11	0	33	0	0	0%		24	73%
TH2	Adult System of Care - AMIH	Grove	063108	C	SMF		No	0	0	5	5	0	0		0%	4	80%
TH3	Adult System of Care - AMIH	Tahoe House	063108	C	SMF		No	0	0	5	5	0	0		0%	3	60%
TH4	Adult System of Care - AMIH	Coble	069061	C	SMF		No	0	0	6	6	0	0		0%	6	100%
TH5	Adult System of Care - AMIH	Holland	069061	C	SMF		No	0	0	0	0	0	0			0	
TH6	Adult System of Care - AMIH	Sierra House	063054	C	SMF		No	0	0	6	6	0	0		0%	6	100%
TH7	Adult System of Care - AMIH	Neil House	069061	C	SMF		No	0	0	0	0	0	0			0	
TH8	Hope Help & Healing	Agape House	069061	C	SM		No	0	0	6	6	0	0		0%	2	33%
TH9	Hope Help & Healing	Foundation House	069061	C	SM		No	0	0	6	6	0	0		0%	4	67%
TH10	Hope Help & Healing	Salvation House	069061	C	SM		No	0	0	6	6	0	0		0%	5	83%
TH11	New Leaf Counseling	Courage House: Byron Street	069061	C	SFHC		No	12	4	3	15	0	0	0%	0%	13	87%
TH12	New Leaf Counseling	Courage House: College Way	069061	C	SFHC		No	3	1	5	8	0	0	0%	0%	5	63%
TH13	New Leaf Counseling	Courage House: Garfield A	069061	C	HC		No	4	1	0	4	0	0	0%		2	50%
TH14	New Leaf Counseling	Courage House: Garfield B	069061	C	HC		No	4	1	0	4	0	0	0%		0	0%
TH15	New Leaf Counseling	Courage House: Foresthill	069061	C	SFHC		No	10	4	4	14	0	0	0%	0%	14	100%
TH16	New Leaf Counseling	Courage House: Lincoln	069061	C	SFHC		No	0	0	0	0	0	0			0	
TH17	PEACE for Families	Battered Women's Recovery Program	069061	C	SFHC	DV	No	9	3	3	12	0	0	0%	0%	0	0%
TH18	PEACE for Families	Permanent Housing Program	069061	C	SFHC	DV	Yes	32	14	2	34	0	0	0%	0%	30	88%
TH19	Re-Entry Program	Loomis House	069061	C	HC		No	20	8	0	20	0	0	0%		15	75%
TH20	Re-Entry Program	Ranch 1	069061	C	SM		No	0	0	6	6	0	0		0%	5	83%
TH21	Re-Entry Program	Ranch 2	069061	C	SM		No	0	0	6	6	0	0		0%	5	83%
TH22	Re-Entry Program	Ranch 3	069061	C	SM		No	0	0	6	6	0	0		0%	4	67%
TH23	Re-Entry Program	C Street	063108	N	SM		No	0	0	7	7	0	0		0%	6	86%

TH24	Re-Entry Program	Cedar House	063108	N	SM		No	0	0	16	16	0	0		0%	2	13%
TH25	Re-Entry Program	Round house	069061	C	SM		No	0	0	10	10	0	0		0%	8	80%
TH26	Re-Entry Program	Square House	069061	C	SM		No	0	0	6	6	0	0		0%	5	83%
TH27	Roseville Home Start	Roseville Home Start	063108	C	HC		No	0	0	0	0	0	0			0	
TH28	Roseville Home Start	Roseville Home Start Expansion	063108	C	HC		No	99	28	0	99	0	0		0%	55	56%
TH29	St. Vincent de Paul	New Beginnings: B Street Apartments	063108	C	HC		No	30	12	0	30	0	0		0%	47	157%
TH30	St. Vincent de Paul	New Beginnings: Cherry Street	063108	C	SMF+HC		No	0	0	1	1	0	0		0%	4	400%
TH31	The Lazarus Project	Schiele House	063108	C	SF		No	0	0	6	8	0	0		0%	5	83%
TH32	The Lazarus Project	Sierra House	063108	C	SM		No	0	0	6	6	0	0		0%	3	50%
TH33	The Lazarus Project	Somers House	063108	C	SM		No	0	0	5	5	0	0		0%	5	100%
TH34	Adult System of Care - AMIH	Timberline	069061	N	SMF		No	0	0	5	5	0	0		0%	4	80%
TH35	Re-Entry Program	Holly Vista	069061	N	SM		No	0	0	6	6				0%	2	33%
TH36	Re-Entry Program	Garfield	069061	N	SF		No	0	0	6	6				0%	7	117%

Housing Inventory Chart: Permanent Supportive Housing

Total Year-Round Beds - Household without Children	
1 Current Year-Round Permanent Housing (PH) Beds for Households without Children	38
1A. Number of DV Year-Round PH Beds for Households without Children	0
1B. Subtotal, non-DV Year-Round PH Beds for Households without Children	38
2 New Year-Round ES Beds for Households without Children	0
3. Under Development Year-Round PH Beds for Households without Children	0
4. Total Year Round PH HMIS Beds for Households without Children	32
5. HMIS Bed Coverage: PH Beds for Households without Children	84%

KEY: Target Population A
CO: couples only, no children
HC: households with children
SF: single females
SFHC: single females and households with children
SM: single males
SMHC: single males and households with children
SMF: single males and females
SMF + HC: Single male and female plus households with children
YF: youth females (under 18 years old)
YM: youth males (under 18 years old)
YMF: youth males and females (under 18 years old)

Total Year-Round Beds - Households with Children	
6. Current Year-Round PH Beds for Households with Children	25
6A. Number of DV Year-Round PH Beds for Households with Children	0
6B. Subtotal, non-DV Year-Round PH Beds for Households with Children	25
7. New Year-Round PH Beds for Households with Children	0
8. Under Development Year-Round PH Beds for Households with Children	0
9. Total Year-Round PH HMIS Beds for Households with Children	25
10. HMIS Bed Coverage: PH Beds for Households with Children	100%

KEY: Target Population B
DV - Domestic Violence victims only
VET - Veterans only
HIV - HIV/AIDS populations only

KEY: Inventory type
C: Current Inventory
N: New Inventory
U: Under development

Error Messages
ERROR MSG: PROGRAM DETAILS   None
ERROR MSG: FAMILY BEDS/UNITS   None
ERROR MSG: DV HMIS COVERAGE None

#	Organization Name	Program Name	Geo Code	Inventory type	A	B	Does this program receive HUD McKinney-Vento funding?	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH Beds	Total Year-Round Beds	HMIS Beds for Households with Children	HMIS Beds for Households without Children	Percentage of HMIS Beds for Households with Children	Percentage of HMIS beds for Households without Children	Point-in-Time Homeless Count	Program Utilization Rate
PH1	Adult System of Care HHS	Corinthian	069061	C	SMF		No	0	0	6	0	6	0	0		0%	6	100%
PH2	Adult System of Care HHS	APSH	069061	C	SMF+HC		Yes	14	7	22	5	38	14	22	100%	100%	33	92%
PH3	Adult System of Care HHS	Shelter+Care 2003	069061	C	SMF+HC		Yes	4	2	7	2	11	4	7	100%	100%	7	64%
PH4	Adult System of Care HHS	Shelter+Care 2004	069061	C	SMF+HC		Yes	7	2	3	3	10	7	3	100%	100%	10	100%
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Housing Inventory Chart: Unmet Need Totals

All Year-Round Beds/Units				Seasonal Beds	Overflow Beds
Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
Emergency Shelter					
38	12	50	88		
Transitional Housing					
20	5	30	50		
Safe Haven					
0	0	12	12		
Permanent Supportive Housing					
160	40	150	310		