

# 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** CA-605 - San Buena Ventura/Ventura County CoC

**CoC Lead Organization Name:** Ventura County Homeless & Housing Coalition

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

### Instructions:

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

**Name of primary decision-making group:** Ventura County Homeless and Housing Coalition

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

**Indicate the legal status of the group:** 501(c)(3)

**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)** 72%

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

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" 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):**

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

All members of the primary decision-making body are either appointed by, assigned by, or volunteer to represent, their respective agencies.

**\* Indicate the selection process of group leaders: (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):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

If our CoC were provided with additional administrative funds from HUD, the primary decision-making body or an agent designated by it (e.g. a city or non-profit organization) would be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring.

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

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

Name	Meeting Frequency
HMIS Steering Com...	Monthly or more
Ventura Social Se...	Monthly or more
Ventura County Pa...	Monthly or more
City of Simi Vall...	Monthly or more
HIV Housing Task ...	Quarterly
Ventura Homeless ...	Monthly or more
Community Commiss...	Monthly or more
Health Care for t...	Monthly or more
Ventura County Ci...	Monthly or more

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

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

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

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

**Describe the role of this group:**

Provides oversight, coordination & planning for the Tri-County HMIS Collaborative, focuses on partner agency collaboration, data collection, and information sharing.

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

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

**Name of Committee/Sub-Committee/Work Group:** Ventura Social Services Task Force

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

**Describe the role of this group:**

Strategic planning between City of Ventura, CBOs Faith-based Agencies, and Ventura County on issues and needs of the homeless population in the Greater Ventura area.

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

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

**Name of Committee/Sub-Committee/Work Group:** Ventura County Partnership for Safe Families & Communities

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

**Describe the role of this group:**

Focuses on prevention of violence/abuse through public education, advocacy, legislation, public policy, and provides a forum for interagency coordination.

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

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

**Name of Committee/Sub-Committee/Work Group:** City of Simi Valley Task Force on Homelessness

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

**Describe the role of this group:**

Strategic planning and coordination between City of Simi Valley, CBOs and Ventura County on issues and needs for the homeless population in the Greater City of Simi Valley area.

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

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

**Name of Committee/Sub-Committee/Work Group:** HIV Housing Task Force

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

Provides access to safe, affordable, and stable housing and guidance about housing and education about HIV/AIDS and homelessness to local public and private agencies.

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

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

**Name of Committee/Sub-Committee/Work Group:** Ventura Homeless Case Managers' Group

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

**Describe the role of this group:**

Provides training and support for case managers who are helping homeless families and individuals and update one another on new resources and changing access issues.

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

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

**Name of Committee/Sub-Committee/Work Group:** Community Commission for Ventura County

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

**Describe the role of this group:**

Policy and advocacy body of county-wide agencies that focus on coordinating and strengthening services for children and families including homelessness and substance abuse.

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

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

**Name of Committee/Sub-Committee/Work Group:** Health Care for the Homeless Advisory Committee

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

**Describe the role of this group:**

Advocate for increased access to health care assessment, direct treatment, and referrals for the homeless population. Also provides advisory oversight for implementation of HCH program.

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

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

**Name of Committee/Sub-Committee/Work Group:** Ventura County Civic Alliance

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

**Describe the role of this group:**

County leaders address priorities, increase civic engagement, and build leadership around the issue of sustainable communities, jobs/housing balance and housing affordability.

## 1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
State Representative Pedro Nava	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
California Department of Rehabilitation	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Seriously Me...
California Department of Corrections	Public Sector	State g...	None	NONE
Ventura County Chief Executive Office	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Ventura County Human Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	Seriously Me...
Ventura Public Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Youth
Ventura County Superintendent of Schools Homele...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Ventura County Alcohol and Drug Programs	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Ventura County Behavioral Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Ventura County - RAIN Transitional Living Program	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Ventura County Workforce Development Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Ventura County Transportation Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Ventura County Veterans Services Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Area Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Housing Authority of the City of San Buenaventura	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
City of Port Hueneme Housing Authority	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Santa Paula Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Ventura County Office of Education	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
California State University Channel Islands	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	NONE

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
City of San Buenaventura Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
City of Simi Valley Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Downtown Police Storefront	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Westside Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
California Department of Rehabilitation and Cor...	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Workforce Investment Board	Public Sector	Local w...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Employment Development Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Social Security Administration	Public Sector	Other	None	NONE
Ventura County Human Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Ventura County Health Care Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Tri-County Regional Center	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
AIDS Project Ventura County	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Central Coast Alliance for Sustainable Economy	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
League of Women Voters	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Independent Living Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Partnership for Safe Families	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes..
Care and Share	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Action Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
FOOD Share	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Manna	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Help of Ojai	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
Housing Opportunities Made Easier	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Interface Children/Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Khepera House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Many Mansions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Miracle Recovery Centers	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
Ojai Valley Family Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Project Understanding	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Prototypes	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
Public Action to Deliver Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
RAIN Communities, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
The Samaritan Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Santa Paula Housing Study Group	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Sara's House	Private Sector	Non-pro..	None	NONE
Tender Life Maternity Homes	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Simi Valley Free Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
SCVA Services United	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Turning Point Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Clergy and Laity United for Economic Justice	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Ventura County Council of Churches	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
Jewish Family Services	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Ministerial Association	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Lutheran Social Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Coalition to End Family Violence	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
County Alliance for the Mentally Ill	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Drug and Alcohol Advisory Board	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
HIV Housing Task Force	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Homeless Case Manager's Groups	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Housing Committee for CalWorks and the Housing ...	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Simi Valley Task Force on Homelessness	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Ventura Social Services Task Force	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Planning Group for Veterans Stand Down	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Veterans
Youth in Transition Advocacy Committee	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Youth
Conjeo-Las Virgenes Futures Foundation	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, A...	NONE
EFSP Designated Local Board	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
United Way of Ventura County	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Ventura County Community Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, NONE
Affinity Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
Montecito Bank and Trust	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Economic Development Collaborative of Ventura C...	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Home Aid - National Contractor's Group	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Rotary Club of Simi Valley	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Rotary Club of Ventura	Private Sector	Businesses	Lead agency for 10-year plan	NONE
Conejo Valley Rotary	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Santa Barbara Bank and Trust	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Ventura County Economic Development Association	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Ventura Chanber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Westminster Free Clinic	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	NONE
Conejo Free Clinic	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	NONE
Ventura County Public Health Care for the Homeless	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Youth
River Haven Community	Individual	Homeless	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
Goodwill	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	NONE
GLAD	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
ARC (formerly Association for Retarded Citizens)	Private Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Veterans Stand Down Committee	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	Veterans
Partners in Housing	Private Sector	Non-pro.	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Cabrillo Economic Development Corporation	Private Sector	Non-pro.	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Habitat for Humanity	Private Sector	Non-pro.	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
Many Mansions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
People's Self Help Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Commercial Property Owners and Downtown Communi...	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Simi Valley Neighborhood Councils 1, 2, 3, and 4	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Westside Community Council	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
River Haven Encampment Council	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mid Town Community Council	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
California Health and Human Services Agency	Public Sector	Stat e g...	None	NONE
Free Clinic of Simi Valley	Private Sector	Hos pita..	Attend Consolidated Plan planning meetings during past 12...	NONE
Santa Paula Task Force on Homeless	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Conejo Affordable Housing Work Group	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Hospital Association of Southern California	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
ACTION Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
House Farmworkers	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Area Agency on Aging	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Commission for Ventura County/Interag...	Public Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
County of Ventura H.S.A. Veterans Programs	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s
Margaux Everett	Individual	Hom eles..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Jeff Howard	Individual	Hom eles..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Terry Foster	Individual	Hom eles..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Conejo Affordable Housing Work Group	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Camarillo Work Force Housing Task Force	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
Ventura Social Services Task Force	Private Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Task Force to Address Homelessness in Santa Paula	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...

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

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

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

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

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

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

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

**Emergency Shelter:** No

**Briefly describe the reasons for the change:**

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

A total of 23 transitional housing beds for families were added to the CoC's transitional housing bed inventory.

**Permanent Housing:** Yes

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

Three new Shelter + Care certificates were added to the CoC's permanent housing inventory. All three were designated for chronically homeless persons.

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

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

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/17/2008

# Attachment Details

**Document Description:** Housing Inventory Chart

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

## Instructions:

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

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

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

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

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

**Specify "other" data types:**

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

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

### Intructions:

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

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

**Select the HMIS implementation type:** Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:** CA-603 - Santa Maria/Santa Barbara County  
(select all that apply) CoC, CA-605 - San Buena Ventura/Ventura  
County CoC, CA-611 - Oxnard CoC

**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:** MetSYS

**What is the name of the HMIS software company?** MetSYS Inc.

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

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

**Indicate the date on which HMIS data entry started (or will start):** 11/01/2005  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** Lack of MOU between CoC and HMIS  
(select all the apply): administering agency, No or low participation by non-HUD funded providers, Poor data quality, No CoC formal data quality plan

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

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

The Continuum is working on writing up a MOU between itself and the HMIS Lead Organization formalizing existing understandings.

The HMIS Lead Organization is working to 1) improve usability of the software for existing users and to improve word of mouth opinion of HMIS in the community and 2) approaching agencies about being involved with HMIS.

Training partner agencies on 1) proper data entry procedures and 2) importance of collecting all universal HMIS data items including Prior Housing Situation and Last Permanent Zip Code.

Working to train on 1) importance of data quality to HMIS results and 2) formalize data quality measurements in Policy and Procedure Manual.

# Attachment Details

## Document Description:

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

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

**Organization Name** United Way of Ventura County  
**Street Address 1** 1317 Del Norte Rd #100  
**Street Address 2**  
**City** Camarillo  
**State** California  
**Zip Code** 93010  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** Non-Profit  
**If "Other" please specify**

## 2C. Homeless Management Information System (HMIS)

### Contact Person

**Prefix:****First Name** Christopher**Middle Name/Initial** A**Last Name** Reeve**Suffix****Telephone Number:** 805-485-6288  
**(Format: 123-456-7890)****Extension** 224**Fax Number:** 805-485-4845  
**(Format: 123-456-7890)****E-mail Address:** creeve@vcunitedway.org**Confirm E-mail Address:** creeve@vcunitedway.org

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

### Instructions:

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

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**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:**

The only emergency shelter beds that the CoC has are for victims of domestic violence and as a result not participating in HMIS. There are no other shelter beds except for seasonal beds. The CoC is working with seasonal bed operators to help them participate in HMIS. The CoC will work with year-round bed operators to help them participate in HMIS if/when these beds are created.

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

### Instructions:

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	1%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	5%	0%
* Gender	2%	0%
* Veteran Status	6%	0%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	23%	0%
* Zip Code of Last Permanent Address	27%	0%
* Name	0%	0%

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

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

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

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

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

Data quality is reviewed quarterly by the HMIS Lead Organization and data quality reports exist for partner agencies to report data quality percentages and specific records that need attention.

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

Existing Policy and Procedure Manual explicitly states that all client data, including entry and exit dates, client data is to be entered into the HMIS in a timely manner. This is also discussed in training classes.

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

### Instructions:

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

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

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

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

### Instructions:

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

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

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

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

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

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

**If 'Yes' indicate date of last review or update by CoC:** 02/24/2006

**If 'No' indicate when development of manual will be completed:**

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

### Instructions:

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

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

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

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

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

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

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

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

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

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

**Indicate the date of the last PIT count:** 01/23/2007

**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	Transitional	Unsheltered	Total
	Emergency			
Number of Households	12	27	40	79
Number of Persons (adults and children)	42	96	144	282
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	130	91	773	994
Number of Persons (adults and unaccompanied youth)	130	91	787	1,008
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	142	118	813	1,073

San Buena Ventura/Ventura County CoC			COC_REG_v10_000219	
<b>Total Persons</b>	172	187	931	1,290

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

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	42	259	301
* Severely Mentally Ill	64		64
* Chronic Substance Abuse	105		105
* Veterans	31		31
* Persons with HIV/AIDS	4		4
* Victims of Domestic Violence	62		62
* Unaccompanied Youth (under 18)	2		2

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

### Instructions:

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

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

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

**How often will the CoC conduct a PIT count?** Annually

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

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

**Emergency Shelter providers** 100%

**Transitional housing providers:** 100%

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

### Instructions:

#### Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

#### HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

#### Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b> (Extrapolation attachment is required)	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

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

The HMIS Administrator generates a report based on program entry data on the day the Homeless Count is administered. This is in addition to surveys given to providers who are not in the HMIS that providers use to count the total of clients residing in their programs during the PIT count. There was a small increase over the previous annual count due to a slightly smaller vacancy rate and the addition of transitional housing beds.

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

**Instructions:**

**HMIS:**

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

**HMIS plus extrapolation:**

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

**Sample of PIT interviews plus extrapolation:**

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

**Interviews:**

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

**Non-HMIS client level information:**

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

**Other:**

CoC used a combination of methods.

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

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

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

**If Other, specify:**

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

A 100+ question survey was administered by trained surveyors to nearly all (84%) of sheltered homeless persons. Answers to many of these questions enabled the CoC to determine the number and needs of the subpopulations who use the shelter system. The survey was administered during January of 2007. The CoC believes that this survey data accurately describes the continuum's homeless subpopulations for at least two years. As a result, the CoC does not believe that there were any notable changes concerning the sheltered subpopulations during the past year.

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

### Instructions:

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

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

<b>Instructions:</b>	<input checked="" 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 Non-HMIS de-duplication was selected):**

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

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

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

Service-based count:

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

HMIS:

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

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

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

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

**If Other, specify:**

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

### Instructions:

#### Complete coverage:

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

#### Known locations:

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

#### Combination:

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

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

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Complete Coverage and Known Locations

**If Other, specify:**

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

### Instructions:

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

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

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

**If Other, specify:**

**Describe the techniques used to reduce duplication.**

The count instrument that was used collected the following information concerning every homeless person counted: first initial of first name, first initial of last name, gender, ethnicity, year born, and state born as noted below. The methodology used during the enumeration process helped create an identifier that prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code. However, this person would only be counted once in the final tally.

The information for every person every time was loaded into a data base. The information was then used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", his last name began with "T", he was male "M", he was White "W", born in 1957, and born in California. If this code appeared more than once, the person would only be counted once in the final tally.

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

The CoC provides referrals and when necessary transportation to one of the winter shelter sites that are prepared to receive unsheltered households with dependent children during the count in order to help them obtain shelter and necessary services so that they do not return to the streets.

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

The CoC relies on the following groups of persons to identify and engage homeless persons particularly those who routinely sleep on the streets and other places not meant for human habitation: 1) homeless street outreach staff; 2) current and formerly homeless persons; 3) homeless service provider staff; and 4) community volunteers particularly from community service groups and faith-based organizations. Count teams are formed and each team has at least one current or formerly homeless individual, one homeless service provider staff, and one community volunteer. Because of the limited number of street outreach workers, they are assigned to teams who will visit known encampments in remote areas and/or large encampments. Those teams that will be visiting larger service-based programs (e.g. winter shelters) have additional street outreach and service provider members. A comparison of the last two biennial counts did not reveal any significant changes in the unsheltered population including the chronically homeless and families with children.

# Attachment Details

## Document Description:

## PIT Attachment

Document Type	Required?	Document Description	Date Attached
PIT Sample Attachment Worksheet	Yes	PIT Subpopulation...	10/17/2008

# Attachment Details

**Document Description:** PIT Subpopulation Tool

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

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

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

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

**Select Objective:** Create new PH beds for chronically homeless persons

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

#### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Expand BHD Shelter + Care Program with 2 new TBA S+C beds for chronic homeless persons	Carolyn Briggs, Behavioral Health Department
Action Step 2		
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	29
Numeric Achievement in 12 months	31
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	100

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

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

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

#### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Apply for additional services funding to assist clients to maintain permanent housing.	Cathy Brudnicki, Ventura County Homeless and Housing Coalition
Action Step 2	Provide eviction prevention and personal finance training to all persons in PH.	Carolyn Briggs, Behavioral Health Department
Action Step 3	Implement APR tracking of all PH projects; monitor results quarterly.	Cathy Brudnicki, Ventura County Homeless and Housing Coalition

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	94
Numeric Achievement in 12 months	94
Numeric Achievement in 5 years	95
Numeric Achievement in 10 years	95

## CoC 10-Year Plan, Objectives and Action Steps Detail

#### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	TH and PH providers will meet on an on-going basis to ensure that TH residents are given access to PH vacancies and other housing resources throughout the continuum	Cathy Brudnicki, Ventura County Homeless and Housing Coalition
Action Step 2	Implement APR tracking of all TH projects; monitor results quarterly.	Cathy Brudnicki, Ventura County Homeless and Housing Coalition
Action Step 3	Identify and address specific barriers to transition from TH to PH for participants	Joe Colletti, Ventura County Homeless and Housing Coalition

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	61
Numeric Achievement in 12 months	65
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	75

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

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

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

### 2008 Local Action Steps

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

San Buena Ventura/Ventura County CoC		COC_REG_v10_000219
		<b>Lead Person</b>
<b>Action Step 1</b>	Link ES, TH, and PH residents to the six regional Ventura County Job and Career Centers for a wide-range of employment related services	Karol Schulkin, County of Ventura Human Services Agency, Homeless Outreach Project
<b>Action Step 2</b>	Ventura County Job and Career Centers will provide an expedited orientation/application process for homeless persons each Wednesday from 9:30 to Noon.	Karol Schulkin, County of Ventura Human Services Agency, Homeless Outreach Project
<b>Action Step 3</b>	Implement APR tracking of all PH, TH, and SSO projects; monitor results quarterly.	Cathy Brudnicki, Ventura County Homeless and Housing Coalition

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	23
<b>Numeric Achievement in 12 months</b>	25
<b>Numeric Achievement in 5 years</b>	30
<b>Numeric Achievement in 10 years</b>	35

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

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

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

**Select Objective:** Decrease the number of homeless households with children

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

#### 2008 Local Action Steps

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

		<b>Lead Person</b>
<b>Action Step 1</b>	Ventura County Housing Authorities will increase the number of relationship with landlords to increase the number of affordable units for homeless households with children.	Douglas Tapking, Area Housing Authority for the County of Ventura
<b>Action Step 2</b>	County of Ventura Human Services Agency Homeless Programs will remove barriers to housing and wrap around services.	Karol Schulkin, County of Ventura Human Services Agency, Homeless Outreach Project
<b>Action Step 3</b>		

**Proposed Numeric Achievements**

	<b>%/Beds/Households</b>
<b>Baseline (Current Level)</b>	138
<b>Numeric Achievement in 12 months</b>	12
<b>Numeric Achievement in 5 years</b>	60
<b>Numeric Achievement in 10 years</b>	120

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

### Instructions:

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

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

**Foster Care Discharge Protocol:** Formal Protocol Implemented  
**Health Care Discharge Protocol:** Formal Protocol Implemented  
**Mental Health Discharge Protocol:** Formal Protocol Implemented  
**Corrections Discharge Protocol:** Formal Protocol Implemented

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

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

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

County of Ventura Children and Family Services provides discharge planning and placement assistance to youth leaving foster care. Planning and assistance is provided through a Transitional Independent Living Plan that is developed when youth turn 15 ½ years of age. The plan focuses on housing options, employment options, and development of life skills such as budgeting, shopping, meal planning, conflict management, etc. A Transitional Housing Program is available for youth ages 16-18 to prepare them to be self-sufficient. Requirements include completing high school, obtaining a part-time job, attend support meetings, and follow rules of the program.

### **Health Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The County Health Care system has established protocols that describe discharge planning as an interdisciplinary responsibility. These procedures have been adopted whether a patient is being discharged from a prolonged hospitalization or has obtained care through the Emergency Room or Ambulatory Clinic. All medical disciplines may refer persons seemingly in need of discharge planning to the Social Work Department which makes assessments, provides information and arranges for care. The Social Work Department maintains referral lists of possible placements for persons requiring ongoing medical care. Persons who do not require ongoing medical or nursing care and who have no identifiable address may be discharged to an emergency shelter only after a confirming telephone call has been placed to the provider that an appropriate space is available for the patient.

### **Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The Ventura County Behavioral Health Department provides discharge planning and placement assistance to consumers leaving County facilities. Primary steps include the following: 1) developing an initial discharge plan within the first 24 hours of admission; 2) assess patient daily and update Discharge Plan according to patients response to treatment; and 3) document patient readiness for discharge and complete the Aftercare Plan at time of discharge. Based on staffing recommendations, workers seek to arrange housing placement. All services are provided to the extent resources are available and appropriate to meet identified needs.

**Corrections Discharge**

**For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Thirty (30) days prior to release from jail, homeless persons with identified substance abuse or mental health issues are referred to the Transitions Program operated by Ventura County Behavioral Health Department. During weekly group sessions, as well as one-on-one sessions, contact plans are made to bridge persons back into the community. Service providers are also linked to homeless persons and a specific plan is drawn up including housing options, employment plans, substance abuse meetings, and how to obtain public assistance benefits.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/29/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	09/29/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/29/2008
Health Care Discharge Protocol	No	Health Care Disch...	09/29/2008

## Attachment Details

**Document Description:** Foster Care Discharge Protocol

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

## Attachment Details

**Document Description:** Mental Health Discharge Protocol

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

## Attachment Details

**Document Description:** Corrections Discharge Protocol

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

## Attachment Details

**Document Description:** Health Care Discharge Protocol

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

### 3E. Continuum of Care (CoC) Coordination

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

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

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

A few of the goals include:

1. Continue Homelessness Prevention Activities;
2. Improve and Expand Data Collection Activities;
3. Improve and Expand Data Collection Activities;
4. develop centralized intake for both emergency shelter and transitional housing in conjunction with the development of the HMIS.

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

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

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

The following is a list of a few of the goals included in the 10-year plan:

- 1) create at least 375 beds or units of permanent supportive housing for chronic homeless persons during the first five (5) years of implementation of the strategy;
- 2) Create 75 additional transitional housing units consisting of 225 beds to serve families who are living on the streets and require participation in a case management plan as a condition of admission;
- 3) Engage full participation from all homeless prevention, emergency shelter, transitional housing, permanent support housing and related supportive service programs in the County of Riverside Homeless Management Information System;
- 4) develop 300 units of permanent affordable housing for extremely low, very low, and low-income families and individuals during the first five (5) years of implementation of the strategy.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	3 Beds	3 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	89 %	94 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	66 %	61 %
Increase percentage of homeless persons employed at exit to at least 18%	45 %	23 %
Ensure that the CoC has a functional HMIS system	85 %	87 %

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	318	23
2007	301	26
2008	301	29

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$153,360	\$0	\$0	\$153,360	\$0
Total	\$153,360	\$0	\$0	\$153,360	\$0

## 4C. Continuum of Care (CoC) Housing Performance

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	10
b. Number of participants who did not leave the project(s)	59
c. Number of participants who exited after staying 6 months or longer	9
d. Number of participants who did not exit after staying 6 months or longer	56
e. Number of participants who did not leave and were enrolled for 5 months or less	3
<b>TOTAL PH (%)</b>	<b>94</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	87
b. Number of participants who moved to PH	53
<b>TOTAL TH (%)</b>	<b>61</b>

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

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

Total Number of Exiting Adults: 117

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	32	27 %
SSDI	9	8 %
Social Security	2	2 %
General Public Assistance	1	1 %
TANF	14	12 %
SCHIP	6	5 %
Veterans Benefits	0	0 %
Employment Income	27	23 %
Unemployment Benefits	2	2 %
Veterans Health Care	0	0 %
Medicaid	40	34 %
Food Stamps	32	27 %
Other (Please specify below)	4	3 %
child care		
No Financial Resources	27	23 %

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

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

### Instructions:

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

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

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

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

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

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

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

A subcommittee of the Ventura County Homeless & Housing Coalition Board consisting of Board members Karol Schulkin, Director of Homeless Programs for the County Human Services Agency, and Suzanne Zimmerman, Director for the Ventura County Behavioral Health Department meet monthly and report any issues or concerns to the larger Board, consisting 13 members. The VCHHC Board will take action, if necessary, concerning programs receiving HUD CoC funds.

**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.**

August 19, 2008; July 15, 2008; June 17, 2008; May 20, 2008; April 22, 2008; March 18, 2008; February 19, 2008; January 15, 2008; November 20, 2007; October 16, 2007; September 18, 2007

**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.** Monthly or more

**Does the CoC uses HMIS to screen for 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 systematically assist clients in completing applications for mainstream benefits by helping clients complete the written application--either by following up with staff of the mainstream resource program or assisting the client with filling out the written application be it at the case managers program site or on-site at the mainstream resource program. To this end, case managers make sure that 1) clients make an appointment by encouraging clients to call for an appointment while they are present; 2) client remembers the appointment and shows up; 3) clients have transportation case managers will provide bus tokens, bus passes or transportation by staff if necessary; and 4) clients bring all of the proper documentation needed (case managers will help clients obtain necessary documentation beforehand if needed).	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<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>	82%
Homeless assistance providers use a single application form for the following mainstream programs 1) CalWORKs (TANF); 2) Food Stamps; 3) General Relief (General Public assistance); and 4) Medi-Cal (Medicaid).	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Homeless assistance provider staff systematically follows-up to ensure mainstream benefits are received by continuing to meet and work with clients and mainstream resource providers to provide additional information, provide transportation, and inquire if there is a denial of claims or delay in receipt of benefits.	

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

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

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

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

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

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

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

## Part A - Page 2

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

## Part A - Page 3

<p><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><b>(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.)</b></p>	Yes
<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><b>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</b></p>	Yes
<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>	No
<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>	No
<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>	Yes
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	Yes
<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>	No

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
County of Ventura...	2008-10-13 17:18:...	1 Year	United Way of Ven...	44,541	Renewal Project	SHP	HMIS	F5
Esseff Village	2008-08-20 18:15:...	1 Year	Many Mansions a C...	39,998	Renewal Project	SHP	SH	F1
Casa de Paz	2008-08-20 18:06:...	1 Year	Many Mansions a C...	60,952	Renewal Project	SHP	PH	F3
Stephenso n Place ...	2008-10-06 13:12:...	1 Year	Turning Point Fou...	26,075	Renewal Project	SHP	PH	F4
Homeless Outreach...	2008-08-25 13:22:...	1 Year	County of Ventura...	49,085	Renewal Project	SHP	SSO	F10
Richmond Terrace	2008-08-20 18:21:...	1 Year	Many Mansions a C...	61,600	Renewal Project	SHP	SH	F2
S+C	2008-10-14 19:26:...	1 Year	Housing Authority...	118,404	Renewal Project	S+C	TRA	U3691
Stoll House	2008-08-20 18:27:...	1 Year	Many Mansions a C...	59,911	Renewal Project	SHP	TH	F6
Our Place Safe Haven	2008-09-22 17:36:...	1 Year	Turning Point Fou...	249,999	Renewal Project	SHP	SH	F9
Appleton House Pe...	2008-09-11 19:09:...	3 Years	Turning Point Fou...	154,122	New Project	SHP	PH	X
RAIN Project Tran...	2008-10-09 12:13:...	1 Year	County of Ventura...	217,276	Renewal Project	SHP	TH	F7
The Salvation Arm...	2008-09-10 12:14:...	1 Year	The Salvation Arm...	204,637	Renewal Project	SHP	TH	F8
Shelter Plus Care...	2008-09-05 17:03:...	5 Years	Ventura County Be...	134,160	New Project	S+C	PRA	S7162

San Buena Ventura/Ventura County CoC							COC_REG_v10_000219	
SHORE at WAV	2008-08-29 14:01:...	2 Years	PLACE	643,977	New Project	SHP	PH	X

## Budget Summary

<b>FPRN</b>	\$1,014,074
<b>Rapid Re-Housing</b>	\$0
<b>Samaritan Housing</b>	\$134,160
<b>SPC Renewal</b>	\$118,404
<b>Rejected</b>	\$798,099