

## 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-520 - Merced City & County CoC

**CoC Lead Organization Name:** Merced County Association of Governments

## 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:** Executive Council

**Indicate the frequency of group meetings:** Monthly or more

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

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

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 67%

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

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

**Specify "other" process(es):**

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

Continuum of Care (CoC) participants interested in appointment to the Executive Council complete an application that explains their motivation for seeking appointment as well as their experience with the homeless population. The CoC general membership, known as the General Collaborative, then reviews all applications and elects members by popular vote. This process was established to ensure the most qualified individuals represent the Continuum and that the Continuum as a whole is confident in their leadership.

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

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

**Specify "other" process(es):**

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

Yes, if the CoC were provided with sufficient administrative funds, a local agency would have the capacity to serve as the grantee and provide oversight and monitoring. Merced County Association of Governments (MCAG), has administered the CoC Program for the past six years. In addition to CoC administration, MCAG has administered, including providing oversight and monitoring, the HOME Program and CDBG Program for two jurisdictions within Merced County (Los Banos and Dos Palos). MCAG has strong partnerships with agencies as we are designated the public forum for cross-jurisdictional issues.

# 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
Continuum of Care General Collaborative	Identifies the strengths and weaknesses in the system of care, develops means for filling the gaps in the system, and ensures that services do not overlap or duplicate each other.	Monthly or more
Street Count Subcommittee	Develops Street Count methodology and homeless surveys, recruits volunteers and collects data regarding the local homeless population.	Quarterly
One Stop Shop Committee	Community Services Agencies meet weekly to provide immediate services and/or referrals for mainstream resources, employment services, housing, and drug alcohol services.	Monthly or more
Healthcare Committee	Identifies the strengths and weaknesses in the healthcare continuity of care, develops means for filling the gaps in the system.	Quarterly
Re-Entry Assistance Program Committee	Plan and coordinate services for parolees that are re-entering society. Focus areas include a updated resource directory, advocacy, housing, and living successfully.	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
California Department of Rehabilitation	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
California Employment Development Department	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
City of Merced Code Enforcement	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Merced Housing Program	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Association of Governments	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Department of Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Merced County Department of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Merced County Human Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth, Veterans
Housing Authority of the County of Merced	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Merced County Office of Education	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
California Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Worknet	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Valley Crisis Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Central Valley Regional Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Challenged Family Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Social Model Advocates	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

Merced Community Action Agency	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Center for Independent Living	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Turning Point CARE	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Distinguished Outreach Services	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Gateway Community Church/Lifeline	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Merced County Rescue Mission	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Salvation Army - Merced	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Love In the Name of Christ	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Golden Valley Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Congressman Cardoza's Office	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Impact House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Yosemite Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Boys and Girls Club	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Linda Lopez	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Serenity Youth Ranch	Private Sector	Other	Committee/Sub-committee/Work Group	Youth
JMJ Maternity Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
THP+	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth

Merced Union High School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
St. Nicholas Episcopal Church, Episcopal Dioces...	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	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, 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)** b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, 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 Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):**  
**(select all that apply)** a. Unbiased Panel/Review Committee, 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):**

A Women's Place closed their doors in June, 2008. Valley Crisis took over domestic violence services in July, 2008. The change in provider resulted in a decrease of 17 beds for the domestic violence population.

**Safe Haven:** No

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

**Transitional Housing:** No

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

**Permanent Housing:** Yes

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

The City of Los Banos Redevelopment Agency, as part of its contract with the State of California, constructed an Affordable Housing complex with 20% of their redevelopment dollars. There are a total of 105 units available in the complex, of which, 21 units are available for homeless families. Employment training, vocational training, money management classes, daycare, and health education classes are all available on site. With the construction of this project, our permanent housing supply has increased by 21 units and up to 104 beds for homeless families 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 Merced	10/19/2009

## Attachment Details

**Document Description:** HIC Merced

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

**Instructions:**

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

**Indicate the date on which the housing inventory count was completed:** 01/23/2009  
(mm/dd/yyyy)

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

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

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** HUD unmet need formula, HMIS data, 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 together (limit 750 characters):**

The housing inventory method was used to determine Merced's existing capacity. Homeless providers were contacted for their opinions to determine how many of their clients are ready to move on to emergency, transitional, and permanent housing. The homeless shelter utilized their HMIS data to determine how many clients may be ready to move on to transitional housing. Finally, the HUD unmet need formula (worksheet) was used in our unmet need analysis.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** CA-520 - Merced City & 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?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Service Point

**What is the name of the HMIS software company?** Bowman

**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):** 01/01/2006  
(format mm/dd/yyyy)

**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:** Inadequate staffing, No or low participation by non-HUD funded providers  
(select all the apply):

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

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

Most shelter providers cite their lack of staff available for necessary data entry, which requires a certain level of computer knowledge and can take up to ten minutes per a client. Our CoC has recently implemented the sharing of quarterly progress reports of all data entered to show the importance the data has to the community. CoC Coordinator, HMIS Lead, and the Executive Council will conduct semi-annual HMIS presentations and web-tours to attract more interest/users. Additionally, the CoC will keep a list of non-participating agencies and schedule quarterly phone calls and/or site visits to market HMIS as a vital tool.

## 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** Merced County Community Action Agency

**Street Address 1** P.O. Box 2085

**Street Address 2**

**City** Merced

**State** California

**Zip Code** 95344

**Format:** xxxxx or xxxxx-xxxx

**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:**

**First Name** Renee

**Middle Name/Initial**

**Last Name** Mounce

**Suffix**

**Telephone Number:** 209-725-8188  
**(Format: 123-456-7890)**

**Extension**

**Fax Number:** 209-385-9934  
**(Format: 123-456-7890)**

**E-mail Address:** rmounce@mercedcaa.org

**Confirm E-mail Address:** rmounce@mercedcaa.org

## 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	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	0-50%

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

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

Most shelter providers cite their lack of staff available for necessary data entry, which requires a certain level of computer knowledge and can take up to ten minutes per a client. To improve our percentage over the next 12 months for our transitional housing projects and permanent housing projects, quarterly outreach, reporting, and web tours will be conducted with each non-participating agency. During this quarterly process, the CoC will gage each agencies capacity and keep them informed regarding the need to input data, any improvements being made to the system, and to offer any technical assistance needed to begin data entry.

## 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	1%	1%
* Date of Birth		
* Ethnicity		
* Race		
* Gender		
* Veteran Status		
* Disabling Condition	2%	2%
* Residence Prior to Program Entry		
* Zip Code of Last Permanent Address		
* Name		

**Instructions:**

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

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

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

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

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

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

Merced County Community Action Agency provides dedicated training personnel whom are available to provide one-on-one training and technical assistance. All partners have been trained by Bowman Systems, which provides the nation's leading HMIS system. Participants are encouraged to enter HUD requested information daily. The site is monitored weekly by the HMIS Program Administer and if there is no activity a courtesy call is given to make sure there are no technical problems.

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

As mentioned in the previous narrative, the HMIS Program Administrator monitors the HMIS site weekly. If inconsistencies are found with data entered, a courtesy call is given to provide assistance and/or training to improve data entry methods and processes.

## 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:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Monthly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Quarterly
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Never
<b>Use of HMIS for performance assessment:</b>	Monthly
<b>Use of HMIS for program management:</b>	Monthly
<b>Integration of HMIS data with mainstream system:</b>	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	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* 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	Monthly
* Validation of off-site storage of HMIS data	Monthly

**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)?** Monthly

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

**If 'Yes' indicate date of last review or update by CoC:** 09/16/2009

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

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

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

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

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

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	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		
<b>Number of Households</b>	9	1	0	10
<b>Number of Persons (adults and children)</b>	25	3	0	28
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	0	0	38	38
<b>Number of Persons (adults and unaccompanied youth)</b>	58	62	224	344
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	9	1	38	48
<b>Total Persons</b>	83	65	224	372

## 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)	21	30	51
* Severely Mentally Ill	62	24	86
* Chronic Substance Abuse	88	46	134
* Veterans	9	13	22
* Persons with HIV/AIDS	3	0	3
* Victims of Domestic Violence	30	15	45
* Unaccompanied Youth (under 18)	0	0	0

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

### **Instructions:**

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

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

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

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

**Enter the date in which the CoC plans to conduct its next point-in-time count:**      01/29/2010  
(mm/dd/yyyy)

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

If Other, specify:

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

Majority of providers count the total number of clients residing in their programs during the PIT count. To ensure accuracy, instructions were provided to participating providers on how to calculate the count and avoid duplication. Community Action Agency, who operates the emergency shelter (60 beds), Havenwood (21 beds), and New Hope House (24 beds) used HMIS to provide the CoC their total numbers during the PIT 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 sheltered population count (limit 1500 characters):

When comparing our CoC's sheltered population during our 2007 and 2009 point-in-time counts, we have encountered a decrease in the number of beds available for our emergency domestic violence shelter as well as the beds available for our emergency shelter during the winter months. In June 2008 A Women's Place closed, which offered 65 beds during our 2007 count. Valley Crisis Center took over the services of A Women's Place with a decrease in beds available, only 15, during our 2009 count. The change in service provider has resulted in a decrease of 50 beds. Additionally, in 2007, our CoC did not have a year-round emergency shelter. During the winter months an Armory was leased with 100 beds available during our 2007 count. In 2008, our year-round emergency shelter opened its doors which created 60 beds during our 2009 count, however, the Armory was not leased. This change resulted in a 40 bed decrease when comparing 2007 to 2009. Due to the loss of domestic violence beds, other communities (outside of our CoC) have partnered with Valley Crisis to accept clients to ensure this population remains off the streets.

## 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: *LA Guide for Counting Sheltered Homeless People*, at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](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):**

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

**If Other, specify:**

We conducted a point-in-time survey with willing clients.

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

Client records were used to track data regarding domestic violence and severe mental illness at shelters where this data is recorded. Since not all shelters record all types of data, some providers made estimates based on their knowledge of the population. Community Action Agency used HMIS to provide subpopulation data for those individuals that were at the emergency shelter on the night of the PIT count. Additionally, we conducted a survey at several transitional housing programs during our point-in-time count with willing clients to identify any subpopulation characteristics.

**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):**

Comparing our 2007 point-in-time count to our 2009, we saw a 61% increase in our homeless that have a chronic substance abuse and a 27% decrease in our homeless population that were reported as veterans. Factors that may have resulted in an increase of the homeless that have a chronic substance abuse include overcrowding in jails, resulting in an early release of inmates that have histories of substance abuse. We also believe our survey is reaching out to more of the homeless population than in previous years, resulting in more accurate numbers. Additionally, the CoC believes survey participants are "trusting" the process and feel safe disclosing the information, and may have had doubts in the past.

Factors that may have resulted in a decrease in our homeless veteran population include out of county housing options becoming available. Merced County does not qualify for HUD-VASH vouchers, however, veterans are accessing services/housing in Fresno and Stanislaus Counties. Additionally, we believe we need to define the question "are you a veteran", as some past military personnel may believe only a war qualifies as being a veteran. We will implement a new version of the question during our 2010 Street Count.

## 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)**

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

**If Other, specify:**

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

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

### Instructions:

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

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

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

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

**Public places count:**

**Public places count with interviews:**

**Service-based count:**

**HMIS:**

**Other:**

**If Other, specify:**

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

### **Instructions:**

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

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

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

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

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

**If Other, specify:**

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

### Instructions:

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

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

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

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

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

Training was conducted with PIT enumerators to ensure accuracy of count. Training topics included how to dress, how to identify a homeless individual, sensitivity to the situation, and how to complete the survey form. Teams were assigned to known areas where the homeless congregate to ensure multiple teams were not duplicating individuals. Further methods used to avoid duplication included our CoC limiting the count to several hours, including an interview component with as many willing responders as possible, and coordinated our sheltered and unsheltered count during the same time frame.

**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):**

A strong partner of the CoC, Merced County Community Action Agency, began operations of a shelter for homeless women and children (16 beds) in March of 2009, called Canal Creek. This project is essential to the continuing need to expand services to the ever increasing homeless population in Merced County and will go a long way in keeping children from having to sleep on the streets. The shelter will provide housing, meals, self-sufficiency classes, and permanent housing placement assistance. Community Action Agency routinely visits sites where the homeless congregate, receive services, or socialize to ensure they are aware of the services available within the community.

Additionally, the Merced Union High School District, another partner of the CoC, was recently awarded Recovery Act funding, \$50,000 per a year for the next three years, to hire a part-time homeless liaison to: (1) Identify and track homeless youth and their families (2) Increase homeless student's access to school programs (3) Increase coordination among schools and agencies providing services to homeless children and youth (4) Increase referral services for students and families to access mainstream resources. The school district will revise their Registration Form to include residency options such as: doubled up (sharing with other families due to economic hardship), shelter or transitional housing program, unsheltered (car/campsite), motel/hotel, etc. in order to conduct the proper outreach.

**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):**

A strong leader of the CoC, the City of Merced Code Enforcement Officer's visit transients that take refuge on the streets, canal banks, and under bridges. The Officer speaks with the transients on a daily basis regarding their needs and provides referrals as necessary.

As a partner of the CoC, Merced County Human Services Agency has visited the encampments mentioned above with their laptop/software to determine, on an individual basis, if the encampment occupants would access services and/or if they qualified for mainstream services they were not yet accessing. This process brought the services directly to the homeless population, without them having to initiate a visit to the Human Services office.

Additionally, another strong leader of the CoC, Merced County Mental Health conducts weekly outreach to mentally ill homeless living on the streets, in encampments, and in vehicles to offer services.

The CoC Point in Time subcommittee continues to advocate and look for ways to identify and engage the homeless population.

**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):**

Our 2007 point-in-time count was based on formulated numbers (1% of the population was determined homeless). In 2009, our CoC reported only the number of unsheltered people actually counted on 01/22/2009. We hope to gain a more accurate count of our homeless population using actual numbers going forward. Our CoC will conduct a point-in-time count on an annual basis, and not just the bi-annual requirement, to improve accuracy.

### 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)?

Our CoC ranked a permanent housing project for the chronically homeless as the highest priority in the 2009 CoC Plan. The project, if funded, will provide eight permanent housing units for Merced's chronically homeless population. Turning Point, a local non-profit mental health provider, would operate the program. They have experience in creating successful permanent housing projects in Stanislaus County, which is a neighboring CoC. The CoC will utilize this experience in helping other local nonprofits and gov't agencies create similar programs.

Additionally, our CoC will develop a permanent housing committee, to begin identifying other possible resources to increase our permanent housing supply. This committee will meet at least quarterly beginning in January 2010.

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

Mental Health Services Act (MHSA) funding will be accessed to create 10 units of permanent housing within a new construction project known as Gateway Terrace. Gateway Terrace will have a total of 66 units with construction beginning in January 2010 (14 months to complete). The MHSA housing program will serve transitional age youth age 18 and above, adult/older women and men who are homeless or at risk of homelessness and have a psychiatric disability.

The CoC will strive to create 20 additional beds within the next 10 years.

How many permanent housing beds do you currently have in place for chronically homeless persons? 4

How many permanent housing beds do you plan to create in the next 12-months? 6

How many permanent housing beds do you plan to create in the next 5-years? 15

How many permanent housing beds do you plan to create in the next 10-years? 30

### 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)?**

Our CoC has exceeded the goal of 77% and will continue to exceed by providing counseling, mental health care, and good tenant training for the four residents of Project Home Start facility at least 25 hours a week. Weekly meetings with project staff will be held to coordinate housing and supportive services on site at the residences'. In addition, monthly meetings will be held with agencies involved (Community Action Agency, Mental Health) and the residents of Project Home Start to problem solve, resolve differences, set guidelines and provide general information. Meetings will provide a consistent forum for discussions to ensure every attempt for success is explored.

**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).**

We have found great success with our current practices of ongoing training/suportive services and weekly/monthly meetings with program staff and the residents of permanent housing. This practice will continue regardless of how many new permanent housing beds and service providers enter our CoC. Our goal is to increase our permanent housing supply by 15 within the next five years. As our supply expands, we will continue to bring all parties to the table to coordinate and collaborate to ensure efforts are not being duplicated, and that all program staff and residents have access to available training opportunities, mainstream resources, and employment. Continuing an open line of communications will ensure the success of 85-90% of our clients remaining in housing for at least six months.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 100

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

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

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 90

### 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)?**

Our CoC will improve our percentage of persons moving from transitional housing to permanent housing by assessing each individual at the beginning of every program. Goals and action steps will be created immediately upon entry into a transitional housing program. Goal setting/action steps will include the transition out of managed care (discharge planning). Discharge planning includes food, housing, recovery program, social activities, finances/budgeting, education, GED counseling and physical health. Certain programs will continue to offer vocational training (chef, wood-working, etc), job referrals, and marriage counseling. Additionally, we will continue to ensure that agencies are trained to understand the basics of mainstream resources to assist their clients through the application process, thus increasing their income to become self-sufficient.

**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).**

Our CoC will exceed our 12 month goal of 81% of persons moving from transitional housing to permanent housing to 85% by assessing each individual at the beginning of every program. Goals and action steps will be created immediately upon entry into a transitional housing program. Goal setting/action steps will include the transition out of managed care (discharge planning). Discharge planning includes food, housing, recovery program, social activities, finances/budgeting, education, GED counseling and physical health. Additionally, we will continue to ensure that agencies are trained to understand the basics of mainstream resources to assist their clients through the application processes, thus increasing their income to become self-sufficient. We will also begin to have quarterly transitional housing provider meetings beginning in 2010 to compare best practices to ensure all programs are meeting the 85% goal.

**What percentage of homeless persons in transitional housing have moved to permanent housing? 77**

- In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 81
- In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 85
- In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 85

### 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)?**

Our CoC will continue to exceed the 20% goal by partnering our transitional housing programs with Worknet and the Employment Development Department. Through these programs participants can receive job placement assistance, resume writing skills, interview practice, etc. Additionally, program staff will assist program participants with school enrollment, alumni involvement, and GED counseling. The State Department of Rehabilitation will provide employment services to homeless individuals that are consumers of mental health. Several programs will continue to offer vocational training (chef, wood-working, etc), to provide participants with a skill that will allow them further job opportunities.

**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).**

Our CoC will continue to exceed the 20% goal by partnering our transitional housing programs with Worknet and the Employment Development Department. Through these programs participants can receive job placement assistance, resume writing skills, interview practice, etc. Additionally, program staff will assist program participants with school enrollment, alumni involvement, and GED counseling. The State Department of Rehabilitation will provide employment services to homeless individuals that are consumers of mental health. We will ensure employment services available in Merced County participate in transitional housing workgroups to ensure all available services are being accessed.

**What percentage of persons are employed at program exit?** 27

**In 12-months, what percentage of persons will be employed at program exit?** 27

**In 5-years, what percentage of persons will be employed at program exit?** 29

**In 10-years, what percentage of persons will  
be employed at program exit?** 32

### 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)?**

The City of Los Banos has designated 21 units of a 105 unit apartment complex for homeless families. Residents of the Los Banos Apartments have an opportunity to learn new skills designed to help them gain self-sufficiency through employment training, vocational training, daycare, health education classes, and after school homework assistance. Through this housing project, Merced County Continuum of Care will continue to see a decrease in the number of homeless families. Project is funded through Redevelopment dollars as well as monies through the Affordable Housing Program.

Our CoC will ensure we have a more accurate count of the number of homeless households with children in future street counts. The CoC believes the 10 households discovered during the 2009 street count is not an accurate picture due to Merced County Human Services Agency has reported providing approximately 570 families some type of homeless assistance in 2008.

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

The CoC will strive to create a project similar to the housing project in Los Banos for homeless families within the City of Merced. The City of Merced is the most populated jurisdiction within Merced County, and typically encounters the majority of the homeless population. The CoC will begin discussions with the City of Merced within the next 6 months to determine their interest, draft an action plan within the next 18 months, and construction/project implementation with 60 months.

The CoC will improve upon the method of calculating the number of homeless households with children in future point-in-time counts. This will be done by coordinating with local school districts.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 10

**In 12-months, what will be the total number of homeless households with children?** 10

**In 5-years, what will be the total number of  
homeless households with children?** 10

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

### 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:

Prior to emancipation (between the ages of 15-16), Merced County foster youth are required to work with staff at the Merced County Human Services Agency to create a Transitional Independent Living Plan (TILP). The purpose of the TILP is to describe the youth's current level of functioning, identify emancipation goals, services, activities, and individuals that will be assisting the youth in the process of obtaining self-sufficiency. If the emancipated youth cannot find housing once released from foster care, Merced County Human Services Agency refers the youth to transitional/emergency shelters, where beds have been reserved specifically for foster youth. These beds, funded by a variety of sources, are not funded with McKinney-Vento monies.

#### Health Care:

When patients known to be homeless are discharged from Mercy Medical Center, they meet with caseworkers to discuss housing, food, transportation and other service options. Each patient is given a list of resources, complete with an explanation of services, contact information, and eligibility requirements when applicable. The list is maintained by the hospital's Case Management office to ensure that all services listed are current.

Homeless persons with HIV and contractible tuberculosis are not discharged from local hospitals until housing has been thoroughly arranged. Caseworkers collaborate with a Public Health Nurse from the Merced County Health Department to arrange temporary housing in a local motel (currently CalBest Motel). Plans are underway to begin housing chronically homeless AIDS patients in permanent supportive housing (supported by HOPWA) funds.

In the event that a homeless patient is assessed to be incompetent and/or lacks the ability to make decisions, Social Services consults with the doctor, case managers, Adult Protection Services and family (if applicable) to assist in care planning.

Hospital caseworkers perform follow-up work on all homeless patients (per patients' cooperation).

No discharge patients are housed in McKinney-Vento funded shelter.

**Mental Health:**

It is the policy of Merced County Mental Health Inpatient Unit that discharge planning begin at the time of admission to enable the patient to achieve an optimum level of functioning. A case manager will interview the patient, relevant family, and others as needed to determine the patient's needs and wishes. The manager will monitor the patient's hospital course and arrange appropriate planning to coincide with patient's discharge including 1) arrangement of out of home placement 2) medication supervision 3) obtaining social, vocational and educational services. Each step of discharge planning is recorded in the patients file. If arrangements fail to find a patient stable housing, social workers contact transitional shelters such as Tranquility Village and Hobie House, and residential dual-diagnosis treatment centers. Transportation and other services are provided to facilitate arrangements.

**Corrections:**

As homeless inmates are released from Merced County Jail or the Adult Correctional Facility in El Nido, officers direct them to the D Street Homeless Shelter, Merced Rescue Mission, Catholic Charities and a variety of other shelter or service providers. No persons are discharged into McKinney-Vento funded housing. When homeless inmates with AIDS are discharged from either facility, they are referred to the Merced County Health Departments Public Health Nurse, who arranges temporary shelter.

An address is required for inmates to be released from the United States Penitentiary in Atwater. If the inmate has no address, arrangements will be made for release into a half-way house in Oakland, San Francisco, Fresno or Los Angeles. There, inmates will receive employment assistance and services to help integrate them back into society. If an inmate is found to be mentally ill upon release from jail, the Sheriffs Department will refer him to the Mental Health Department, who, after an assessment, will refer him to appropriate resources. Individuals who are on probation are required to have an address. In the event of homelessness, the Department refers individuals to local emergency and transitional shelters.

### 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:**

- 1) Ensure that the City of Merced provides it's fair-share of affordable housing.
- 2) Continue working with other organizations in the community for support and acquisition of permanent homeless shelter facilities funding for populations in need
- 3) Educate the public regarding fair housing issues and programs.

**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):**

The City of Merced received a direct allocation in the amount of \$515,000 for HPRP funding. The City first called a meeting with the CoC to discuss funding criteria and invited proposals. Five agencies, all partners of the CoC, submitted proposals. Of the five proposals, four were awarded funding as sub-grantees. The CoC will work directly with the project sponsors, as they are already CoC partners, to begin implementation of HMIS, provide ongoing support with HMIS, offer collaborative discussions with experienced and inexperienced providers to ensure successful program implementation, and ensure services are not being duplicated.

Programs that will be implemented are: 1) Providing financial assistance to individuals or families that are currently in housing but have been determined to be at risk of becoming homeless 2) Offer financial assistance to individuals/families that are experiencing homelessness and need assistance to obtain housing 3) Help 8 individuals or family households of medically stable, but needy individuals who would be discharged from a hospital into homelessness but for the intervention of HPRP funds.

**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 City did not receive any direct NSP funding from HUD and is scheduled to receive its funding from the State of California Department of Housing and Community Development (HCD). Based on the allocation formula established by the State, the City is allocated to receive \$2,046,968 of the funds (funds have not been released yet). The 25% of the NSP funds for the very low income (50% of below Area Median Income) has not yet been allocated by the State. Those funds will be distributed based on competitive applications at a later time. The City has submitted an application and is awaiting the result by the State. The application includes a 10-unit multi-family rental project for very low-income individuals or households in Merced. The City of Merced has committed that discussions will occur with CoC partners to determine the greatest needs and to assist with project implementation.

## 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.	6	Beds	0	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	75	%	100	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	76	%	78	%
Increase percentage of homeless persons employed at exit to at least 19%	40	%	19	%
Decrease the number of homeless households with children.	0	Households	0	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

Our CoC's goal was to create six permanent housing beds for the chronically homeless by creating a Shelter Plus Care Project with our local Housing Authority and Mental Health Department. Unfortunately, just a few days prior to submitting the application, Mental Health had to back out of the project due to budget cuts that would have provided the necessary funding for a supportive services match. Our CoC has worked closely with the CoC this past year to ensure we have projects that will meet the minimum capacity requirements to bring in dollars to permanently house our chronically homeless.

Our CoC did not meet our goal of 40% of homeless will be employed at exit. We believe this goal was not met due to the failing economy. Merced City/County reached its highest unemployment rate, at 20% in 2008-2009. Not only could the homeless population not find housing, but the average person who has never encountered homelessness struggles to find employment.

## 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	687	0
2008	728	4
2009	51	0

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

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

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

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

Our number of chronically homeless persons did not increase, nor did the beds decrease. However, we thought it vital to note that there was a drastic drop in numbers reported due to the method of calculation changing. Previous to the 2009 point in time count, our CoC reported formulated numbers. In 2009 we began reporting actual numbers from the point-in-time counts, surveys, and provider expertise.

## 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

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	2
b. Number of participants who did not leave the project(s)	2
c. Number of participants who exited after staying 6 months or longer	2
d. Number of participants who did not exit after staying 6 months or longer	2
e. Number of participants who did not exit and were enrolled for less than 6 months	0
<b>TOTAL PH (%)</b>	100

### Instructions:

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

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

<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	
b. Number of participants who moved to PH	
<b>TOTAL TH (%)</b>	100

## 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: 1**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI		0	%
SSDI		0	%
Social Security	1	100	%
General Public Assistance		0	%
TANF		0	%
SCHIP		0	%
Veterans Benefits		0	%
Employment Income		0	%
Unemployment Benefits		0	%
Veterans Health Care		0	%
Medicaid		0	%
Food Stamps		0	%
Other (Please specify below)		0	%
No Financial Resources	1	100	%

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

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

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

### **Instructions:**

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

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

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

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

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

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

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

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

Annually the Continuum of Care Coordinator will request APR's from project sponsors for review at the Executive Council. After review by the CoC Coordinator and the Council a summary of the report will be provided to the General Collaborative group for discussion on collaborations that may need to occur to improve the process or to address policy issues that may need to be addressed.

**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.

Social Security Administration presents on an annual basis to the CoC - this year is was on 03/18/2009. Additionally, via the One Stop Shop, the CoC is informed of avenues to pursue to enlist clients in special resources and/or mainstream programs. These updates were provided at the following meetings: 04/15/09, 05/27/09.

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

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

If yes, identify these staff members Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

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

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

**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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Case managers will assist clients in organizing or obtaining all necessary documentation and information to apply for benefits. If an online process is available, the case manager will assist the participant to apply online. If needed (and permission is provided), case manager will participate in the interview process with the applicant and benefit agency.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	71%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	71%
<b>4a. Describe the follow-up process:</b>	
Staff requests proof of applicaiton for mainstream benefits that participants applied for without assistance from the case manager to ensure an application was accepted by the benefits agency. Follow-up is conducted by the case manager to the benefiting agency if the required review time frame has passed.	



## 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>	Yes
<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

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

## Part A - Page 3

<p><b>*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?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	<p>Yes</p>
<p><b>*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?</b></p>	<p>No</p>
<p><b>*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?</b></p>	<p>Yes</p>
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	<p>No</p>
<p><b>*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?</b></p>	<p>No</p>

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
HMIS Renewal	2009-11-05 17:22:...	1 Year	Merced County Com...	81,164	Renewal Project	SHP	HMIS	F
SHP Merced Bonus	2009-11-05 17:54:...	2 Years	Turning Point Com...	75,645	New Project	SHP	PH	P2
Project Home Start	2009-11-13 15:55:...	1 Year	Merced County Men...	134,466	Renewal Project	SHP	PH	F
SHP - Turning Poi...	2009-11-05 17:57:...	2 Years	Turning Point Com...	173,138	New Project	SHP	PH	F1
Rose Julia Riorda...	2009-11-05 18:24:...	2 Years	Communit y Social ...	115,534	New Project	SHP	TH	F3

## Budget Summary

<b>FPRN</b>	\$504,302
<b>Permanent Housing Bonus</b>	\$75,645
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Applicants Certif...	11/17/2009

## Attachment Details

**Document Description:** Applicants Certification of Consistency with the Consolidated Plan - (5)