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-609 - San Bernardino City & County CoC
CoC Lead Organization Name:	Office of Homeless Services for County of San Bernardino

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: San Bernardino County Interagency Council on Homelessness

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: Other (specify)

Specify "other" legal status:

Established by the Board of Supervisors of the County of San Bernardino

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) 68%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	X
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):

Potential members of the San Bernardino County Interagency Council on Homelessness (ICH) are considered for membership only by invitation/proposal from an ICH member and are selected by the ICH Board of Directors based on a two-thirds vote of those present at a meeting at which a quorum is present. Proposed by-laws require members to represent the diversity of the community and include government, nonprofit, and community representatives. ICH by-laws have been written, but not yet approved. In 2009, ICH replaced the San Bernardino Homeless Policy Council as a direct result of a recommendation of the San Bernardino County Homeless Partnership 10-Year Planning Committee.

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

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

Specify "other" process(es):

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

The Office of Homeless Services serves as the designated staff for the San Bernardino County Interagency Council on Homelessness. The Office of Homeless Services undertakes the planning responsibilities for the San Bernardino County Interagency Council on Homelessness. As an office within the County of San Bernardino, for it to take on the administrative duties of grant administration would require an action by the Board of Supervisors.

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
Ten-Year Plan Committee	meets to further the recommendations of the County's 10-Year strategy to end homelessness and update the strategy annually.	Monthly or more
Shorten Homelessness & Rapid Re-housing	meets to discuss strategies to move homeless persons and households from street homelessness and emergency shelter to stable permanent housing. The work of this committee is integrated with that of the Ten-Year Plan and the Grants Review Committee. Also, the committee coordinates the collaboration and participation with HUD managed American Reinvestment and Recovery Act programs including HPRP, NSP, VA-VASH, and CDBG-R.	Monthly or more
Income and Services Committee	focuses on strategies to connect homeless persons and housseholds to employment, income support, mainstream programs, and resources.	Monthly or more
HMIS Advisory Committee	ensures implementation of CoC HMIS including compliance with HMIS Data and Technical Standards; facilitates and conducts data gathering projects such as annual and point in time homeless counts and surveys including sub-populations data gathering and provides analysis of community-based research projects. Supplies critical data, such as APR and Housing counts, to the CoC to complete portions of the Exhibit 1. Additionally, oversees the completion of the Exhibit 1 application.	Quarterly
Discharge Planning Committee	develops and implement a countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care who have no identified subsequent housing.	Monthly or more

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

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 Barstow	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
City of San Bernardino	Public Sector	Local g...	Primary Decision Making Group	NONE
San Bernardino County Board of Supervisors	Public Sector	Local g...	Primary Decision Making Group	NONE
San Bernardino Department of Behavioral Health	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
San Bernardino County Dept. of Veterans Affairs	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Community Action Partnership	Private Sector	Non-pro...	Primary Decision Making Group	NONE
Family Service Association	Private Sector	Non-pro...	Primary Decision Making Group	NONE
High Desert Homeless Services, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Inland Counties Legal Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Inland Temporary Homes	Private Sector	Non-pro...	Primary Decision Making Group	NONE
New Hope Village	Private Sector	Non-pro...	Primary Decision Making Group	NONE
Barstow Community Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Kaiser Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Loma Linda VA Medical Center	Private Sector	Hospita...	Primary Decision Making Group	Veterans
Redlands Community Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE

San Bernardino Community Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	HIV/AIDS
St. Mary's Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
City of Rancho Cucamonga	Public Sector	Local g...	Primary Decision Making Group	NONE
City of Colton	Public Sector	Local g...	Primary Decision Making Group	NONE
San Bernardino Co. Superintendent of Schools	Public Sector	School ...	Primary Decision Making Group	Youth
Inland Empire United Way	Private Sector	Funder ...	Primary Decision Making Group	NONE
Pacific Clinics	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
House of Prayer	Private Sector	Faith-b...	Primary Decision Making Group	NONE
St. Bernadine's Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	HIV/AIDS
Chino Valley Medical Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	HIV/AIDS
Angela Pasco	Individual	Homeles...	Primary Decision Making Group	NONE
Michele Robinson	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Frederick Banks	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Glynis Brooks	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
John Pi	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Joann Claytor	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Beverly Scott	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Joseph Williams	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth

Vista Guidance Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Hospital Association of Southern California	Private Sector	Hospita...	Committee/Sub-committee/Work Group	Substance Abuse
Town of Apple Valley	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Su...
City of Ontario	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
City of San Bernardino Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Mary's Mercy Center	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Victor Valley Domestic Violence	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Catholic Charities	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Su...
Central City Lutheran Mission	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Desert Manna Ministries	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
The Salvation Army	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Time for Change Foundation	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Abundant Living Family Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Subst...
Water of Life Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Subst...
Ecclesia christian Fellowship	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Youth, Subst...
city of Adelanto	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Redlands	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan f...	NONE
City of Fontana	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
California Department of Rehabilitation	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
San Bernardino County Legislative Advocate	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE

County of San Bernardino District Attorney	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	g. Site Visit(s), 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, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

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

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

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

Emergency Shelter: Yes

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

There has been a change in the emergency shelter beds inventory because of the closure of one agency that provided 10 beds.

Safe Haven: No

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

N/A

Transitional Housing: Yes

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

There has been a change in the 2009 inventory for Transitional Housing beds. The 2009 inventory includes three new programs. However, two programs are no longer providing services. This has resulted in a net gain of 11 beds.

Permanent Housing: Yes

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

There is a change in the 2009 inventory for Permanent Housing beds. The Housing Inventory now includes Hope Homes Permanent Housing Progran which added an additional 35 beds for households with children.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	HIC 2009 CHART	11/20/2009

Attachment Details

Document Description: HIC 2009 CHART

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)	01/22/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus 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, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Unsheltered count, HUD unmet need formula, Local studies or non-HMIS data sources, Stakeholder discussion
Specify "other" data types:	

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

Key community stakeholders discussed the initial estimates of unmet need which were based on HUD's unmet need formula to determine if adjustments were necessary based on information from local studies and non-HMIS data sources including the 2009 San Bernardino County homeless count and survey. Adjustments were made to the number of persons in need of emergency shelter, transitional housing, and permanent supportive housing beds. These adjusted numbers were then used to recalculate the unmet need by program type through HUD's unmet need formula.

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: (select all that apply)	CA-609 - San Bernardino City & County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Adaptive Enterprise Solution (AEShmis)
What is the name of the HMIS software company?	Adsystech, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	06/14/2006
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by ESG funded providers, Inadequate staffing, Poor data quality, No or low participation by non-HUD funded providers

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).

Inadequate staffing-smaller providers are having difficultly with data entry due to limited staff. OHS and CAPSBC are working with County Work Exchange Program to place participants in agencies in need of data entry assistance.
ESG Funded Programs-County Department of Community Development and Housing has agreed to include a provision in ESG contracts mandating participation in HMIS as a condition of funding.
Non-HUD Funded Programs-continuing outreaching to non-HUD funded providers through community presentations and one-on-one meetings and developed a data import tool for agencies that have their own system and interested in the migration of their data.
Poor Data Quality-conducting training on Bed Module Utilization to assist agencies in assigning and counting beds; enrolling clients to program and exiting. The bi-monthly End-User Group meeting provides a venue to share best practices and system enhancements.

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	Community Action Partnership of San Bernardino County (CAPSBC)
Street Address 1	696 S. Tippecanoe Avenue
Street Address 2	
City	San Bernardino
State	California
Zip Code **Format: xxxxx or xxxxx-xxxx**	92415
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

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

Prefix:	Ms.
First Name	Rowena
Middle Name/Initial	
Last Name	Concepcion
Suffix	
Telephone Number: (Format: 123-456-7890)	909-723-1512
Extension	
Fax Number: (Format: 123-456-7890)	909-723-1509
E-mail Address:	rconcepcion@capsbc.sbcounty.gov
Confirm E-mail Address:	rconcepcion@capsbc.sbcounty.gov

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**	76-85%
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Monthly

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

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	18%	18%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	9%	11%
* Disabling Condition	1%	10%
* Residence Prior to Program Entry	21%	21%
* Zip Code of Last Permanent Address	26%	26%
* Name	0%	0%

Instructions:

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

Did the CoC or subset of CoC participate in AHAR 4?	No
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

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

CAPSBC conducts monthly monitoring and review of data entered into HMIS in terms of completeness and accuracy. HMIS Participating agencies are provided with monthly reports that include: HMIS Utilization Report, Services Provided Report, Bed Summary Inventory Report, Universal Data Elements Missing Report, and Program Summary Report. On-going technical assistance and training on data quality are provided on a regular basis. CAPSBC monitors agencies with audit reports and identifies agency programs with frequent poor data quality in order to provide the appropriate assistance to them.

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

1) Auditing: Regular audit reports are sent to providers prior to reporting due dates. These reports are sent to agency program staff for review in order to remedy program entry/exit date discrepancies.
2) Training and Technical Assistance: On-going trainings and technical support are provided to agencies regarding questions and concerns they have regarding reporting.
3) Monitoring: HMIS System Administrator monitors HMIS data regularly in order to ensure accurate reporting.
4) The HMIS software prohibits users from entering invalid entry and exit dates.
5) Self-Assessment: Reports training is conducted monthly and agencies are encouraged to run reports and review the validity of client entry and exit dates.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

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

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Monthly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Semi-annually
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	08/13/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

Instructions:

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

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

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

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

Households with	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	79	97	45	221
Number of Persons (adults and children)	189	272	168	629

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	126	181	1,090	1,397
Number of Persons (adults and unaccompanied youth)	126	181	1,090	1,397

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	205	278	1,135	1,618
Total Persons	315	453	1,258	2,026

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)**	70	291	361
*** Severely Mentally Ill**	48	249	297
*** Chronic Substance Abuse**	12	244	256
*** Veterans**	58	191	249
*** Persons with HIV/AIDS**	7	21	28
*** Victims of Domestic Violence**	73	95	168
*** Unaccompanied Youth (under 18)**	9	34	43

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%

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:	X
Extrapolation:	
Other:	

If Other, specify:

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

The process of determining where to find sheltered homeless was made relatively simple by the use of existing contact lists of known emergency and transitional shelter programs provided by the County OHS. The shelter staff on duty the night of the Point-In-Time Count were provided with a copy of the shelter enumeration form and briefed in the days prior to the count on how to appropriately complete the form. The results were returned the following morning. HMIS data was generated after the day of the count to compare and verify information gathered by the form and help with de-duplication process.

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):

There was a slight decrease in shelter beds between 2007 and 2009. The housing inventory chart in 2007 noted that shelter beds numbered 829 and in 2009 numbered 843 representing an increase of 16 beds or 2%. This is primarily due to a reclassification of beds. In 2007 there were 829 beds--338 were emergency shelter and 491 were transitional. In 2009 there were 843 beds--425 were emergency shelter and 418 were transitional. This notes a shift of 73 beds from transitional to emergency between 2007 and 2009.

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

If Other, specify:

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

Separate survey instruments for the unsheltered or street homeless and for the sheltered homeless were used. Almost all of the questions were identical in both surveys, however because those in sheltered environments were typically in settings more conducive to survey administration and could take more time to fill out the questionnaires, several additional questions were added to the sheltered instrument. Proctoring surveys with the unsheltered homeless is a much more difficult proposition, particularly at night. Keeping the total number of questions to a minimum was imperative to produce accurate data efficiently. Of the 236 surveys completed by unsheltered homeless persons, 57 were administered on the night of the Point-In-Time Count by volunteer enumerators. Due to the limited timeframe in which to both conduct the Count and attempt to administer some number of surveys to the unsheltered homeless, volunteers were advised to select potential survey respondents based upon the size of the group in which they were found. For groups of up to three homeless persons, volunteers were to attempt to survey all members of the group; in groups of four to eight persons, volunteers were to attempt to survey every other person; and in groups of nine or more persons, volunteers were to attempt to survey every third person. The remaining 179 surveys of unsheltered homeless were gathered by staff of the San Bernardino County OHS in several outdoor service and congregating areas.

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):

There was little change in percentage for most of the sub-populations between 2007 and 2009. Persons with HIV/AIDS and unaccompanied youth made up 2% of the homeless population in 2007 and 2% in 2009. Victims of Domestic Violence made up 9% of the homeless population in 2007 and 8% in 2009 whereas veterans made up 14% in 2007 and 17% in 2009. The differences between chronically homeless persons, severely mentally ill, and chronic substance abuse was less than 5% between the two counts. The CoC used the same survey to collect data for both point-in-time counts. In addition, most shelters and transitional housing programs continued to serve the same sub-populations. As a result, there was little change among the subpopulations. Also, the CoC attributes the fact that the subpopulations were essentially unchanged relative to their representation among the overall homeless population as indicative of the relatively static economic conditions of the County along with the lack of new programs coming on line over the past 24 months.

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:	X
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 conducted at night so that there would be little possibility of movement (and therefore duplication) of homeless people between sheltered locations. Likewise, the street count took place in the early morning, when most sheltered homeless persons were still at their sheltered sites, thereby reducing the potential for co-mingling among the sheltered and unsheltered populations. Special care was taken to enumerate areas around emergency shelters before they were let out of the shelter to avoid duplication. Additionally, all shelter results were compared to known capacity limits for the shelter facility.

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

If Other, specify:

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

Instructions:

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

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Probability Sampling

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

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

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ 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):

To reduce duplication, the unsheltered enumeration was conducted in a narrow timeframe which consisted of the evening of January 22 and the early morning hours of January 23 before shelters opened and discharged their guests. Also, counters were trained to count only in the specific areas to which they were assigned.

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):

As on the night of the count, the CoC provides referrals in order to help unsheltered households with dependent children to obtain shelter and necessary services so that they exit the streets. In addition, outreach workers are called to get involved when further assistance is necessary including transportation as was the case on the night of the count.

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):

On the night of the Point-In-Time Count, all homeless persons physically observed in selected block groups were counted. In each block group, a number of homeless persons (depending on the size of the respective block group count) were sub-sampled and approached for interview. In addition to the tallies of persons observed in eight age-by-gender classifications, volunteers provided hand-written notes on the enumeration forms. Volunteers were trained to preserve the privacy of the homeless by refraining from knocking on vehicle windows or doors to verify that persons were indeed sleeping inside. However, many of the notes on enumeration forms indicated the presence of recreational vehicles or campers; sport/ utility vehicles or vans; and passenger cars in which volunteer enumeration teams suspected that persons were sleeping. Similarly, notes indicating the presence of tents or campsites that volunteers suspected were occupied were recorded. A total from the volunteer enumerators¿ notes was not useful because they were not instructed to record vehicles or campsites, and such reporting was not consistently done by all field teams. HUD explicitly prohibits using, unscientific adjustment factors to derive¿counts of the unsheltered population to account for people not seen during the point-in-time count. Consequently, this information has not been utilized to augment the San Bernardino Point-In-Time Count.

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 was a significant decline in the number of homeless persons between the 2007 and 2009 point-in-time count due to the change in methodology. Factors that may have contributed to this decline include: not using a multiplier in 2009, doing the count at night instead of during the day, and cold weather. The 2007 count included a multipler that was created, by asking survey respondents who reported staying in cars, vans, RVs, or encampments how many people typically stayed there, producing an average number of people for each of these sleeping locations. Therefore increasing the potential number of homeless. In 2009 there was no multiplier used. Only homeless that were physically observed in the selected block groups were accounted for in the count. If the contribution to the 2007 homeless census created by using these multipliers (3,017 41.2%) is removed from the total count of homeless persons reported that year (7,331), the final 2007 homeless count is reduced to 4,314 persons. In addition, in 2009 the count took place at night and during cold weather which may have resulted in a lower count due to the possibility of homeless seeking shelter at hidden locations.

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)?

The Housing Authority will issue eight new shelter plus care certificates to chronically homeless persons.

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

The County Board of Supervisors recently adopted the County of San Bernardino 10-Year Strategy to End Homelessness. One of the key recommendations was to provide permanent supportive housing for chronically homeless persons that would include units within multi-family residences such as apartment buildings, SRO complexes, and group home facilities. In order to help secure funding for these units, the strategy recommends a Housing Trust Fund that would generate public funding to support the production and preservation of affordable housing which would include permanent supportive housing for chronically homeless persons.

How many permanent housing beds do you currently have in place for chronically homeless persons?	5
How many permanent housing beds do you plan to create in the next 12-months?	8
How many permanent housing beds do you plan to create in the next 5-years?	100
How many permanent housing beds do you plan to create in the next 10-years?	200

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

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

Instructions:

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

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

The CoC will increase the percentage of homeless persons remaining in permanent housing for at least six months by 1) systematically meet with all CoC sponsors/grantees to monitor progress, review and analyze data and share status and goal; 2) share strategies and best practices used by providers with the highest retention rates across CoC to improve and sustain success; and 3) evaluate "reasons for exit" for those families and individuals leaving PH prior to six months of stay to determine if particular categories of exit reasons can be avoided.

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).

CoC will continue to implement the steps noted above. In addition, CoC will continuously identify best practices and present its findings to permanent supportive housing providers in order to help them adopt new, or modify existing, protocols and services in order to increase their retention outcomes. CoC will also CoC will continue to implement the steps noted above. The CoC will also meet with low-performing agencies in order to identify causes for low placement rates. CoC will also meet with high-performing agencies in order to identify reasons for higher placement rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve placement outcomes for clients.

What percentage of homeless persons in permanent housing have remained for at least six months?	80
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	81

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	82
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85

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)?

The CoC will maintain or exceed the percentage (69%) of homeless persons moving from transitional housing to permanent housing by 1) implementing APR tracking of all TH projects and monitor results quarterly; 2) ensuring that TH and PH providers will meet on an on-going basis to ensure that TH residents are given access to PH vacancies and other housing resources throughout the continuum; and 3)conducting a comparison of households that successfully move from TH to PH vs. those households who remain in TH and develop a list of barriers that prevent households from successfully moving from TH to PH along with a list of recommendations for program design to eliminate these barriers. In addition, CoC will meet with individually with, and provide technical assistance to, the transitional housing providers whose percentages of homeless persons moving from transitional housing to permanent housing were the lowest among all transitional housing providers.

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).

CoC will continue to implement the steps noted above. In addition, CoC will continuously identify best practices and present its findings to permanent supportive housing providers in order to help them adopt new, or modify existing, protocols and services in order to increase their placement outcomes. CoC will also CoC will continue to implement the steps noted above. The CoC will also meet with low-performing agencies in order to identify causes for low placement rates. CoC will also meet with high-performing agencies in order to identify reasons for higher placement rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve placement outcomes for clients.

What percentage of homeless persons in transitional housing have moved to permanent housing?	68

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)?

CoC will 1) implement APR tracking of all PH, TH, and SSO projects and monitor results quarterly; 2) will work with all PH, TH, and SSO projects to identify barriers to employment and make projects aware of employment services to meet the goal of maintaining or exceeding current employment percentage of 31%; 3) CoC will continue to focus on employment issues including barriers to employment; and 4) identify providers who are weak in the areas of connecting participants with employment, identify solutions, and prepare corrective action plans.

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).

CoC will continue to implement the steps noted above. CoC will also review the APR employment outcomes on a quarterly basis. CoC will meet with low-performing agencies in order to identify causes for low employment rates. CoC will also meet with high-performing agencies in order to identify reasons for higher employment rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve employment outcomes for clients.

What percentage of persons are employed at program exit?	30
In 12-months, what percentage of persons will be employed at program exit?	31
In 5-years, what percentage of persons will be employed at program exit?	35
In 10-years, what percentage of persons will be employed at program exit?	40

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

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

Instructions:

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

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

Community Development and Housing (CDH) partnered with the San Bernardino County Office of Homeless Services (OHS), the San Bernardino County Continuum of Care (SBCCC) and the San Bernardino County Homeless Partnership (SBCHP) to develop the local HPRP plan. The plan consists of a Rapid-rehousing component which will provide permitted resources that will include short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, and case management to rapidly re-house households with children before they enter the shelter system. In addition, HPRP funds will provide the same types of assistance to prevent households from becoming homeless and to be able to maintain their current housing.

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

The County Board of Supervisors recently adopted the County of San Bernardino 10-Year Strategy to End Homelessness. One of the key recommendations concerned homeless prevention. The strategy recommends that a coordinated/collaborative homeless prevention strategy be developed and implemented to address the diverse needs of each county supervisorial district and include community-based services to be based upon best practices models¿ such as one-stop access centers. Households at risk of becoming homeless will be eligible to receive a wide-range of supplemental resources available under one roof in order to maintain their housing. Prior to receiving resources, an intake and assessment will be completed. The CoC's long-term plan also includes the implementation of the HPRP which will provide HPRP approved assistance under the Rapid Re-housing component such as rental and utility to hundreds of households over the next few years.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	221
In 12-months, what will be the total number of homeless households with children?	201
In 5-years, what will be the total number of homeless households with children?	151

In 10-years, what will be the total number of homeless households with children?	101

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:

The County's Children and Family Services (CFS), a member of the CoC, has policies and protocols in place to assist youth in foster care to return to their families or settings other than HUD McKinney-Vento funded beds. These youth are reunified with family/guardians, emancipated and capable of living on their own, or receive aftercare services that connect youth aging out of foster care to services such as educational/vocational opportunities, financial services, and mental health and substance abuse services to assist them to remain securely housed. CFS collaborative partners that are part of the CoC include other County agencies, juvenile court, employment service agencies, schools, and community-based organizations. Partners also participate in the County's Children's Policy Council that establishes policies among the agencies to ensure consistency and elimination of redundancy in services that may contribute to securing permanent housing.
By age 15½, foster care youth in out-of-home care participate in developing a Transitional Independent Living Plan to achieve emancipation which improves their chances of securing permanent housing. CFS operates a Transitional Housing Program that provides housing and case management support to alumni youth.
The County's Department of Behavioral Health has Transitional Aged Youth (16-25) (TAY) Centers which assist TAY leaving foster care by providing them with Assertive Community Treatment programs and access to emergency housing.

Health Care:

Seven private and public hospitals participate within our CoC. These hospitals adhere to the guidelines established by the Hospital Association of Southern California (HASC) regarding discharge of homeless patients. Patients are discharged to residence/family or lower level of care. For identified homeless patients hospitals conform to the guidelines developed by the HASC.
The treatment team assesses the patient's bio-psychosocial needs. The case manager and social worker initiate a discharge plan for transition to the community with the participation and agreement of the patient or surrogate decision maker. The discharge plan includes assistive care needs, referrals to service providers, government agencies, and clothing needs for discharge. Referrals may include collaborating partners, such as, board and care, nursing facility, shelter, outpatient clinic, or homeless service provider. Upon referral to a shelter, documentation includes contact made to confirm criteria and patient's acceptance of the referral.
The patient must agree to the discharge plan at the appropriate level of care. If the patient is not agreeable, and requests to be discharged to a street location, documentation includes the patient's request and documentation the patient is not currently requiring follow-up care that would prevent a safe discharge to such location. Appropriate hospital staff initiates a direct referral with verbal/written coordination to the appropriate agency for follow up.

Mental Health:

The San Bernardino County Department of Behavioral Health (DBH), a member of the CoC, has discharge planning protocols for children, Transitional Age Youth (TAY), adults, and older adults being discharged from hospitalization. Current protocols require planning for all hospitalization from inpatient psychiatric facilities through collaboration between DBH, County agencies, and health care providers. These individuals receive full after-care plans that include linkages for follow up services with their health care provider and prescriptions and/or medications to sustain them until their scheduled follow up visit. Individuals discharged with special circumstances and needs, including those who are homeless, frequent the hospital, have a co-occurring disorder, or are involved in the legal system, have access to specialized programs like Assertive Community Treatment (ACT) that provide comprehensive services 24/7. There is also a system of residential programs focused on addressing issues that prohibit sustained community functioning.
TAY leaving Foster Care, DBH has established TAY Centers with ACT programs and access to emergency housing.
DBH works with other County agencies, hospitals, housing authorities, and community-based organizations in developing a treatment and residential system of care with the goal of reducing homelessness.

Corrections:

All County terms of incarceration are satisfied at Glen Helen Rehabilitation Center (GHRC). Once sentenced, an inmate's discharge planning process begins. Two months prior to release, an inmate meets with a sheriff's custody specialist and social worker to develop a transitional plan. The plan includes employment, aftercare, housing, social support system, education, and the INROADS program. Once released, inmates are transitioned to places such as sober living homes and other appropriate placements. The transitional plan is then implemented with follow-up by the County Probation Department.
All arrested and detained persons are evaluated for necessary services. Non sentenced inmates released from West Valley Detention Center have access to transportation, short term housing, and referrals in the lobby.
In 2009, a one stop program was implemented to link inmates to resources post release. Discharged inmates have access to one stop services at GHRC with referrals to collaborative partners of the San Bernardino County Homeless Partnership. Collaborative services provided at the one stop also include Workforce Development, Probation, social workers, a chaplain, and a representative from the Veteran's Hospital. If other unresolved issues are identified, (medical or mental health) the individual is referred to the appropriate provider. If there is a severe and persistent mental illness, the inmate receives comprehensive mental health services.

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:	The City of Ontario has adopted a strategy in its ConPlan to strengthen the Continuum of Care in the western part of the County, namely to preserve and improve the supply of supportive housing and public services for homeless populations. The City of Fontana has similarly included in its ConPlan a strategy of developing emergency and transitional housing to assist families facing domestic violence. In addition the Fontana ConPlan includes a commitment to providing resources for assist homeless households obtain social services and job skills. The ConPlan from the County of San Bernardino makes clear its commitment to implement a viable continuum of care and fill gaps in the current system.

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):

Community Development and Housing (CDH) partnered with the San Bernardino County Office of Homeless Services (OHS), the San Bernardino County Continuum of Care (SBCCC) and the San Bernardino County Homeless Partnership (SBCHP) to develop the local HPRP plan. The SBCHP is a public/private partnership of stakeholders in San Bernardino County delivering services to homeless residents throughout the county.

CDH and its partners under this collaboration considered the strategies and recommendations cited in the County¿s proposed 10-Year Strategic Plan to End Homelessness. Because the HPRP funding is a one time only source of funds, sustainability was a major focus during the development of the HPRP plan.

CDH, OHS, SBCCC and the SBCHP will collaborate to ensure that the program requirements and priorities of the HPRP and the County of San Bernardino Continuum of Care are fully realized. We anticipate that some of the Continuum of Care providers may participate in the program as successful respondents to the RFP referenced in item C-3 above which is the RFP process.

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)?

The CoC is coordinating with Community Development and Housing (CDH) concerning the NSP by 1) by referring clients to CDH households whose income does not exceed 50 percent of AMI for potential affordable housing (at least 25% of funds will be used for housing individuals and families whose incomes do not exceed 50 percent of area median income) and 2) accepting clients referred by CDH who are at risk of losing their housing and not able to benefit from NSP.

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.	17	**Beds**	5	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	61	**%**	80	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	68	**%**	68	**%**
Increase percentage of homeless persons employed at exit to at least 19%	27	**%**	30	**%**
Decrease the number of homeless households with children.	7	**Households**	10	**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:

The San Bernardino Continuum of Care has lacked the resources necessary to establish an effective program to assist chronic homeless persons in accessing permanent housing and remaining stable there. Local housing resources have been largely committed to serve populations without regard to whether or not the resident meets a categorical definition. Recognizing this, the San Bernardino CoC has sought HUD funding through the Shelter Plus Care Program to provide access to chronic homeless persons in standard housing units already developed in the community. Unfortunately, the number of certificates available to serve this population is severely limited as new projects have not been funded by HUD in two of the past three years.

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	2,386	0
2008	2,386	0
2009	361	5

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. 5

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	$293,700				
Total	$293,700	$0	$0	$0	$0

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

N/A

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)	32
b. Number of participants who did not leave the project(s)	89
c. Number of participants who exited after staying 6 months or longer	26
d. Number of participants who did not exit after staying 6 months or longer	71
e. Number of participants who did not exit and were enrolled for less than 6 months	13
TOTAL PH (%)	80

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	141
b. Number of participants who moved to PH	96
TOTAL TH (%)	68

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: 323

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	60	19	**%**
SSDI	14	4	**%**
Social Security	11	3	**%**
General Public Assistance	38	12	**%**
TANF	45	14	**%**
SCHIP	1	0	**%**
Veterans Benefits	8	2	**%**
Employment Income	98	30	**%**
Unemployment Benefits	7	2	**%**
Veterans Health Care	4	1	**%**
Medicaid	20	6	**%**
Food Stamps	106	33	**%**
Other (Please specify below)	19	6	**%**
child-support, workers compensation			
No Financial Resources	138	43	**%**

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

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

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

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

The APRs are evaluated as part of the annual CoC rating process. Each APR is reviewed to determine the effectiveness of the project in terms of transitioning to and remaining in permanent housing, and access to mainstream programs and employment. In addition, each APR is analyzed to determine capacity by comparing the percentage of grant funds utilized to the total award. When underspending is identified, the Grants Review Committee considers cutting the project budget. Finally, the APR is relied upon to assess whether the project operates at capacity or not.

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.

January 21, 2009
February 19, 2009
March, 18, 2009
April 15, 2009
May 20, 2009
June 17, 2009
July 15, 2009
August 19, 2009
September 16, 2009
October 21, 200
Novembe 9, 2009

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	Both
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	No
If "Yes", specify the frequency of the training.	Monthly or more
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No
If "Yes", indicate for which mainstream programs HMIS completes screening.	
Has the CoC participated in SOAR training?	No
If "Yes", indicate training date(s).	

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	75%
Each case manager completes an full assessment of each individual and family to determine the types of benefits for which they may qualify. Once clients obtain application forms, the Case Managers work with the clients to obtain the proper documentation required and to complete the form entries. As necessary, Case Managers provide translation services for clients and assist in completing forms.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	90%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	80%
4a. Describe the follow-up process:	
Case managers track client progress through the various systems of care. Agencies use referral forms with sections on them for direct providers to include follow-up information, like services provided and dates of next appointment.	

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

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

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

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

Part A - 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

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.)**	Yes
San Bernardino County has recently changed its requirements for mulit-family housing. In March of 2007, the County adopted the General Plan Update Program, which included the General Plan text and maps, 13 community plans, and a complete revision of the Development Code. Within the Development Code the provisions for mulit-family housing were amended to allow projects of 19 units or less to require just a building permit. No land use approval is necessary. Projects of 20 units or more require an approved conditional use permit. Development standards were inserted into the Code to insure appropriate development was still achieved. These changes were made in recognition of the desire to reduce regulatory barriers.	
***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?**	No

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?**	Yes
***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?**	No
***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?**	Yes

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.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
San Bernardino Tr...	2009-11-18 18:51:...	3 Years	The Salvation Army	860,224	New Project	SHP	TH	F5
LEAP 1 2009 Renewal	2009-11-18 14:29:...	1 Year	Inland Counties L...	38,395	Renewal Project	SHP	SSO	F
Project Home Again	2009-11-18 12:23:...	1 Year	Inland Behavioral ...	367,063	Renewal Project	SHP	SSO	F
New Hope Village	2009-11-19 10:59:...	1 Year	New Hope Village,...	66,675	Renewal Project	SHP	TH	F
Victor Valley Dom...	2009-11-18 13:14:...	1 Year	Victor Valley Dom...	283,537	Renewal Project	SHP	TH	F
New Hope, Too	2009-11-18 14:22:...	2 Years	New Hope Village,...	76,000	New Project	SHP	PH	P3
Laurelbrook Estat...	2009-11-19 19:14:...	10 Years	Housing Authority...	3,686,760	New Project	S+C	PRAR	F1
Supportive Servic...	2009-11-18 18:59:...	2 Years	Inland Temporary ...	138,804	Renewal Project	SHP	TH	F
Mary's Mercy Cent...	2009-11-18 18:51:...	3 Years	Mary's Mercy Cent...	347,487	New Project	SHP	TH	F4
San Bernardino Pa...	2009-11-18 18:55:...	1 Year	The Salvation Army	158,521	Renewal Project	SHP	TH	F
Project Gateway	2009-11-20 10:48:...	5 Years	Housing Authority...	810,000	New Project	S+C	PRA	P2
Project Stepping ...	2009-11-20 10:53:...	1 Year	Housing Authority...	357,168	Renewal Project	S+C	TRA	U
HART to Heart	2009-11-18 19:07:...	1 Year	Inland Temporary ...	128,174	Renewal Project	SHP	TH	F

Budget Summary

FPRN	$6,075,640
Permanent Housing Bonus	$886,000
SPC Renewal	$357,168
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/23/2009

Attachment Details

Document Description: Certification of Consistency