

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-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 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: Ventura County Homeless and Housing Coalition

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: 501(c)(3)

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 77%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

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

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):**

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

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

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
HMIS Steering Committee	provides oversight, coordination & planning for the Tri-County HMIS Collaborative, focuses on partner agency collaboration, data collection, and information sharing. In addition, facilitates data gathering projects such as homeless counts and surveys including sub-populations data gathering; and provides analysis of community-based research projects. Also, Supplies critical data, such as APR and Housing counts, to the CoC to complete portions of the Exhibit 1. Additionally, oversees the completion of the Exhibit 1 application.	Monthly or more
Discharge Planning Committee	coordinates a countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care who have no identified subsequent housing in partnership with a wide-range of public and private agencies who discharge homeless persons.	Monthly or more
10-Year Plan Oversight Committee	responsible for preparing and implementing the regional 10 Year Plan to end chronic homelessness and evaluating recommendations on an annual basis in order to adjust initial recommendations when necessary. Also, responsible for coordinating local participation with HUD managed American Reinvestment and Recovery programs.	Monthly or more
Local Cities Homeless Task Forces	facilitates strategic planning between local government, for-profit agencies, faith-based agencies, non-profits and others on issues and needs of the homeless population throughout the County.	Monthly or more
Homeless Case Managers' 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 including enrollment in mainstream programs and employment services, and provides a forum for addressing local community and region-specific issues. Also, provides training and support for disaster planning procedures and emergency preparedness.	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
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...
Ventura County Chief Executive Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Ventura County Human Services Agency	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ventura Public Health Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, HIV/AIDS
Ventura County Superintendent of Schools Homele...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
Ventura County Alcohol and Drug Programs	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Ventura County Behavioral Health Department	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ventura County - RAIN Transitional Living Program	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Subst...
Ventura County Workforce Development Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Ventura County Transportation Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	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 ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Housing Authority of the City of San Buenaventura	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Port Hueneme Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	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 ...	Attend Consolidated Plan planning meetings during past 12...	Youth

California State University Channel Islands	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	NONE
City of San Buenaventura Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
City of Simi Valley Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
California Department of Rehabilitation and Cor...	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Workforce Investment Board	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months, A...	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...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Ventura County Health Care Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Tri-County Regional Center	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
AIDS Project Ventura County	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	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..	Attend Consolidated Plan planning meetings during past 12...	NONE
Partnership for Safe Families	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Care and Share	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Action Agency	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
FOOD Share	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Manna	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Help of Ojai	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

Housing Opportunities Made Easier	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Interface Children/Family Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Khepera House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substan ce Abuse
Many Mansions	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Ojai Valley Family Shelter	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Project Understanding	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Prototypes	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	Substan ce Abuse
Public Action to Deliver Shelter	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
RAIN Communities, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
The Samaritan Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
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..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
SCVA Services United	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substan ce Abuse
Turning Point Foundation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Clergy and Laity United for Economic Justice	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Ventura County Council of Churches	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jewish Family Services	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE

Ministerial Association	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Catholic Charities	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Lutheran Social Services	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
The Salvation Army	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Coalition to End Family Violence	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, A...	Domestic Vio...
NAMI Ventura County	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Drug and Alcohol Advisory Board	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
HIV Housing Task Force	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, A...	HIV/AIDS
Homeless Case Manager's Groups	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Housing Committee for CalWorks and the Housing ...	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Simi Valley Task Force on Homelessness	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ventura Social Services Task Force	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan 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...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Ventura County	Private Sector	Funder...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ventura County Community Foundation	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Youth, NONE

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 10-year planning meetings during past 12 months, A...	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	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Ventura Chanber of Commerce	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Westminster Free Clinic	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, A...	NONE
Conejo Free Clinic	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, A...	NONE
Ventura County Public Health Care for the Homeless	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	Youth, HIV/AIDS
River Haven Community	Individual	Homeles..	Attend Consolidated Plan planning meetings during past 12...	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	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Veterans Stand Down Committee	Private Sector	Other	Attend 10-year planning meetings during past 12 months, A...	Veterans
Partners in Housing	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

Cabrillo Economic Development Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Habitat for Humanity	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Many Mansions	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
People's Self Help Housing	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Downtown Ventura Organization	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Simi Valley Neighborhood Councils 1, 2, 3, and 4	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Westside Community Council	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
River Haven Encampment Council	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mid Town Community Council	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Free Clinic of Simi Valley	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	NONE
Santa Paula Task Force on Homeless	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Conejo Affordable Housing Work Group	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Hospital Association of Southern California	Private Sector	Hospita..	Attend Consolidated Plan planning meetings during past 12...	NONE
ACTION Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
House Farmworkers	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Area Agency on Aging	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Commission for Ventura County/Interag...	Public Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
County of Ventura H.S.A. Veterans Programs	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Conejo Affordable Housing Work Group	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Camarillo Work Force Housing Task Force	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Ventura Social Services Task Force	Private Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

Task Force to Address Homelessness in Santa Paula	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Ojai Valley Task Force on Homelessness	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mark Michaels	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...
Cynthia Coconato	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...
Ventura County Together	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Lucas Sisson	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...

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

Instructions:

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

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

- b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, 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)

- c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

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

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

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

Emergency Shelter: Yes

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

A total of 13 beds were lost. In 2008 there were 42 beds for households with children. Interface Family Services was operating 25 of the 42 beds for victims of domestic violence in 2008 through its Safe Haven program. However, the organization recently lost funding from the State of California due to state budget cuts. Currently, the organization is operating 12 beds for victims of domestic violence which is 13 beds fewer than in 2008. Thus, there are only 29 beds for households with children in 2009.

Safe Haven: No

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

N/A

Transitional Housing: Yes

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

A total of 9 beds were lost. Five beds were lost when Miracle House closed its doors and six beds for victims of domestic violence were lost because Interface Family Services reduced the amount of beds in their Safe Journey from 15 in 2008 to nine in 2009 due to State of California budget cuts. Khepera House lost 2 beds to funding cuts. However, Salvation Army's Transitional Living Center was able to reconfigure space and add 4 beds. Thus, a total of 13 beds were lost and 4 were added for a net loss of 9 TH beds.

Permanent Housing: Yes

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

The Ventura County Behavioral Health Department's Shelter + Care program added three new beds through three new certificates for chronically homeless persons. Project Understanding's Shore at WAV program added 52 new beds.

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	Housing Inventory...	11/22/2009

Attachment Details

Document Description: Housing Inventory Chart

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 01/27/2009
(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, Training, 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, Local studies or non-HMIS data sources, Stakeholder discussion
(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):

Key community stakeholders discussed the initial estimates of unmet need based on HUD's unmet need formula to determine if adjustments were necessary based on information from local studies and non-HMIS data sources including the Ventura 10-Year Strategy to End Homelessness and the Ventura 2009 Homeless Count. Adjustments were made to the number of persons in need of ES, TH, and PSH beds based on the strategy that states that chronic homeless persons from the streets should be placed in PSH and not ES or TH and households with children from the streets should be placed in TH and not ES. These adjustments were used to recalculate the unmet need by program type through HUD's unmet need formula.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Regional (multiple CoCs)

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

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: 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

Indicate the date on which HMIS data entry started (or will start): 11/01/2005
(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: HMIS unable to generate APR data, 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).

Participation by non-HUD funded providers: Two additional non-HUD funded agencies have agreed to participate in HMIS with signed letters of intent. The HMIS lead agency is in negotiation with a third non-HUD funded agency and expects to have a LOI in coming weeks. In addition Shore at WAV, now under development, has signed an LOI to participate in HMIS.

Unable to generate APR: Only two agencies have successfully generated an APR. HMIS lead agency has begun working with all HMIS participants that have not been successful, encouraging them to check their data on a regular basis and to run the APR monthly to make sure the data that has been entered is accurate.

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 United Way of Ventura County
Street Address 1 1317 Del Norte Road
Street Address 2 Suite 100
City Camarillo
State California
Zip Code 93010
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? Yes

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: Mr.

First Name Binh

Middle Name/Initial

Last Name Tran

Suffix

Telephone Number: 805-485-6288
(Format: 123-456-7890)

Extension 224

Fax Number: 805-485-4845
(Format: 123-456-7890)

E-mail Address: btran@vcunitedway.org

Confirm E-mail Address: btran@vcunitedway.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	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? Monthly

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:

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	6%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	1%	0%
* Gender	0%	0%
* Veteran Status	1%	0%
* Disabling Condition	2%	0%
* Residence Prior to Program Entry	3%	0%
* Zip Code of Last Permanent Address	7%	0%
* Name	0%	0%

Instructions:

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

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

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? 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 agencies participating in the HMIS (limit 750 characters):

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 (limit 750 characters):

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:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

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

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Quarterly
* Secure location for equipment	Quarterly
* Locking screen savers	Quarterly
* Virus protection with auto update	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: 11/02/2009

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	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Quarterly
HMIS software training	Quarterly

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

Instructions:

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

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

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/27/2009

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

Households with Dependent Children					
		Sheltered			
		Emergency	Transitional	Unsheltered	Total
Number of Households	12	29	104	145	
Number of Persons (adults and children)	30	67	249	346	
Households without Dependent Children					
		Sheltered			
		Emergency	Transitional	Unsheltered	Total
Number of Households	0	97	943	1,040	
Number of Persons (adults and unaccompanied youth)	0	108	1,060	1,168	
All Households/ All Persons					
		Sheltered			
		Emergency	Transitional	Unsheltered	Total
Total Households	12	126	1,047	1,185	
Total Persons	30	175	1,309	1,514	

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)	13	378	391
* Severely Mentally Ill	61	409	470
* Chronic Substance Abuse	105	264	369
* Veterans	23	168	191
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	39	393	432
* Unaccompanied Youth (under 18)	2	11	13

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: (mm/dd/yyyy) 01/26/2010

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):

The HMIS Steering Committee first reviewed the 2008 housing inventory chart for accuracy by adding new organizations and beds and subtracting organizations and beds that no longer existed. Afterwards, the Ventura County Homeless and Housing Coalition reviewed and edited the committee's revisions for accuracy. The HMIS Administrator generated a report based on program entry data on the day the Homeless Count was administered in order to count the number of sheltered persons who were staying at emergency shelters and transitional housing programs that are on HMIS. In addition, surveys were administered to residents who were sheltered in emergency shelter and transitional housing programs that are not on HMIS. The HMIS generated data and the survey data was totaled.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was a slight decrease in the sheltered population between 2007 and 2009. In 2007 the sheltered population numbered 358 and in 2009 the sheltered population numbered 342 representing a decrease of 16 persons or 4%. This is primarily due to a decrease of emergency and transitional housing beds between 2007 and 2009 which totaled 24 beds as noted in section 1F.

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.

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input checked="" type="checkbox"/>
Sample strategy:	Random Sample
Provider expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

A 100+ question survey was administered by trained surveyors to nearly all (84%) of sheltered homeless persons and 25% of unsheltered persons. Answers to many of these questions enabled the CoC to determine the number and needs of the subpopulations who use the shelter system and live on the streets. The survey contained questions that focused on identifying each of the subpopulations noted in section 2J for both sheltered and unsheltered persons including households with and without children. The survey data was inputted, cleaned, and analyzed. Certain criteria was established ahead of time to determine if each survey respondent fell within one or more of the subpopulations. For example, one criterion was used to determine if someone was a veteran whereas several criteria was used to determine if a person was mentally ill or a substance abuser.

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):

The survey noted above was administered during January of 2007. The CoC believes that this survey data accurately describes the continuum's homeless subpopulations for the past couple of years. As a result, the CoC does not believe that there were any notable changes concerning the sheltered subpopulations during the past year. The CoC will complete another 100+ question survey during the month of February 2010 right after the CoC's next annual homeless count which will be on January 27, 2010. The CoC will also incorporate HMIS data into the survey results in order to help determine the sub-population numbers of sheltered persons.

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

Instructions:

- CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
 - Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
 - Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
 - HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
 - Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

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

If Other, specify:

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

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 encountered 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.

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.

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

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

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: Complete Coverage and 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.

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 checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" 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):

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 to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

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 that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

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 visit larger service-based programs (e.g. winter shelters) have additional street outreach and service provider members.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was an increase in the number of unsheltered persons between 2007 and 2009. In 2007 there were 1,290 unsheltered persons and 1,514 in 2009 which represents an increase of 224 persons or 17%. The primary reason for the increase stems from the actions of two cities--Simi Valley and Thousand Oaks. Both cities felt that they could do a better job counting unsheltered persons in 2009 than in 2007. As a result, both cities wound up counting more persons in 2009 than in 2007. Simi Valley counted 303 unsheltered persons compared to 163 in 2007 and Thousand Oaks counted 147 unsheltered persons in 2009 compared to 81 in 2007. Together, the two cities counted 206 more unsheltered persons in 2009 than in 2007.

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)?

We will create at least 10 new units of housing using traditional methods as well as the following: using the faith communities to adopt chronically homeless individuals for whom housing and mentoring will be provided and through a home share program, funded under a public-private partnership, that will match persons in need of housing to individuals having space to share. Longer term strategies are also underway including: members of local task forces on homelessness meeting monthly with City staff and elected officials to track the progress of housing developments and to assure that inclusionary guidelines are met; changing regulations to accommodate housing in agricultural zones; and streamlining the process for adding granny flats.

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

The County of Ventura's 10-Year Strategy to End Homelessness contains a recommendation is to provide permanent supportive housing for chronically homeless persons that would include units within multi-family residences such as apartment buildings, SRO complexes, and group home facilities. The strategy also recommends a Housing Trust Fund to generate public funding to support the production of affordable housing including permanent supportive housing for chronically homeless persons. An Interagency Council on Homelessness for Ventura County was created and includes members who are elected persons from various sectors such as county, city, schools, and recreation/park districts. The Council meets quarterly to ensure that recommendations within the strategy are carried out. In addition, local task forces on homelessness meet with City staff and elected officials monthly to review local objectives, including creating housing for chronically homeless persons.

How many permanent housing beds do you currently have in place for chronically homeless persons? 29

How many permanent housing beds do you plan to create in the next 12-months? 10

How many permanent housing beds do you plan to create in the next 5-years? 60

How many permanent housing beds do you plan to create in the next 10-years? 120

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

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

Instructions:

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

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

The CoC will take the following steps to exceed or maintain its percentage of 92% by 1) applying for additional services funding to assist clients to maintain permanent housing; providing eviction prevention and personal finance training to all persons in PH; and 3) implementing APR tracking of all PH projects and monitoring results quarterly.

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).

The CoC will continue to take the steps noted above. In addition, CoC will continuously identify best practices and present its findings to permanent supportive housing providers in order to help them adopt new, or modify existing, protocols and services in order to increase their retention outcomes.

What percentage of homeless persons in permanent housing have remained for at least six months? 92

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 93

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 94

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC will continue to take the same steps as last year since they were so successful. Thus, the CoC should be able to exceeded or maintain its percentage of 88%. Steps are 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; 2) implement APR tracking of all TH projects and monitor results quarterly; and 3) identify and address specific barriers to transition from TH to PH for participants.

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).

The CoC will continue to implement the steps noted above. In addition, CoC will meet with any agencies that become low-performing in order to identify causes for low placement rates. CoC will help lower performing agencies to improve placement outcomes for clients by sharing higher-performing agency practices.

What percentage of homeless persons in transitional housing have moved to permanent housing? 88

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 89

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 90

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 92

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC will continue to implement the following activities since they have been successful. Thus, the CoC will likely exceed or maintain its percentage of 36%. The CoC will 1) link ES, TH, and PH residents to the six regional Ventura County Job and Career Centers for a wide-range of employment related services; 2) Ventura County Job and Career Centers will provide an expedited orientation/application process for homeless persons each Wednesday from 9:30 to Noon; and 3) implement APR tracking of all PH, TH, and SSO projects and monitor results quarterly.

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).

The CoC will continue to implement the following activities above. In addition, the CoC will continuously identify best practices and present its findings to service providers in order to help them adopt new, or modify existing, protocols and services in order to increase their employment outcomes. CoC will also meet with any agencies that become low-performing in order to identify causes for low placement rates. CoC will help lower performing agencies to improve placement outcomes for clients by sharing higher-performing agency practices.

What percentage of persons are employed at program exit?	36
In 12-months, what percentage of persons will be employed at program exit?	37
In 5-years, what percentage of persons will be employed at program exit?	40
In 10-years, what percentage of persons will be employed at program exit?	45

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 County's Human Services Agency (HSA) is administering the HPRP program and will provide HPRP approved assistance such as rental and utility to hundreds of households over the next few years. HPRP funding will prevent households with children from becoming homeless. Rapid Re-housing assistance will also be provided and will rapidly re-house homeless households with children who become homeless. In addition the cities of Ventura and Thousand Oaks have established a homeless prevention fund with public and private funding and successfully prevented approximately 75 households from becoming homeless during the last 12 months.

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

The County Board of Supervisors recently adopted the County of Ventura 10-Year Strategy to End Homelessness. One of the key recommendations is to ensure that each jurisdiction within the county implements a local centralized homeless prevention program. Households at-risk of becoming homeless or those who become homeless would be able to receive a wide-range of supplemental resources available under one roof in order to maintain or obtain housing. The CoC's long-term plan also includes the implementation of the HPRP. The County's Human Services Agency (HSA) is administering the HPRP program and will provide HPRP approved homeless prevention and rapid-rehousing assistance such as rental and utility to hundreds of households over the next few years. In addition, other cities are in the process of establishing homeless prevention funds for their jurisdictions like the cities of Ventura and Thousand Oaks.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 145
- In 12-months, what will be the total number of homeless households with children?** 130
- In 5-years, what will be the total number of homeless households with children?** 80
- In 10-years, what will be the total number of homeless households with children?** 40

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:

County of Ventura Children and Family Services provides discharge planning and placement assistance to youth leaving foster care 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 live 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. For youth who do not meet the requirements of the THP, a TAY center operated by Pacific Clinics is available. Youth who go there are provided with a range of services including referrals to appropriate housing including public and privately funded shelters, recovery homes, board and care homes, shared housing, or affordable apartments. In addition, a group of concerned community members including nonprofits, schools, County agencies, the justice system, United Way and others is examining the establishment of a TAY transitional living center. Under the auspices of the Interagency Council on Homelessness and led by the County Health Care Agency, social workers from both public and private hospitals, the Ventura County jail and the Ventura County Youth Services Division are meeting to discuss ways to improve the current discharge planning system.

Health Care:

The County Health Care system protocols 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 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 require ongoing medical or nursing care and who have no identifiable address may be discharged to a respite program at the RAIN project, a County-operated transitional living program. Others, upon discharge routinely go to group homes, board and care facilities, or reunite with family or friends. Under the auspices of the Interagency Council on Homelessness and led by the County Health Care Agency, social workers from both public and private hospitals, the Ventura County jail and the Ventura County Youth Services Division are meeting to discuss ways to improve the current discharge planning system.

Mental Health:

The Ventura County Medical Center Psychiatric Inpatient Unit provides discharge planning and placement assistance to consumers leaving County facilities. Primary steps include: 1) developing an initial discharge plan within the first 24 hours of admission; 2) assessing patient daily and updating Discharge Plan according to patients response to treatment; and 3) documenting patient readiness for discharge and completing the Aftercare Plan at time of discharge. The VCMC Psychiatric Unit staff works collaboratively with community based organizations and Ventura County Behavioral Health outpatient and residential services staff to find the appropriate level of care for individuals. Placement can range from locked psychiatric settings, Board and Care Homes, rooms for rent, return to family, sponsored independent living, and emergency shelter vouchers. The IPU staff collaborates primarily with those who are also present at the weekly Continuum of Care meeting which includes VCMC IPU, Ventura County Behavioral Health (VCBH) Adult Residential Services (ARS), Telecare programs, Anka Behavioral Health/ Hillmont House, VCBH Outpatient clinics and the Public Guardian's Office.

Corrections:

The Ventura County Sheriff's Department (VCSD) is in the process of updating the discharge process for inmates and is conducting a pilot program to test the efficacy of the new procedures. Outside of that pilot program, the current process provides a resource guide listing options for housing, health care and other services is available to every inmate. Those who are eligible may enroll in a transitions program to assist them with re-entry to the community. Clients with diagnosed mental illness receive individualized attention from VC Behavioral Health case managers. The goal of the VCSD is to connect inmates in need to housing options, employment plans, substance abuse meetings and public assistance benefits. VCSD works with other County Departments including Public Health, Behavioral Health, Alcohol/Drug Programs, Human Services Agency and with community based organizations where inmates go upon leaving jail including Khepera House, Community Action, Project Understanding, Salvation Army and others. Under the auspices of the Interagency Council on Homelessness and led by the County Health Care Agency, social workers from both public and private hospitals, the Ventura County jail and the Ventura County Youth Services Division are meeting to discuss ways to improve the current discharge planning system.

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:

- Goals include:
1. Continue Homelessness Prevention Activities;
 2. Create additional emergency shelter beds for homeless individuals and transitional housing beds for families;
 3. Develop centralized intake for both emergency shelter and transitional housing in conjunction with the development of the HMIS;
 4. Create permanent supportive housing units for the chronically homeless;
 5. Improve and Expand Data Collection Activities.

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):

VCHHC, the lead agency for this CoC (CA 605) worked jointly with the City of Oxnard (CA 611) to develop a uniform process for using HPRP funds in the community. Although the processes for selecting the agency to oversee the funds were separate, a single County-wide entity was selected to administer HPRP funds: the County Human Services Agency Homeless Programs. Clients can be referred from community based organization or faith communities to a single entity which maintains multiple offices County-wide. Outreach workers are also available to come to the client. The process is seamless and uniform to the consumer no matter which of the 22 County offices they apply in. VCHHC also disbursed information to its members concerning the rules & limitations for HPRP funds. To complement the federal funds, VCHHC is also engaged in an effort to raise private donations for homeless prevention and emergency needs. This effort is called Ventura County Together. Amgen Foundation will match funds raised for VCT through December 4.

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)?

Like HPRP funds, VCHHC, the lead agency for CA 605, has been involved in the planning process and community dialog for NSP. With the Ventura County Community Foundation, VCHHC sponsored a community meeting for jurisdictions, bankers, real estate professionals, non profit developers to discuss the process involved in acquiring foreclosed properties in June 2008. That meeting set the stage for working across jurisdictional boundaries on NSP funding.

To date, 3 applications have been made for NSP funds. A consortium of the large cities (Camarillo, Ventura, Thousand Oaks and Simi) applied to the state of CA and is waiting for the state to execute contracts and release funds. The Housing Authorities in Ventura, Port Hueneme & Santa Paula formed a consortium to request \$23 million to acquire 100 units that will be owned and rented by the HAs. The Housing Authority in Ventura applied for \$10 million to acquire a foreclosed property in that city. Up to 37 units may be developed on the site.

VCHHC has also been working with Community Action of Ventura County which has received funding for creating green jobs. CA-VC has been attending Homeless Task Force meetings and has been accepting referrals from CoC members for employment and for services it can provide with ARRA funds. The Ventura Housing Authority has also received over \$4million in other ARRA funds that will be used to rehab 44 housing units.

County NSP funds are being used to rehabilitate a closed nursing home into permanent affordable housing units in Santa Paula.

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.	2	Beds	3	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	94	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	%	88	%
Increase percentage of homeless persons employed at exit to at least 19%	25	%	36	%
Decrease the number of homeless households with children.	12	Households	15	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:

The CoC barely missed the proposed 12-month achievement concerning increasing the percentage of homeless persons staying in permanent housing over 6 months to 94%. The CoC reached 92%. A comparison of 2008 and 2009 data for this objective by program shows that all but one program either maintained or exceeded their percentage for last year. The CoC will work with this one program to ensure that there is adequate level of services for all of the program's clients to maintain their housing for 6 months or more by helping the program to develop additional working relationships with other resource providers so that the program's residents can have access to these resources when necessary.

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	318	23
2008	301	26
2009	391	33

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 3

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$134,160			\$134,160	
Total	\$134,160	\$0	\$0	\$134,160	\$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):

The number of homeless persons increased by 232 between 2007 and 2009. In 2009 there were 2193 homeless persons and in 2007 there were 1961. Of the 232 additional persons, 33% or 77 met the definition for chronically homeless. Our count methodology was the same and we simply found more people.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	10
b. Number of participants who did not leave the project(s)	61
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	59
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	92

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? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	42
b. Number of participants who moved to PH	37
TOTAL TH (%)	88

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: 123

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	24	20	%
SSDI	8	7	%
Social Security	6	5	%
General Public Assistance	3	2	%
TANF	18	15	%
SCHIP	3	2	%
Veterans Benefits	0	0	%
Employment Income	44	36	%
Unemployment Benefits	3	2	%
Veterans Health Care	1	1	%
Medicaid	22	18	%
Food Stamps	39	32	%
Other (Please specify below)	7	6	%
child care			
No Financial Resources	25	20	%

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

**Does CoC have projects for which an APR Yes
 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.

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, Dan Hardy from Ventura Housing Authority, Rick Schroeder from Many Mansions and Suzanne Zimmerman, Director for the Ventura County Behavioral Health Department meet monthly and report any issues or concerns to the larger Board, consisting 14 members. The VCHHC Board will take action, if necessary, concerning programs receiving HUD CoC funds. In addition, community wide meetings are held 3 to 4 times annually at which any attendee may speak on housing concerns.

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.

October 20, 2009; September 15, 2009; August 18, 2009; July 21, 2009; June 16, 2009; May 19, 2009; April 21, 2009; March 17, 2009; February 17, 2009; December 16, 2008; November 18, 2008

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 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
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	100%
<p>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).</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	100%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p>	82%
<p>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).</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	100%
<p>4a. Describe the follow-up process:</p>	
<p>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.</p>	

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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>No</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>

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 (http://www.huduser.org/publications/destech/smartcodes.html.)</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>No</p>

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>No</p>
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<p>No</p>
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<p>Yes</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>Yes</p>
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<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
Stephenso n Place ...	2009-10- 22 01:52:...	1 Year	Turning Point Fou...	26,074	Renewal Project	SHP	PH	F
S+C NEW 2009	2009-10- 28 13:09:...	5 Years	Housing Authority...	141,720	New Project	S+C	TRA	X
Casa de Paz	2009-10- 09 15:36:...	1 Year	Many Mansions a C...	60,952	Renewal Project	SHP	PH	F
Stoll House	2009-10- 08 17:43:...	1 Year	Many Mansions a C...	59,911	Renewal Project	SHP	TH	F
Hillcrest Project	2009-10- 16 17:31:...	2 Years	Many Mansions a C...	153,545	New Project	SHP	PH	P1
S+C 2009 Vta	2009-10- 07 15:12:...	1 Year	Housing Authority...	125,112	Renewal Project	S+C	TRA	U
County of Ventura...	2009-11- 19 20:50:...	1 Year	United Way of Ven...	44,541	Renewal Project	SHP	HMIS	F
Esseff Village	2009-11- 11 11:01:...	1 Year	Many Mansions a C...	39,998	Renewal Project	SHP	SH	F
RAIN Project Tran...	2009-11- 23 11:42:...	1 Year	County of Ventura...	217,276	Renewal Project	SHP	TH	F
The Salvation Arm...	2009-10- 27 14:18:...	1 Year	The Salvation Arm...	204,637	Renewal Project	SHP	TH	F
Homeless Outreach...	2009-10- 14 19:19:...	1 Year	County of Ventura...	46,748	Renewal Project	SHP	SSO	F
Our Place Safe Haven	2009-10- 14 19:58:...	1 Year	Turning Point Fou...	249,999	Renewal Project	SHP	SH	F
Richmond Terrace	2009-10- 07 19:04:...	1 Year	Many Mansions a C...	61,600	Renewal Project	SHP	SH	F

Budget Summary

FPRN	\$1,011,736
Permanent Housing Bonus	\$153,545
SPC Renewal	\$125,112
Rejected	\$141,720

Attachments

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

Attachment Details

Document Description: Certifications of Consistency with Consolidated Plans