

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.

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

CoC Lead Organization Name: El Dorado County Public Housing Authority

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

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

Indicate the frequency of group meetings: Monthly or more

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

Specify "other" legal status:

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

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

El Dorado County has developed a Continuum of Care Stakeholders Committee that collaborates with many faith based organizations, homeless service programs and government agencies, with the goal of coordinating homeless services currently provided in the jurisdiction. The members of the committee are involved in a larger network within the community, participating on various boards, advisory committees and coalitions in the County. This collaboration is used to obtain and share information and to work collectively on homeless problems and solutions. El Dorado County is a relatively small rural community, and the committee is always seeking to recruit additional members and stakeholders. The community has been eager to come to the table to develop a comprehensive Continuum of Care Strategy and volunteer for sub-committees that work towards the goals established for the Continuum of Care. Members either volunteer to participate or are assigned by participating agencies. The goal is to encourage every community member that is interested in advocating for the homeless to work together to find a solution that addresses the homelessness in our community.

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

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

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

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

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
El Dorado County ...	Monthly or more
Homeless Count Co...	Semi-annually
Rating and Rankin...	Semi-annually
HMIS Committee	Monthly or more
Discharge Plannin...	Quarterly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: El Dorado County Continuum of Care Stakeholders Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets once a month to discuss status of Continuum of Care application, increase public awareness, address current issues, guides the sub-committees, advocacy and coalition building, address the needs of the homeless within the jurisdiction, determine needs and goals for the Continuum of Care, works together to develop strategies and oversee the progress and development of Continuum of Care plan and strategy.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Count Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Works with local organizations and volunteers to coordinate and conduct homeless count and survey. Conducts the volunteer training, obtain and assemble donations of incentives to encourage participation, coordinate survey locations, prepare survey documents, coordinate unsheltered homeless count, assembles and reviews data and reports results.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Rating and Ranking Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Responsible for review and evaluation of the Continuum of Care Exhibit Two funding requests received, with the goal of determining project priority rankings for inclusion in the annual Continuum of Care Homeless Assistance Program grant funding application.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee is responsible for the development and implementation of the local HMIS, including reviewing the needs of community and local agencies, overseeing data collected, providing support to encourage and increase HMIS participation, providing data for the point-in-time homeless count and surveys, developing and reviewing forms and procedures, and provides or coordinates HMIS training for provider organizations.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Members will research, develop and work with publicly funded institutions or systems of care to document or implement a formalized discharge protocol, including working with local faith-based, non profit and existing community agencies or organizations to encourage the development of partnerships beneficial to discharge planning.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

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

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United Outreach of El Dorado County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Tahoe Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Sierra Recovery Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
New Morning Youth and Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Boys and Girls Club of El Dorado County-West Slope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Mother Theresa Maternity Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Camino Seventh Day Adventist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Federated Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Calvary Chapel	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Green Valley Community Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Foothill United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Faith Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Cold Springs Community Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Patrick's Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Theresa Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Affordable Housing Coalition of El Dorado County	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Homeless Advocacy Group	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Job One - Business Services	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
John Conforti and Associates	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Marshall Medical Center	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE

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El Dorado County Community Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Dan Smith	Individual	Homes..	Committee/Sub-committee/Work Group	NONE
Hugo Gervais	Individual	Homes..	Committee/Sub-committee/Work Group	NONE
League of Women Voters	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
El Dorado Transit	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

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

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

El Dorado County Mental Health operated the Tahoe Opportunity Project (T.O.P.) which provided motel vouchers to homeless mental health clients. The funding for this project was cut and the emergency motel vouchers are no longer provided.

Safe Haven Bed: No

Briefly describe the reasons for the change:

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

Transitional Housing: Yes

Briefly describe the reasons for the change:

Gates Recovery closed their transitional homes and are no longer operating in El Dorado County. Tree House Ministries opened up the Tree House and The Ranch, both providing transitional housing programs for single men.

Permanent Housing: No

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

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

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

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

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	El Dorado County ...	10/13/2008

Attachment Details

Document Description: El Dorado County CoC CA-525 2008 Housing Inventory Chart

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/29/2008
(mm/dd/yyyy)

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

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

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

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

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

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

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

Has the CoC selected an HMIS software product? No

If "No" select reason: In planning/software selection process

If "Yes" list the name of the product: 2007 dedicated HMIS conditional award in planning/selection process

What is the name of the HMIS software company? Planning/selection process

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

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

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

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

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

Newly established Continuum of Care in 2007. The initial 2007 SHP funded project is the Dedicated HMIS grant. Conditional award notice has been received for this grant and Continuum of Care is waiting on the Technical Assistance letter and final execution of grant agreement. HMIS selection and implementation will begin when this process is completed. Currently, there are not any providers receiving SHP grants, but the 2008 project applicants have indicated a willingness to participate. Our rural county has few dedicated homeless service and housing providers and many of the small organizations in our community serve both at-risk and homeless clients and will have to pay a portion of the HMIS implementation with their small budgets if they chose to participate, making it difficult to encourage participation. To overcome this challenge, the Continuum of Care will continue to provide the community with information on the HMIS, through discussion, website information, presentations or brochures/flyers and will seek the assistance of those agencies choosing to participate in the HMIS to encourage other community agencies to participate. As the Continuum of Care grows and more SHP projects are developed in the community, participation will increase.

Attachment Details

Document Description:

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

Enter the name and contact information for the HMIS Lead Organization.

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

Street Address 1 937 Spring Street

Street Address 2

City Placerville

State California

Zip Code 95667

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

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

Prefix: Mrs

First Name Joyce

Middle Name/Initial

Last Name Aldrich

Suffix

Telephone Number: 530-621-6276
(Format: 123-456-7890)

Extension

Fax Number: 530-295-2597
(Format: 123-456-7890)

E-mail Address: jaldrich@co.el-dorado.ca.us

Confirm E-mail Address: jaldrich@co.el-dorado.ca.us

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

Instructions:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

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

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

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

The rates indicated in this chart are only anticipated as the El Dorado County Continuum of Care is currently in planning/selection process and is receiving HUD sponsored technical assistance, pending the execution of SHP grant agreement. HMIS implementation will begin after the grant agreement is executed and the software is selected. Many agencies have indicated interest in participating in the system and are also member agencies of the HMIS Committee. It is anticipated that it may take one to two years once funding is received to attain the coverage rates anticipated. In the meantime, the El Dorado County Continuum of Care members are committed to working together to examine ways of encouraging small non-mandated agency participation in the HMIS; the HMIS Committee will continue to develop policies, develop MOU's and promote community participation in the jurisdiction's HMIS; and funding for the HMIS will remain a priority of the committee.

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

Instructions:

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 2008.

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

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

The El Dorado County Continuum of Care was newly established in 2007, and 2007 SHP funding has not been received for the dedicated HMIS implementation. The lead agency in HMIS implementation, the El Dorado County Human Services, Community Services Division - Public Housing Authority, will serve as the HMIS system administrator to work directly with the software provider and HMIS participating agencies to encourage and improve data quality, and establish appropriate checks and measures to verify data accuracy. HMIS reports will be utilized to determine missing values. In addition, the HMIS Committee has been established to develop policies and procedures for participating agencies, and will work together to determine measures to further ensure data quality for participating agencies.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

The HMIS Committee is developing policies and procedures that will include measures to ensure valid program entry and exit dates are recorded, which include running monthly verification reports to determine accurate and complete information obtained through agency/provider data entry. It is expected that these procedures will be developed prior to agency implementation.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

Instructions:

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

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

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

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

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

Does the CoC have an HMIS Policy and Procedures manual? No

If 'Yes' indicate date of last review or update by CoC:

If 'No' indicate when development of manual will be completed: By March 31, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
 Households with Dependent Children - Sheltered Transitional
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
 Households without Dependent Children - Sheltered Transitional
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/29/2008

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

		Households with Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households	3	4	0			7
Number of Persons (adults and children)	10	12	0			22
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households	39	14	75			128
Number of Persons (adults and unaccompanied youth)	39	14	75			128
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households	42	18	75			135

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Total Persons	49	26	75	150

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	7	5	12
* Severely Mentally Ill	1	0	1
* Chronic Substance Abuse	22	0	22
* Veterans	4	0	4
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	12	0	12
* Unaccompanied Youth (under 18)	12	6	18

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/27/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 100%

Transitional housing providers: 75%

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

Instructions:

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 most emergency shelters and transitional housing programs.

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

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

Survey Providers:	X
HMIS:	
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Sheltered population data and count information was gathered from the following sources: 1) a point-in-time count of people staying at emergency shelters and transitional housing programs; and 2) a survey of homeless people conducted at 21 housing and service sites. The consultant firm, HomeBase, was contracted with to conduct the count and survey as a result of a California State CDBG P/TA grant award. Due to bad weather and lack of full provider participation, HomeBase determined the results are an undercount.

The results from the 2008 homeless count, although determined to be an undercount by HomeBase, represent an increase from the 2007 homeless count due to the expertise of the consultant firm HomeBase and the increased provider participation and volunteer recruitment efforts.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Sheltered subpopulation data was obtained through client-level data provided by emergency shelter or transitional housing providers. Surveys of people who are homeless were collected from 21 locations in El Dorado County. The consultant firm, HomeBase, indicated that the survey results are not fully representative of the homeless population in El Dorado County, as certain sub-populations were missed due to difficulties in collecting surveys from those groups, lack of provider participation and bad weather which caused low turnouts and program closures.

The decrease in subpopulation data was a result of a new survey instrument, new procedures, closure of a local transitional housing program, lack of full provider participation and extreme weather during the time of the count. The consultant firm, HomeBase, indicated that the number reported as chronically homeless is an undercount because most chronically homeless were most likely counted in the unsheltered count but were not surveyed to determine chronic homeless status.

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

Instructions:

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

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

The survey instrument used an identifier that consisted of first and middle initial, first two letters of last name and date of birth. The survey instrument also asked where the homeless person spent the night of January 28th, in order to provide de-duplication data to be used by the HomeBase Analyst responsible for compiling the data and making the final report.

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

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

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

During the point-in-time count, there were not any unsheltered families with children that were counted. This is a result of the outstanding job of our many local service or housing programs that work with homeless families and children. Our Continuum of Care consists of multiple agencies that provide outreach to homeless households with dependent children, consisting of domestic violence shelters, the Placerville Union School District, the El Dorado County Office of Education, Tahoe Youth and Family Services, New Morning Youth and Family Services, Hope House, Mother Theresa Maternity Home and the El Dorado County Human Services Department.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Many Continuum of Care agencies provide outreach to persons sleeping on the streets, including the many involved community volunteers and local faith-based organizations that have established relationships with these persons and provide individualized assistance when possible. Many youth-based organizations provide street outreach to work with local youths that appear to be homeless.

The point-in-time count that took place in January 2007 counted 16 unsheltered, and the point-in-time count that took place in January 2008 counted 75 unsheltered. The reason for this is the increase in volunteers, the participation of local law enforcement and the coordination of the count by the consultant firm, HomeBase.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work with community to promote a coordinated community approach to creating specific permanent housing beds through community involvement and through city and county participation.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Establish partnerships with developers and non-profit or for-profit organizations that are interested and able to rehabilitate and manage Permanent Supportive Housing Projects. Identify and apply for funding sources on behalf of community-based organizations. Apply for the acquisition of Permanent Housing units.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Develop permanent housing project for homeless individuals and/or families with mental illness.	Rob Evans, El Dorado County Mental Health

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	10
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	50

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Exhibit 1	Page 42	10/20/2008
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Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Promote a more cohesive and coordinated community approach to create more services for the homeless and chronically homeless.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Work with community agencies to promote the development of permanent housing projects, and to specifically promote permanent housing bed creation	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Establish a homeless prevention program and staging house to coordinate efforts of non-profit, community based and mainstream programs to provide essential services to homeless individuals through educational assistance, healthcare, Medi-Cal, general assistance application, transitional housing services, counseling and support groups, and informational workshops and activities.	Art Edwards, President of United Outreach of El Dorado County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	72
Numeric Achievement in 10 years	72

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Work with community to promote and develop specific bed creation through community involvement and city and county participation.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Work with faith-based, community and mainstream organizations to develop a coordinated community approach to provide services for the chronically homeless.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Work with United Outreach to develop a service program for the homeless that includes commitments from multiple faith-based, community and government organizations.	Mike Applegarth, El Dorado County Chief Administrator's Office

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	65

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to promote vocation programs for the homeless, and involve local Workforce Investment Board and JobOne Business Services in the development of local homeless programs and community or Continuum of Care meetings.	Debbie Stack, El Dorado County Human Services and Gail Saylor, Job One Business Services
Action Step 2	As part of the coordination efforts of the homeless prevention program and "staging house" project, provide employment/vocational services, job training and resume workshops to homeless persons within the county. Cordinate efforts with Job One One-Stop, Employment Development Department, Central Sierra Regional Occupational Program, Workforce Investment Act, and Can Do laborers	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	20

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Establish priorities in the Continuum of Care that address permanent housing for families with dependent children.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 2	Continue to work with community agencies that work with families to develop a cohesive and coordinated approach to obtaining housing and services.	Joyce Aldrich, El Dorado County Public Housing Authority
Action Step 3	Establish partnerships with developers and non-profit or for profit organizations that in order to develop permanent housing beds for families with dependent children. Identify and research funding sources on behalf of those organizations to assist in the development of permanent housing.	Joyce Aldrich, El Dorado County Public Housing Authority

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	10
Numeric Achievement in 10 years	20

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Protocol in Development

Health Care Discharge Protocol: Protocol in Development

Mental Health Discharge Protocol: Protocol in Development

Corrections Discharge Protocol: Protocol in Development

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

In 2007/2008, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House Transitional Home, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009. This process will involve the development of a coordinated and comprehensive community approach, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of MOU's with community organizations to encourage partnerships that will programmatically support a successful discharge planning process.

The local foster care system through the El Dorado County Human Services Department has an established internal protocol that prevents client discharge into homelessness for former foster youth. Established community relationships are in place, including the THP+ Transitional Housing Program for youths aging out of foster care. The current procedures and protocols will be incorporated into the final discharge planning process for each of the public institutions and systems of care.

Health Care Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

In 2007/2008 a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009. This process will involve the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of MOU's with community organizations to encourage partnerships that will programmatically support a successful discharge planning process.

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

Mental Health Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intent of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009. This process will involve the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of Memorandum of Understandings(MOU)with community and county organizations to encourage partnerships that will programmatically support a successful discharge planning process.

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

In 2007/2008, in order to further the development of discharge planning in the community, a Discharge Planning Committee was assembled to coordinate community resources and develop a formal protocol to prevent client discharge into homelessness from all of the public institutions. Partner agencies currently include Marshall Hospital, Hope House, El Dorado County Mental Health, El Dorado County Human Services and New Morning Youth and Family Services with the intents of bringing additional partners into discussions and the Continuum of Care. The goal is to develop an initial draft of a discharge planning protocol by the end of 2008/2009. This process will involve the development of a coordinated and comprehensive community approach to work with public institutions and systems of care, the establishment of formalized protocols to ensure that clients are not released into homelessness or McKinney-Vento funded programs, and the development of Memorandum of Understandings(MOU)with community and county organizations to encourage partnerships that will programmatically support a successful discharge planning process.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

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Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

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

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? No

If yes, briefly list a few of the goals included in the 10-year plan(s):

The El Dorado County Public Housing Authority is currently planning to present a proposal to the community to begin working together to develop a formal 10-year plan to end homelessness for the County of El Dorado. The agency is currently researching grant funding opportunities from outside sources, to bring in a consultant to facilitate the process with the community.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	0	Beds	0	Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	100	%	100	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	100	%	100	%
Increase percentage of homeless persons employed at exit to at least 18%	100	%	100	%
Ensure that the CoC has a functional HMIS system	17	%	0	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	0	0
2007	8	0
2008	12	0

Indicate the number of new PH beds in place 0
and made available for occupancy for the
chronically homeless between February 1,
2007 and January 31, 2008

Identify the amount of funds from each funding source for the
development and operations costs of the new CH beds created between
February 1, 2007 and January 31, 2008.

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

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	0
b. Number of participants who did not leave the project(s)	0
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	0
e. Number of participants who did not leave and were enrolled for 5 months or less	0
TOTAL PH (%)	0

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

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 0

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

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

New CoC in 2007. 2007 Dedicated HMIS was first approved project. Waiting on technical submission to enter into grant funding contract; no funding received to date and no APR submitted. APR's will be reviewed to determine the ability to assess and improve access to mainstream programs.

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

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

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

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

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

If yes, identify these staff members Provider Staff

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

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

Does the CoC uses HMIS to screen for benefit eligibility? No

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

In planning/selection phase of dedicated HMIS implementation.

Has the CoC participated in SOAR training? No

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

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

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

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

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

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

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

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

Part A - 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]

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

Part A - Page 3

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

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
El Dorado County ...	2008-10-14 15:31:...	1 Year	El Dorado County ...	13,339	Renewal Project	SHP	HMIS	F1
Targeted Case Man...	2008-10-15 16:03:...	3 Years	Sierra Recovery C...	131,539	New Project	SHP	TH	F3
SLTWC Transitiona l	2008-10-14 17:47:...	2 Years	Womenspace Unlimi...	31,563	New Project	SHP	TH	F2

Budget Summary

FPRN	\$176,441
Rapid Re-Housing	\$0
Samaritan Housing	\$0
SPC Renewal	\$0
Rejected	\$0