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-501 - San Francisco CoC
CoC Lead Organization Name:	San Francisco Local Homeless Coordinating Board

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: San Francisco Local Homeless Coordinating Board

Indicate the frequency of group meetings: Monthly or more

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

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

The San Francisco Board of Supervisors passed a resolution creating the Local Homeless Coordinating Board's (LHCB) bylaws and outlining the LHCB's form and function as the City's policy body on homelessness. Per the resolution, the LHCB's purpose is to work, within a Housing First Model, towards developing a continuum of services where the ultimate goal is to prevent and eradicate homelessness in the City and County of San Francisco. All efforts are aimed at permanent solutions, and the range of services is designed to meet the unique and complex needs of individuals who are threatened or currently experiencing homelessness.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 89%

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

Elected:	
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

Not Applicable

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

San Francisco's process creates a flexible, effective governing body with representation from relevant sectors. The nine voting members of LHCB are selected through an open and fair appointment process: the Board of Supervisors appoints four; the Mayor appoints four; and the City Controller appoints one. Stakeholders identify potential members and suggest them for appointment. The members are representative of: disabled community, homeless/formerly homeless persons, community/advocacy organizations, service providers, business/corporate sectors, and foundation community. Other community members, both public and private, can be non-voting members and participate in LHCB committees. City departments attend LHCB meetings and provide testimony.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Not Applicable

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):

San Francisco's Human Services Agency (HSA) acts as grantee for approximately 2/3 of the Homeless Assistance grants received in San Francisco and, accordingly, already provides project oversight and monitoring for certain grants in that role. The LHCB is willing to explore the possibility of providing additional project oversight and support, possibly through HSA. The LHCB notes, however, that any increased responsibilities would require sufficient funding separate and above the amount now available for grant administration to adequately perform those duties. The LHCB calls for a new, discrete funding source to provide the required administrative funding, instead of such funding being reallocated from current grants.

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
Local Homeless Coordinating Board (LHCB)	The LHCB is the primary decision-making body of the CoC. The LHCB manages the overall planning effort for the CoC, including but not limited to: indentifying needs/gaps, discharge planning, disaster planning, commenting on legislation, informing prevention efforts, monitoring the CoC and Ten-year Plans, leading the homeless count, monitoring outcomes, reviewing HMIS reports, gathering community input, overseeing the annual competition (Ex 1, project review, etc.), and assuring our City has created and maintains a CoC strategy that provides housing and services for homeless individuals and families. This year, the LHCB worked intensely on the issues of shelter access, local budget cuts, use of HPRP funding, and family homelessness.	Monthly or more
LHCB Funding Committee	The Funding Committee oversees efforts to secure and sustain funding for the entire Continuum of Care. The Committee is chaired by LHCB members (who report Committee activities to the whole LHCB monthly) but is composed of community members. This Committee, guided by the CoC Plan, establishes the priorities and process for the annual funding competition, including review procedures and scoring tools. This committee also works to secure mainstream resources to fund homeless housing/services and to support the needs of homeless people. This year, the Committee was very active in the city/county budget negotiations and advocated for reduced cuts based on its analysis of combined impact of state/local/private cuts on the Continuum of Care.	Monthly or more
Shelter Monitoring Committee	Following onto the Shelter Enrichment Process that LHCB undertook last year, the LHCB has continued to work on the issue of shelter access through and with the Shelter Monitoring Committee (SMC). The SMC monitors the City's shelters and resource centers and provides comprehensive information about the conditions and operations in the shelters to various City bodies. Pursuant to local legislation establishing minimum health standards in publicly funded shelters, the SMC measures the conditions of the shelters against legislated standards. The work of the SMC is incorporated into the CoC Plan. Four of the seats on the SMC are appointed by the LHCB and the Committee regularly reports to the LHCB.	Monthly or more

Federal Stimulus/HPRP Workgroup	LHCB, together with the Mayor's Office and the Human Services Agency, formed a workgroup to: examine the potential uses for ARRA funding, including HPRP; conduct a public process to gather input about needs and resources; and propose a Substantial Amendment to the Consolidated Plan. In addition, this Workgroup engaged in a wider mainstreaming discussion with Workforce Investment Board, Child Welfare Services, CalWORKS (TANF), Adult and Aging Services, THP Plus (youth), Veterans Administration, and the United Way. This Workgroup continues to meet to address the challenges of implementation and to respond to needs not foreseen in the initial plan.	Monthly or more
LHCB Policy Committee	Policy Committee coordinates the LHCB's city, state and federal policy responses to legislation and alerts government bodies to experiences of San Francisco's homeless population or concerns of stakeholders. The Committee is chaired by LHCB members (who report Committee activities to the whole LHCB) but is composed of community members. This year, the Policy Committee followed up to its work with the Housing Rights Committee to make public housing more responsive to the needs of homeless people, especially homeless families. The Policy Committee will be reporting on the progress of the local family rental subsidy program.	Semi-annually

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

Policy Committee met on an ad hoc basis this year, although it has met monthly in past years and plans to meet monthly in the coming year. The decision to meet less was made due to limitations in community and staffing capacity given the combination of funding reductions, increased service/housing needs, and the need to engage in Stimulus Planning. The "ad hoc" meeting mechanism has successfully sustained other LHCB groups in past years including Priority Panel and Employment and TH Roundtables. LHCB also supports the work of other groups building a response to homelessness including Project Homeless Connect, McKinney Contractors Association, and the Ten-Year Plan.

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
San Francisco Department of Human Services/Huma...	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Youth, Serio...
Tenderloin Neighborhood Development Corporation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Serio...
Treasure Island Homeless Development Initiative	Private Sector	Non-pro...	None	NONE
Catholic Charities CYO (including Family Evicti...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
The Salvation Army (including Harbor House)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Hamilton Family Center (including First Avenues)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Arriba Juntos	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Swords to Plowshares	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Northern California Service League	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Subst...
Community Housing Partnership (Including Suppor...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
St. Anthony's Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Ab...
Department of Veterans Affairs	Public Sector	Other	None	Veterans
Senior Action Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mission Neighborhood Health Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth, HIV/AIDS

Springwater Investments LLC	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Larkin Street Youth Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Youth, HIV/AIDS
UC San Francisco Medical Center	Private Sector	Hospita...	None	Substance Ab...
Chinatown Community Development Center	Private Sector	Non-pro...	None	NONE
Bay Area Legal Aid	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Do...
La Casa de las Madres	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
San Francisco Bar Association/Homeless Advocacy...	Private Sector	Non-pro...	None	NONE
San Francisco Human Rights Commission	Public Sector	Local g...	None	HIV/AIDS
Compass Community Services (including Connectin...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes...
Visitacion Valley Community Development Corpora...	Private Sector	Non-pro...	None	NONE
St. Francis Foundation Living Room	Private Sector	Faith-b...	None	NONE
San Francisco Community Clinic Consortium	Private Sector	Non-pro...	None	Substance Ab...
St. Vincent de Paul Society (including MultiSer...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
San Francisco Department of Public Health (incl...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Honoring Emancipated Youth	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth
Glide Foundation/Glide Memorial United Methodis...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Veterans
San Francisco Tenant's Union	Private Sector	Non-pro...	None	NONE
Tenderloin Housing Clinic	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

Holy Family Day Home	Private Sector	Businesses	None	NONE
Supportive Housing Employment Collaborative	Private Sector	Non-pro...	None	NONE
Lutheran Social Services	Private Sector	Non-pro...	None	Youth, Domes...
Episcopal Community Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Central City Hospitality House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Walden House	Private Sector	Non-pro...	None	Substance Ab...
San Francisco Network Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS
United Council of Human Services (including Bay...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Community Awareness and Treatment Services (inc...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Integrated Services Network	Private Sector	Non-pro...	None	Seriously Me...
San Francisco Revival Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Quan Jin Healing Arts Center	Private Sector	Non-pro...	None	Substance Ab...
San Francisco Homeless Service Providers' Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Haight Ashbury Free Clinics	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Jelani Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
AIDS Housing Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Coalition on Homelessness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, HI...
Housing Rights Committee	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

West Bay Housing	Private Sector	Non-pro...	None	NONE
Providence Foundation (including Providence Bap...	Private Sector	Faith-b...	None	Youth, Subst...
Mayor's Office (including Project Homeless Conn...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Economic Opportunity Council of San Francisco (...	Private Sector	Non-pro...	None	Youth
Huckleberry Youth Services	Private Sector	Non-pro...	None	Youth
United Way of the Bay Area (including Honoring ...	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Western Regional Advocacy Project	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
A Home Away From Homelessness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
University of California San Francisco (UCSF)	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Dolores Street Community Services	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
San Francisco General Hospital	Private Sector	Hospita...	None	Substance Ab...
Neighborhood Parks Council	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Positive Direction	Private Sector	Non-pro...	None	Domestic Vio...
Rent Board	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
San Francisco Seniors Organizing Seniors	Private Sector	Faith-b...	None	NONE
Homeless Church	Private Sector	Faith-b...	None	Substance Abuse
Tenderloin Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Ab...
Conard House	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Office of the Public Defender	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

Ping Yuen Resident Improvement Association	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Independent Living Resource Center of San Franc...	Private Sector	Non-pro...	None	NONE
San Francisco Police Department	Public Sector	Law enf...	None	Seriously Me...
Bernal Heights Neighborhood Center	Private Sector	Non-pro...	None	Youth, Serio...
Homeless Employment Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AIDS Emergency Fund	Private Sector	Non-pro...	None	HIV/AIDS
AIDS Legal Referral Panel	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Ark of Refuge	Private Sector	Faith-b...	None	Youth, HIV/AIDS
At the Crossroads	Private Sector	Non-pro...	None	Youth
Baker Places (including Integrated Services Net...	Private Sector	Non-pro...	None	Substance Ab...
Bayview-Hunter's Point Foundation	Private Sector	Non-pro...	None	Seriously Me...
Black Coalition on AIDS	Private Sector	Non-pro...	None	HIV/AIDS
Caduceus Outreach Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
City Team Ministries	Private Sector	Faith-b...	None	Substance Ab...
Curry Senior Services Center	Private Sector	Non-pro...	None	Seriously Me...
Delancey Street Foundation	Private Sector	Non-pro...	None	Seriously Me...
Epiphany Center for Families	Private Sector	Non-pro...	None	Domestic Vio...
Family Service Agency of San Francisco	Private Sector	Non-pro...	None	Seriously Me...

General Assistance Advocacy Project	Private Sector	Non-pro...	None	NONE
Goodwill Industries of San Francisco, San Mateo...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Homeless Children's Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Homeless Prenatal Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Legal Assistance to the Elderly	Private Sector	Non-pro...	None	NONE
McMillan Sobering Center	Private Sector	Non-pro...	None	Substance Ab...
North Beach Citizens	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
North East Medical Services	Private Sector	Hospita...	None	NONE
Office of Self Help (including Oasis)	Private Sector	Non-pro...	None	Seriously Me...
Planning for Elders	Private Sector	Non-pro...	None	NONE
Progress Foundation	Private Sector	Non-pro...	None	Seriously Me...
Project Homeless Connect	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Raphael House	Private Sector	Non-pro...	None	Youth
Rubicon Programs	Private Sector	Non-pro...	None	Seriously Me...
San Francisco Centralized Eligibility List	Public Sector	Local g...	None	Youth
San Francisco Domestic Violence Consortium	Private Sector	Non-pro...	None	Domestic Vio...
San Francisco Food Bank	Private Sector	Non-pro...	None	NONE
San Francisco HIV Health Services Planning Coun...	Public Sector	Local g...	None	HIV/AIDS

San Francisco Housing Development Corporation	Private Sector	Non-pro...	None	NONE
San Francisco Jail Health Services	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
San Francisco Training Partnership	Private Sector	Non-pro...	None	Veterans
San Francisco Unified School District	Public Sector	School ...	None	Youth
Self-Help for the Elderly	Private Sector	Non-pro...	None	NONE
Temenos Catholic Worker	Private Sector	Faith-b...	None	Youth
Tenderloin Self Help Center	Private Sector	Non-pro...	None	Substance Abuse
Westside Community Services	Private Sector	Non-pro...	None	Youth, Serio...
Young Community Developers	Private Sector	Non-pro...	None	Youth
Eviction Defense Collaborative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Friendship House of American Indians	Private Sector	Non-pro...	None	Substance Abuse
Mercy Housing	Private Sector	Non-pro...	None	NONE
Mission Housing Development Corporation	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Institute for Community Health Outreach	Private Sector	Non-pro...	None	HIV/AIDS
St. James Infirmary	Private Sector	Hospita...	None	Substance Abuse
Ella Hill Hutch Community Center	Private Sector	Non-pro...	None	Youth
Asian Women's Shelter	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
TODCO Development Co. (GP/TODCO A, Inc.)	Private Sector	Businesses	None	Seriously Me...

Mo' Peace	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Charles	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Law Offices of Joseph L. Alioto and Angela Alioto	Private Sector	Businesses	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Western Regional Advocacy Project	Private Sector	Funder ...	None	NONE
Asian American Recovery Services	Private Sector	Non-pro...	None	Seriously Me...
Bridge Housing Corporation	Private Sector	Non-pro...	None	NONE
Center on Juvenile and Criminal Justice (includ...	Private Sector	Non-pro...	None	Youth
Citizens Housing Corporation	Private Sector	Non-pro...	None	NONE
City College of San Francisco	Public Sector	School ...	None	NONE
John Stewart Company	Private Sector	Businesses	None	NONE
Tomas P.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Anthony B	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Archdiocese of San Francsico	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Deanna B.	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Family Violence Prevention Fund	Private Sector	Non-pro...	None	Youth, Domes...
Gum Moon Women's Residence (including Asian Wom...	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Harder + Company Community Research	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Kathryn N.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE

Maxine P.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
My New Red Shoes	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
On Lok, Inc.	Private Sector	Non-pro...	None	NONE
Paul W.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Reentry Council of the City/County of San Franc...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Robert L.	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
San Francisco Interfaith Council	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
San Francisco Residential Rent Stabilization an...	Public Sector	Local g...	None	NONE
San Francisco Superior Court Office of Collabor...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Shelter Client Advocates (COH)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Toolworks	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Volunteer Legal Services Program	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
University of California Hastings College of th...	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
New Leaf: Services for Our Community	Private Sector	Non-pro...	None	Substance Ab...

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

Instructions:

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	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 Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, 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?	Yes

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

A complaint was filed under San Francisco's Sunshine Ordinance (requiring that the deliberation of public bodies be open to the public) that a meeting agenda was not placed on the LHCB website. The complaint was addressed by local government via the procedures used to address Sunshine complaints. LHCB agendas are routinely posted on the website and this one was not because of a technical problem with the website.

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):

The economic downturn and budget reductions have affected agency's priorities. While some agencies reduced beds, others prioritized increasing emergency services. Thus, as of January, we had a net increase of 245 beds for households without children:
1) City Team Ministries (10 beds) closed.
2) Ella Hill Hutch Emergency Shelter (100 beds) closed.
3) Marian Residence (30 beds) closed.
4) Dolores House Program added 20 beds.
5) Providence Shelter added 25 beds.
6) Department of Public Health added 340 stabilization units.

We also lost 25 beds for households with children at Providence Shelter because of the facility's structure. Families are now referred to a winter shelter program and the beds are used for individuals.

Safe Haven: No

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

No change - A Woman's Place remains only Safe Haven facility.

Transitional Housing: Yes

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

Faced with dwindling resources, agencies had to prioritize which services to maintain which resulted in a net loss of 28 beds for households without children:
1) Restoration House (6 beds) closed.
2) Marian Residence (22 beds) closed.

State and local budget reductions resulted in a net loss of 17 beds for households with children with closing of La Casa Mariposa - a DV facility.

Permanent Housing: Yes

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

Despite economic conditions, Permanent Housing was maintained and additional units were made available this year, with a net increase of 249 beds for households without children, with corrections in the inventory that resulted in increase of 560.
1) Essex House opened (84)
2) Parkview Terrace opened (20)
3) Railton Place opened (40)
4) HUD-VASH vouchers (105)
5) Corrections were made to units managed by THC (560)

An additional 668 beds for households without children are under development.

There was no increase in the total number of available beds for households with children. However, an additional 278 beds for households with children are under development.

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	SFHIC11202009FINAL	11/20/2009

Attachment Details

Document Description: SFHIC11202009FINAL

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Not Applicable

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

Specify "other" data types:

Not Applicable

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

Stakeholders reviewed community plans, wait lists, lost units, homeless count and school district data, and shared other information to determine unmet need. We used a similar calculation to last year, except for the determination of what percentage would need PSH versus PH. This year, services are experiencing more demand, including from newly homeless people, and people accessing ES/TH have higher needs. SF needs services and housing options, including ES, TH and PSH, but also including at least 649 family units and 1671 individuals units of affordable housing for homeless people, housing access services, payee services, prevention, and residential treatment. Families doubled up or living in SROs are not reflected in this calculation.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	CA-501 - San Francisco 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:	CHANGES/DOMUS
What is the name of the HMIS software company?	Purchased from DOMUS, maintained by HSA IT staff
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	01/31/2003
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inability to integrate data from providers with legacy data systems, HMIS unable to generate APR data, Other, No or low participation by non-HUD funded providers

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

Not applicable

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

No or low participation by some non-HUD funded providers: Participation of some non-HUD funded providers has improved and will continue to do so. However, 100% participation will not be possible given reluctance of some providers to collect any client information.

Inability to integrate data from providers with legacy data systems: Providers that already collect data in a system that does not share information with HMIS are reluctant to engage in additional data entry. We continue to make efforts to coordinate with the providers and create data bridges.

HMIS unable to generate APR data: Unavailable final APR requirements and table shells will delay work on developing APR reports.

Other: The modifications to HMIS required as a result of the updated Data Standards and the addition of the HPRP data elements will be demanding and will require shifting of staff resources to improvements from data quality efforts.

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	Human Services Agency - Housing & Homeless Programs
Street Address 1	77 Otis Street
Street Address 2	
City	San Francisco
State	California
Zip Code **Format: xxxxx or xxxxx-xxxx**	94103
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

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

Prefix:	Mr.
First Name	Bernhard
Middle Name/Initial	
Last Name	Gunther
Suffix	
Telephone Number: (Format: 123-456-7890)	415-557-6486
Extension	
Fax Number: (Format: 123-456-7890)	415-557-6033
E-mail Address:	Bernhard.Gunther@sfgov.org
Confirm E-mail Address:	Bernhard.Gunther@sfgov.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	76-85%
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

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%	3%
* Date of Birth	0%	0%
* Ethnicity	9%	6%
* Race	10%	2%
* Gender	0%	0%
* Veteran Status	11%	5%
* Disabling Condition	10%	7%
* Residence Prior to Program Entry	16%	0%
* Zip Code of Last Permanent Address	17%	9%
* 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?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Annually
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 improvements remain a function of training and program oversight. Each new HMIS user is provided with some initial training and access to technical assistance by telephone and email. On-site training and discussion with users is ongoing as requested by participating agencies. In addition, on a monthly basis, HMIS staff choose and review client records for a specific program type. If the data quality is not sufficient, HMIS Staff discuss data quality with provider management and provide training and support as necessary to collect and input better data. HMIS staff also do a more global, in-depth quarterly review of data quality with similar followup.

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

Many of the HMIS participating agencies have a contractual requirement to participate in HMIS and keep all client data current and correct. HMIS staff conduct a thorough analysis on a quarterly basis to review data quality, program capacity, and program participation. HMIS meet with or contact agency staff to discuss any findings of concern, including findings related to invalid entry/exit dates, and provide support to correct data and comply with contractual requirements. In addition, the HMIS software requires valid program entry and exit dates when new records are created, when information is updated, and when clients are discharged.

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:	Monthly
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
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**	**Semi-annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Monthly
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Monthly
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Monthly

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Monthly
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/01/2008
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	Annually
Basic computer skills training	Never
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		Unsheltered	Total
Emergency	Transitional		
Number of Households: 106	62	10	178
Number of Persons (adults and children): 310	179	25	514

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 1,746	646	2,917	5,309
Number of Persons (adults and unaccompanied youth): 1,746	646	2,917	5,309

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 1,852	708	2,927	5,487
Total Persons: 2,056	825	2,942	5,823

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)**	1,008	2,972	3,980
*** Severely Mentally Ill**	630		630
*** Chronic Substance Abuse**	830		830
*** Veterans**	202		202
*** Persons with HIV/AIDS**	0		0
*** Victims of Domestic Violence**	324		324
*** Unaccompanied Youth (under 18)**	10		10

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

How frequently does the CoC conduct a point-in-time count?	Biennially
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/25/2011

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

Emergency shelter providers:	91%
Transitional housing providers:	87%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Not Applicable

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

LHCB staff contacted each shelter and transitional housing provider in San Francisco prior to the count, training them by phone on the process for the count. Instructions and a survey were sent to each provider, and providers were directed to submit the survey the night of the count. In the days that followed, LHCB staff followed up with providers that did not send their survey. Information was aggregated from the surveys.

In addition, HMIS data was reviewed, where applicable, to validate the survey data that was collected on the sheltered sites.

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):

From the 2007 homeless count, the number of persons in the sheltered population increased by 480. One reason for the increase is that there was the increase in the stock of Department of Public Health stabilization rooms, which are temporary program rooms in SRO hotels used to provide intensive case management services to the street homeless population before they moved into permanent housing. Eligibility for this program, managed by SF FIRST, includes the ability to follow a case management plan to move toward stability. The City's stock of stabilization rooms has increased by 307 rooms, at the time of the HIC. Budget cuts have lead to a reduction.

While some emergency shelter beds closed during this year due to budget cuts or changes in agency priorities, other beds were made available. In addition, usage rates continue to be quite high in San Francisco. Providers report increased requests for housing and services, including especially, emergency shelter for families. LHCB has focused its attention on improving access to emergency shelter this year.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

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

If Other, specify:

Not Applicable

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

When LHCB staff contacted each shelter in San Francisco prior to the count to train them by phone, the shelters learned about the subpopulation categories, who would be appropriately counted in the various populations, and were asked to include subpopulation data in their survey. Providers completed the survey based on the information they had collected from the clients, and their own observations.

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 largest change was an increase in the number of sheltered CH people, from 738 to 1008, an increase of 270. The number of sheltered CH people increased because of San Francisco's focus on engaging CH people and bringing them inside.

The next largest change was an increase in the number of consumers experiencing domestic violence from 143 to 324, an increase of 181. Family providers have reported increased incidents of domestic violence in the populations they serve. These reports align with national trends during times of economic stress.

In this count, HIV/AIDS was not listed on the sheltered survey, which explains the reduction in that population. In 2007, the population was 66, which may be similar now.

In 2009, 123 fewer consumers presented with SMI and 84 more consumers presented with substance abuse. The City has created PH for people with SMI in recent years, which may explain the reduction in that population. The increase in consumers with substance abuse issues may be due to economic conditions or because we included stabilization rooms in the count. This count also shows a decrease of 21 veterans, which may be due to the new HUD-VASH vouchers available in the City, and a decrease of 16 unaccompanied youth. These changes are relatively small and may not have statistical significance. The City has undertaken several projects to better serve these populations, but drawing conclusions about their effect on the homeless count is difficult.

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:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Not Applicable

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

Each program submitted one program-wide survey reflecting who they were serving the night of the Sheltered Count, and were asked to report about the people they provided sleeping space for the night of the Homeless Count. Due to the procedures for accessing a shelter bed, it is highly unlikely an individual could be admitted in more than one shelter on a given night. Agencies use a biometric finger image, social security number and the client's name to check them into a shelter bed and maintain bed rosters for the night. If someone left a shelter, their absence would have been noted.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

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

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

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

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

If Other, specify:

Applied Survey Research (ASR) was retained to work with the SF Human Services Agency to develop and undertake the count and survey.
Unsheltered Count: A visual point-in-time count of unsheltered homeless persons living outdoors, in vehicles, in makeshift structures or encampments, and in other structures or areas not intended for human habitation, conducted over a four-hour time window (8 p.m. to midnight) on the night of January 27, 2009.
Survey: A survey of homeless individuals followed the count, taking place over a three week period in February. A trained team of paid, currently and formerly homeless survey workers and unpaid community volunteers administered a comprehensive survey to self-identifying homeless individuals, primarily in outdoor locations throughout the City. The survey elicited information about the homeless population's demographics, history of homelessness, living conditions, barriers to overcoming homelessness, and use of homeless services. The survey team employed a random selection process, approaching every third person they considered to be eligible for the survey. Overall, 95% of individuals approached agreed to participate in the survey. The survey team successfully completed surveys with 534 individuals encountered across all of San Francisco's supervisorial districts.

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

If Other, specify:

Not Applicable

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

Instructions:

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

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

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Not Applicable

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

In order to reduce count duplication, first, the count was scheduled at a time of day when the shelters were open and aligned with curfew times, so that no duplication would occur between the sheltered and unsheltered counts. The count was also scheduled for a time when people were unlikely to move between count zones. Next, trainers provided counting teams with very detailed, sophisticated maps created by GPS mapping software, trained them how to use the maps correctly and how to avoid duplication, including that the teams should not count any person who was located in another area. The maps were color-coded and had grayed out areas to indicate where the counting team should not count.

In order to avoid potential duplication of survey respondents, the survey queried respondents' initials and date of birth, so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other questions in the survey.

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):

San Francisco works to reduce the number of unsheltered families through many avenues. San Francisco's centralized intake system, Connecting Point, reaches out to and works with all homeless families in San Francisco. Connecting Point links families to emergency housing, services, and referrals to permanent housing. The CoC also works with the Homeless Education Liaison of the San Francisco Unified School District. This partnership helps to identify homeless families who need to be connected with services and programs outside of the school district. The work of the Homeless Outreach Team helps to engage any homeless person or family that resides on the streets, in automobiles, or other places not meant for human habitation. The Homeless Outreach Team provides intensive case management and housing referrals and placement and its design specifically assists those living on the streets. Also, bimonthly, San Francisco stages a major outreach effort, Project Homeless Connect (PHC). Every PHC event has a specialized area to serve and outreach to homeless families. A special Family Connect was held in early 2009, that only focused on homeless and low-income families in San Francisco. Finally, San Francisco supports two rapid rehousing programs for families. In addition to families in shelter, these funds also target unsheltered families.

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):

San Francisco has worked intensely to identify and engage persons sleeping on the streets, in parks, and in other places not meant for human habitation. The Homeless Outreach Team (HOT) has worked since 2004 to conduct outreach to areas of San Francisco with the greatest concentrations of homeless individuals. HOT develops individualized Street-to-Home plans for each client and offers short-term intensive case management to help clients achieve their goals. HOT's staff consists of employees from the Department of Public Health, the Human Services Agency, and a non-profit, Community Awareness and Treatment Services. HOT recognizes that resources from community partners are essential to solving this problem. As such, it has forged relationships with SFPD, SFFD, the Public Library, San Francisco International Airport, the Department of Public Works, and the Recreation and Parks Department. By calling 311, all concerned San Francisco residents can request HOT services for homeless persons in need. HOT employs a whatever-it-takes attitude to address clients' needs, providing temporary beds, transportation assistance, support and advocacy as necessary. HOT has helped create and pilot the use of a comprehensive web-accessed database, which receives inputs from the Health, Fire and Police Departments. This system allows outreach workers to more efficiently serve clients, avoid duplication of services, and generates up-to-the-minute reports of HOT's activities.

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):

The number of homeless persons counted on the streets increased slightly, by 6%. While the methodology was consistent between 2007 and 2009, this year's count included methodological improvements in the enumeration of persons living in vehicles and encampments and a substantial increase in the use of trained outreach workers to assist community volunteers in counting the street homeless population. We also engaged new partners in counting the night of the count, including Resource Centers. This increased number of people counting may have contributed in part to the increase in street population. In addition, this year service providers reported increased requests for services and housing, which may be related to economic conditions, unemployment, and housing loss. We believe more people may be in need of housing and services than two years ago. Also, we know there have been cuts to homeless housing and services programs across the region, which may affect the number of people in San Francisco who are currently unsheltered. Despite drastic budget reductions across all departments, the City/County maintained permanent supportive housing units in our CoC. San Francisco has a continuing commitment to creating homeless housing and to Housing First, with a focus on chronically homeless persons. The Homeless Outreach Team and Project Homeless Connect continue to outreach and engage with people living on the streets to help them move into permanent housing.

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)?

1. With non-profits and Mayor's Office, create 258 units for chronically homeless persons in 2009 by development of Bishop Swing Community Housing, Arnett Watson Apartments, Allen Hotel and Verona Hotel.
2. Continue to advocate to prioritize and maintain Federal, state and local funding that builds and maintains permanent housing and supportive services for homeless persons, including HUD-VASH vouchers.
3. To effectively allocate local services funding for housing units, supportive housing providers and city departments, including Human Services Agency, should continue to investigate and determine the levels of supportive services needed to effectively serve tenant populations.
4. Identify and work with existing regional networks to engage experienced developers in sharing information, providing training, and otherwise supporting non-profit organizations, faith-based groups and other providers who are interested in developing high quality supportive housing in San Francisco.

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

The Mayor's Office on Housing maintains a housing pipeline in partnership with non-profit developers, service providers, and the LHCB through which 1501 units for chronically homeless individuals, seniors and families have been created since 2004. The future units in the pipeline will bring the total created to 2782 by approximately 2013.

One initiative of the CoC Plan is to "Increase the supply of permanent housing that is subsidized to be affordable to people who are experiencing homelessness, that is accessible and that offers services to achieve housing stability." This initiative will be met by:
- Increasing permanent deeply affordable (0-30% AMI) housing units with available supportive services
- Increasing PH access despite citizenship/immigration status, eviction, credit and/or criminal histories
- Preserving existing units
- Increasing resources for the creation of permanent housing, e.g. local dedicated source of funding and capacity-building network.

How many permanent housing beds do you currently have in place for chronically homeless persons?	3,203
How many permanent housing beds do you plan to create in the next 12-months?	3,461
How many permanent housing beds do you plan to create in the next 5-years?	4,483
How many permanent housing beds do you plan to create in the next 10-years?	5,505

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)?

1. Maintain or increase access to prevention services, especially services for people with mental health issues and people in housing that is being foreclosed, through the use of HPRP funding and other resources, in coordination with the Eviction Defense Collaborative, Volunteer Legal Services Program, Housing Authority, and Eviction Prevention Work Group.
2. Coordinate peer mentoring and support among PSH providers including sharing DPH's efforts to implement best practices; Community Housing Partnership's housing retention training for staff; Hamilton Family Center's coordination between permanent housing and its eviction prevention program; tools to align the goals and work of supportive service providers and property managers; and improving processes to match each household with the program that best fits.
3. Continue to advocate to maintain Federal, state and local funding for permanent housing and supportive services, stressing the importance of services to maintain housing.

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).

San Francisco's PH providers, CoC-funded and otherwise, maintain an extremely high percentage (90-99%) of persons in permanent housing through intensive services and responsive property management.

Relevant sections of the CoC Plan are:
Prevent homelessness by intervening to avoid evictions from permanent housing, through:
-Coordinating services and economic assistance
-Outreach and education about eviction prevention resources and tenant rights laws
-Providing legal services for individuals and families at risk of eviction
-Developing standard eviction policies for city-funded projects

Improve access points and provide wraparound support services that promote long-term housing stability for those in permanent housing by:
-Providing a comprehensive range of support services to obtain and keep permanent housing
-Integrating and increasing medical, mental health and substance abuse treatment slots
-Improving linkages to mainstream benefits

What percentage of homeless persons in permanent housing have remained for at least six months?	91
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	84
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	89
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	91

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)?

1. Create a TH Steering Committee to improve movement from TH to PH. Evaluate the barriers for homeless veterans and youth and increase access to housing for them. Assist veterans by leveraging new resources for veteran housing (HUD-VASH) and employment (Homeless Veterans Reintegration Program). Assist youth by providing vocational training, internships and job placement for homeless youth. Monitor PH access from TH on a quarterly basis.
2. Look for more sources of affordable, suitable PH for TH clients, increasing housing diversity. Improve regional coordination to help people access affordable housing with stabilization services.
3. Address other barriers to PH for TH residents. Advocate for changes to the Local Operating Subsidy Program, Housing Authority policy, and other housing policy to better serve TH residents. Meet with City Officials about issues and solutions. Use HPRP-related services to help people in TH at risk of homelessness overcome barriers to PH.

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).

San Francisco providers continue to prioritize accessing PH for TH clients, despite a limited supply of housing for certain populations. Families have a high rate of success, but veterans, singles, and youth struggle to access PH. HPRP funds will overcome some barriers to PH for TH clients. The CoC Plan includes an initiative to provide treatment (clinical or social service) in transitional housing programs to improve permanent housing access and stability by:
-Case managing within transitional housing programs to address individualized needs and emphasize economic stability and address underlying issues that caused instability in the first place
-Emphasizing exits into permanent housing
In addition, the CoC Plan calls for: increasing the supply of permanent housing that is subsidized and accessible; increasing economic stability through employment services, mainstream financial entitlements and education; and ensuring coordinated City-wide action to end homelessness

What percentage of homeless persons in transitional housing have moved to permanent housing?	60
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	65
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	73
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	76

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)?

1. Advocate and maintain funding for homeless-targeted services that increase job readiness: soft/hard skills training, literacy education, & supportive employment. Coordinate with ARRA program, JOBS NOW!, to access employment/training for eligible clients, including by encouraging: client referrals, hiring clients, or hosting transitional employment programs.
2. Continue to provide job placement services, subsidies, employment resources, and job retention services for homeless people despite budget cuts, including career planning after employment.
3. Develop approaches and identify resources to provide services to homeless, undocumented immigrants in need of employment.
4. Improve accessibility to mainstream resources. Assist the Tenderloin Workforce Center (one-stop) to better serve homeless people by increasing collaboration.
5. Through LHCB's dedicated seat on advisory board, continue working with Workforce Investment Board to ensure it addresses the needs of homeless people.

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's targeted employment programs have tremendous success employing homeless persons, with rates of employment at exit this year between 44% and 66%. The CoC will coordinate with them and partners like the Workforce Development Board, and will be tracking the success of the ARRA funded Jobs Now! Program in order to implement best practices.
The CoC Plan includes an initiative to increase economic stability through employment services, mainstream financial entitlements and education by:
-Increasing access to the mainstream education and workforce development system
-Maintaining current and expanding employment-related services targeted to homeless people
-Increasing number who receive mainstream financial benefits
-Improving access to education and training for homeless children and youth (0-18 years).
Because of economic conditions, we hesitate to project that we will sustain current levels of success. While every effort will be made to do so, our projections are modest.

What percentage of persons are employed at program exit?	25
In 12-months, what percentage of persons will be employed at program exit?	21
In 5-years, what percentage of persons will be employed at program exit?	24
In 10-years, what percentage of persons will be employed at program exit?	26

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)?

1. Through the Rapid Rehousing project funded in last year's CoC competition and HPRP, continue to increase housing access for homeless families and collect data to use in advocating for increased resources for families.
2. Work towards regional coordination in the Bay Area to increase and improve access to low-income family housing.
3. Create 107 units of housing for homeless families at 10th & Mission, Mosaica, and Arnett Watson, which are very needed during this time of economic crisis when the family shelter waiting list is two-three times longer than it was in 2007. Continue to advocate for new units for families.
4. Advocate for maintaining and increasing set-asides of Housing Authority units for homeless families. Support HOPE SF in partnership with the Housing Authority and the Mayor's Office to improve public housing while preventing evictions and family homelessness. Advocate for maintaining benefits for low-income families that allow them maintain housing.

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

San Francisco is dedicated to reducing family homelessness. The City intervenes and prevents family homelessness. In addition to intervention services and HPRP activities, the City funds a subsidy that targets homeless families including those living in SROs, doubled up, or at imminent risk of eviction and serves ~200 families at a time with temporary rental subsidies and intensive case management. SF has also implemented rapid rehousing programs, and developed 139 units of PSH for CH families since 2004 with an additional 190 units in the pipeline.

The CoC Plan includes a number of initiatives to reduce family homelessness including increasing the supply of PH, intervening to avoid eviction, and providing services that promote housing stability and increase economic stability. The Plan also calls for serving homeless families by improving access to education, increasing access to child care subsidies, and ensuring coordination between the LHCB and the School District.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	178

In 12-months, what will be the total number of homeless households with children?	174
In 5-years, what will be the total number of homeless households with children?	142
In 10-years, what will be the total number of homeless households with children?	71

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The City of San Francisco has protocols that reflect a policy of not dismissing any foster youth to the streets, shelters, or HUD McKinney-Vento funded programs. At the time of a child's emancipation, his/her social worker assists in completing a transitional plan, including securing housing, so that emancipation occurs properly pursuant to state Cal. Welf. & Inst. Code § 391(3). There are several options for housing in San Francisco that work directly with those emancipating from foster care. The State Transitional Housing Placement (THP) Plus program continues to expand and add new housing. Currently there are 127 units of THP Plus housing available to emancipated foster youth in SF. Youth who will need housing upon emancipation are identified early. For youth aged 14-15, Independent Living Skills Program (ILSP) provides the Early ILSP to engage youth well before emancipation. Core ILSP is for youth age 16-18 and provides five service components: College Club, Life Skills Workshops, Mentoring, Tutoring, and Vocational Services. Transitional Program, for youth age 17-18, prepares for emancipation, including access to employment, housing, and services. Aftercare Services are provided to emancipated foster and probation youth ages 18-21, and include case management, job training, transitional housing, and move-in assistance. San Francisco's Child Welfare Services, state THP Plus programs, and various non-profits also play important roles in emancipation.

Health Care:

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets or HUD McKinney Vento funded programs. The Department of Public Health (DPH) oversees San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH), which includes a skilled nursing care facility. All institutions work together for placement. Protocols are in place to ensure that DPH hosts daily patient placement meetings attended by staff of SFGH, LHH, and non-profit organizations. The placement meetings are to ensure that every person being discharged from either SFGH or LHH has an appropriate placement. Homeless people are identified upon intake, and hospital staff begins work immediately to identify appropriate housing upon discharge begins. Placements are made at appropriate board and care, nursing homes, or other such facilities. DPH oversees the new medical respite program. This program provides temporary respite to the medically frail and works towards finding permanent housing for these clients. There are currently 60 respite beds. Even with a protocol in place, some patients still must wait for placement into a lower and more appropriate level of care. To this end, DPH oversees the Placement Task Force that is working to decrease the number of patients at SFGH and LHH that are awaiting placement into a lower level of care.

Mental Health:

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets, shelters, or HUD McKinney Vento funded programs. The Placement Division of the Department of Public Health (DPH) works with SF General Hospital (SFGH) to assess and place homeless persons being discharged from locked facilities. There is an operating Board and Care Team and Utilization Review Team that meets once a month and is coordinated weekly. Teams go out to the facilities to assess housing needs and create discharge plans for patients. Patients are placed in board and care facilities or enter a one-year residential program. Protocols are in place to ensure that intensive case management teams work to place clients into permanent supportive housing with mental health services provided on-site. When a higher level of care than PSH is needed, the case management teams work together in order to ensure a seamless transition between facilities. Also, DPH works closely with the Napa State Hospital, an acute psychiatric care facility, through its intensive case management team. DPH is notified by the Napa State Hospital as soon as a homeless San Franciscan is being considered for discharge. SFGH in-patient psychiatric care coordinates its discharge planning through the daily placement meetings. Most other mental health treatment programs are operated by nonprofit organizations that begin discharge planning upon admission.

Corrections:

San Francisco has protocols that reflect a policy of the goal of not discharging any former inmates to the streets, shelters, or HUD McKinney-Vento funded programs. The Discharge Planning Unit works with inmates to develop a post-release plan that includes inmate's need for housing, medical care, substance abuse and mental health treatment. Daily discharge meetings are held for those being released from jail that day. Information is provided along with a "Re-Entry Resource Guide" which provides information on housing and other services. Discharge planners are available for former inmates for up to 6 months after release. Jail Aftercare Services work with inmates who have serious and persistent mental illness. In partnership with DPH and various non-profit organizations, Jail Aftercare Services places former inmates with serious mental illnesses into appropriate treatment programs. Forensic AIDS Project, part of DPH, works with former inmates with HIV/AIDS in order to ensure that their housing and health needs are met. Medical Social Work arranges for residential care for medically ill inmates in need of housing. There are also post release programs that provide housing and case management for violent offenders, women, and substance abusers. Finally, SF received Second Chance Act funding for women re-entering. The Re-entry Council of SF brings together the primary stakeholders: DA; PD; Sheriff; SFPD; non-profits, City Agencies and officials to coordinate re-entry services.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The number one priority of the San Francisco Five Year (2005-2010) Consolidated Plan is to Create Housing Opportunities for the Homeless. The four strategies listed in the Plan to support this priority are: (1) Partner with non-profit developers and service providers to create new permanent supportive housing; (2) Provide comprehensive supportive services and operating funding for formerly homeless tenants in supportive housing developments to help them retain their housing and improve their overall health and stability; (3) Prevention-Closing the Front Door to Homelessness; and (4) Maintain the Investment in Supportive Housing.

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):

LHCB, the governing body of the CoC in partnership with the Mayor's Office and City departments, convened the Workgroup to engage in the HPRP planning process. Housing and service providers who serve people who are homeless and at-risk of homelessness from a variety of populations, including families, HIV/AIDS, veterans, and others attended and participated in the creation of the HPRP Plan. The Workgroup benefited from the experience of the City agencies and non-profits that operate San Francisco's subsidy program for homeless and at-risk families. The Workgroup also include three voting members of the LHCB. The LHCB reviewed and voted to approve the final recommendations of the Workgroup and the Substantial Amendment to the Con Plan. The LHCB's five-year CoC Plan and the jurisdiction's Ten-Year Plan to End Chronic Homelessness informed the Workgroup's decisions about which activities to prioritize.

The CoC remains involved with HPRP implementation and prevention activities. The LHCB will receive quarterly HMIS reports about the population served with, the services provided, and the outcomes achieved with HPRP funding. The CoC will also assist with outreach and engagement to connect individuals and families with HPRP programs.

San Francisco's Homeless Policy Director from the Mayor's Office engaged in and helped lead HPRP planning and implmentation and will work at the director-level to ensure coordinated use of ARRA funds and HPRP funds across agencies.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The Local Homeless Coordinating Board (LHCB) is San Francisco's policy body on homelessness. As such, all homelessness-related issues, including ARRA funding related to homeless or at-risk households flow through the LHCB. While San Francisco did not receive NSP funding, it has been deeply involved in other ARRA planning.

One of the nine voting members of the LHCB is the Veteran Administration's regional coordinator for distribution of HUD-VASH vouchers. She provides continuing updates to the LHCB about HUD-VASH and other veteran-related benefits. At the August 3, 2009, LHCB meeting, she presented detailed background information about the HUD-VASH program and voucher distribution and received LHCB questions and comments, as well as public comment.

CDBG funding, coordinated by the Mayor's Office, will, in addition to other projects, support the creation of 174 supportive housing apartments for homeless individuals. San Francisco's Homeless Policy Director from the Mayor's Office regularly attends and presents at the LHCB.

The San Francisco Housing Authority received $15.3 million in competitive funding and $17.8 in formula funding for capital improvements that will be used to improve 638 family, senior and disabled public housing units. The LHCB has been involved in a multi-year process in partnership with the Housing Rights Committee to influence Housing Authority policy regarding serving and prioritizing homeless households and eviction prevention.

City agencies and non-profit agencies have also informed and received input from the LHCB about non-HUD ARRA programs. San Francisco also worked to coordinate HPRP funding with other ARRA funding for low-income and homeless households. The Workgroup engaged in a mainstreaming discussion with Workforce Investment Board, Child Welfare Services, CalWORKS (TANF), Adult and Aging Services, THP Plus (youth), Veterans Administration and the United Way (FEFSP/FEMA).

LHCB has received reports about the Jobs Now! program, a Workforce Investment Board program funded through the TANF Emergency Contingency Fund, that offers employment and training. Homeless and at-risk people can access employment and training through Jobs Now!. CoC providers are participating in Jobs Now! by referring clients, hiring homeless people, and hosting transitional employment programs.

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.	2,995	**Beds**	3,203	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	84	**%**	91	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	67	**%**	60	**%**
Increase percentage of homeless persons employed at exit to at least 19%	21	**%**	25	**%**
Decrease the number of homeless households with children.	188	**Households**	178	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

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

The only goal that San Francisco did not meet or exceed this year was the goal about accessing permanent housing after transitional housing. In San Francisco, transitional housing providers prioritize accessing permanent housing for their clients; permanent housing access is a key goal in all transitional housing client service plans. However, while many clients are successful in finding permanent housing, transitional providers for certain populations struggle to find available permanent housing. Families leaving TH can often find housing, but veterans, youth and singles seem to have fewer options. The CoC hopes that HUD-VASH vouchers it has received will help alleviate some of the housing shortage for veterans.

The CoC also notes that San Francisco dedicates a substantial number of units to Housing First, which reduces the number of housing units available to consumers coming from transitional housing. This year, the CoC will create a Transitional Housing Steering Committee, described in chart 3A, to address some of the barriers to permanent housing for transitional housing clients.

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	1,735	2,698
2008	1,735	2,790
2009	3,980	3,203

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. 216

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$12,400,400	$17,050,000	$18,654,959	$102,151,697
Operations	$255,150	$0	$388,800	$2,187,730	$0
Total	$255,150	$12,400,400	$17,438,800	$20,842,689	$102,151,697

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):

In 2009, the City, in consultation with Applied Survey Research, improved the methodology that captured data on CH persons by training survey-takers, expanding outreach by enlisting homeless persons as paid survey-takers, and offering an incentive. The scope of the survey expanded to gather more information and the sample size increased to provide statistically valid information. While the population has increased since 2007, this may be the result of a more reliable survey methodology.

Since 2004, a total of 10,133 homeless single adults have left the streets or shelter system for PH in SF, and the City has developed 1702 units of housing for CH people, demonstrating its commitment to ending chronic homelessness in San Francisco.

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)	145
b. Number of participants who did not leave the project(s)	1089
c. Number of participants who exited after staying 6 months or longer	135
d. Number of participants who did not exit after staying 6 months or longer	993
e. Number of participants who did not exit and were enrolled for less than 6 months	97
TOTAL PH (%)	91

Instructions:

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

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	253
b. Number of participants who moved to PH	153
TOTAL TH (%)	60

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: 3,033

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	348	11	**%**
SSDI	129	4	**%**
Social Security	175	6	**%**
General Public Assistance	359	12	**%**
TANF	790	26	**%**
SCHIP	16	1	**%**
Veterans Benefits	103	3	**%**
Employment Income	754	25	**%**
Unemployment Benefits	65	2	**%**
Veterans Health Care	102	3	**%**
Medicaid	540	18	**%**
Food Stamps	1,138	38	**%**
Other (Please specify below)	128	4	**%**
Includes Child Support, RSDI, CAPI (immigrants), etc.			
No Financial Resources	346	11	**%**

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

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

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

Instructions:

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

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

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

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

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

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

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

The CoC completes a detailed, intensive program assessment process annually. During that process, the APR of each SHP project is analyzed and summarized for review by the LHCB, the Priority Panel for McKinney Vento funding and other parties as relevant. Assessments include information about the benefits clients received at entry, the benefits clients received at exit, access to mainstream programs, cost-efficiency of the programs efforts to access benefits for their clients, participant income, and additional information that the programs track regarding mainstream benefits access. In addition, participants are surveyed about the services they receive, including assistance with accessing mainstream benefits. Access to mainstream services is a review factor in the annual funding competition. Through that conversation, CoC-wide concerns about benefits are identified and raised in committee meetings for discussion in the months following the competition.

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.

Funding Committee discusses, analyzes, and supports the work of accessing mainstream resources to support CoC programs and their clients. This year, the Funding Committee dedicated several meetings to the local budget and maintaining mainstream resources for our consumers (February 20, March 27, May 1, and June 19). WIC benefits were discussed on July 24. The LHCB as a whole discussed: re-entry benefits (September 14), veterans benefits (August 3), WIC (July 6), Housing Authority resources (June 1), local benefits and potential cuts (January 12, February 2, and March 2), and ARRA resources (August 3, June 1, May 4, April 6, and March 2).

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.	Semi-annually
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?	Yes

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

A provider attended a Train the Trainer program on October 26-30, 2009. In addition, on December 7, 2007, the CoC co-sponsored a specialized training for homeless services providers about benefits eligibility and application strategies with the local SSA office. Also, San Francisco has supported an SSI Access project since 2002 that actively supports access to SSI/SSDI for homeless people, using many of the techniques set forth in the SOAR curriculum, with an 86% Award Rate (92% of those on initial application), averaging 12 months of retroactive benefits.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	88%
1a. Describe how service is generally provided:	
Case managers assess for benefit eligibility upon program entry, then help clients collect the documents needed, complete application forms, and sometimes attend appointments with the client. In addition, some agencies also provide support from attorneys, psychologists, doctors and other service professionals.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%

3. Homeless assistance providers use a single application form for four or more mainstream programs:	14%
3.a Indicate for which mainstream programs the form applies:	
NA	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	81%
4a. Describe the follow-up process:	
Case managers and other staff systematically monitor and assist with mainstream benefits access throughout the application process and then monitor maintenance of client income through case management meetings, money management services and other client contact. Staff document their efforts, and case records are reviewed by Program Directors.	

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

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

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

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

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

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

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

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
New Inclusionary Housing Ordinance: The new ordinance adjusts its unit threshold, the minimum number of affordable units required, and target income groups. Projects involving 5 or more dwelling units were included in the program, down from 10. The number of units required went up to 15% for on-site and 20% for off-site units. The new ordinance also began using City and County of San Francisco median income data in determining pricing for BMR ownership units and rent levels for BMR rental units. Please see http://www.sfgov.org/site/moh_page.asp?id=48003	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Monterey Boulevard	2009-11-05 14:20:...	1 Year	City and County o...	75,588	Renewal Project	S+C	PRA	U
ECS-Conquering H...	2009-10-14 14:47:...	1 Year	City and County o...	132,117	Renewal Project	SHP	SSO	F
Direct Access to ...	2009-11-20 17:50:...	1 Year	City and County o...	684,014	Renewal Project	SHP	PH	F
San Francisco Tra...	2009-11-03 13:42:...	1 Year	City and County o...	270,923	Renewal Project	SHP	SSO	F
Supportive Housin...	2009-11-06 08:13:...	1 Year	City and County o...	127,185	Renewal Project	SHP	SSO	F
Direct Access to ...	2009-10-13 17:03:...	1 Year	City and County o...	508,873	Renewal Project	SHP	PH	F
Cadillac/William ...	2009-10-27 12:20:...	1 Year	City and County o...	873,720	Renewal Project	S+C	SRA	U
Leland House	2009-10-27 08:04:...	1 Year	Catholic Charitie...	140,267	Renewal Project	SHP	PH	F
Glide Cecil Willi...	2009-11-20 16:34:...	1 Year	City and County o...	284,592	Renewal Project	S+C	SRA	U
A Woman's Place	2009-10-21 13:46:...	1 Year	Community Awarene...	348,153	Renewal Project	SHP	SH	F
G House	2009-11-20 16:50:...	1 Year	Larkin Street You...	110,624	Renewal Project	SHP	TH	F
Franciscan Towers	2009-11-05 09:40:...	1 Year	City and County o...	509,076	Renewal Project	S+C	SRA	U

Services for Trea...	2009-10-24 15:18:...	1 Year	City and County o...	114,640	Renewal Project	SHP	SSO	F
Hamilton Family T...	2009-11-06 18:40:...	1 Year	City and County o...	381,721	Renewal Project	SHP	TH	F
El Dorado/ Midori	2009-11-04 15:59:...	1 Year	City and County o...	194,160	Renewal Project	S+C	SRA	U
Connecting Point	2009-11-11 17:22:...	1 Year	City and County o...	240,685	Renewal Project	SHP	SSO	F
Scattered Sites- ...	2009-10-24 16:46:...	1 Year	City and County o...	799,368	Renewal Project	S+C	TRA	U
Jelani Transition...	2009-11-06 17:40:...	1 Year	City and County o...	135,219	Renewal Project	SHP	TH	F
Knox	2009-11-20 17:58:...	1 Year	City and County o...	174,744	Renewal Project	S+C	SRA	U
SafeHouse for Wom...	2009-11-06 20:38:...	1 Year	San Francisco Net...	70,749	Renewal Project	SHP	TH	F
Tenant Based Rent...	2009-11-06 19:52:...	1 Year	City and County o...	636,564	Renewal Project	S+C	TRA	U
Veterans Academy	2009-10-27 01:06:...	1 Year	City and County o...	355,787	Renewal Project	SHP	PH	F
Legal Services fo...	2009-11-03 12:33:...	1 Year	City and County o...	359,777	Renewal Project	SHP	SSO	F
Brennan House	2009-11-20 18:59:...	1 Year	Saint Vincent de ...	132,544	Renewal Project	SHP	TH	F
First Avenues	2009-11-06 10:56:...	1 Year	City and County o...	179,026	Renewal Project	SHP	SSO	F
Bayview Drop-In C...	2009-10-27 08:58:...	1 Year	City and County o...	75,407	Renewal Project	SHP	SSO	F
Arendt House	2009-11-20 13:07:...	5 Years	City and County o...	1,034,880	New Project	S+C	SRA	P1
Iroquois 2009	2009-11-20 16:06:...	1 Year	Community Housing...	157,490	Renewal Project	SHP	PH	F
Hotel Isabel	2009-11-06 19:47:...	1 Year	City and County o...	97,080	Renewal Project	S+C	SRA	U

Treasure Island P...	2009-11-18 08:23:...	1 Year	City and County o...	835,608	Renewal Project	S+C	SRA	U
Integrated Servic...	2009-11-06 07:21:...	1 Year	City and County o...	1,173,199	Renewal Project	SHP	SSO	F
Avenues to Indepe...	2009-11-20 15:17:...	1 Year	City and County o...	331,020	Renewal Project	SHP	TH	F
Hope House	2009-10-27 09:12:...	1 Year	City and County o...	760,152	Renewal Project	SHP	PH	F
Canon Barcus Comm...	2009-10-27 01:45:...	1 Year	City and County o...	353,232	Renewal Project	S+C	PRA	U
Mission Housing - ...	2009-11-05 01:46:...	1 Year	City and County o...	145,620	Renewal Project	S+C	SRA	U
The Salvation Arm...	2009-11-06 18:00:...	1 Year	The Salvation Army	430,824	Renewal Project	SHP	TH	F
Mission Housing- ...	2009-11-04 13:57:...	1 Year	City and County o...	73,008	Renewal Project	S+C	SRA	U
Lyric	2009-11-05 10:35:...	1 Year	City and County o...	563,064	Renewal Project	S+C	SRO	U
Transitiona l Hous...	2009-10-14 16:36:...	1 Year	Swords to Plowsha...	232,623	Renewal Project	SHP	TH	F
Hazel Betsey 1BR	2009-11-06 19:27:...	1 Year	City and County o...	47,700	Renewal Project	S+C	SRA	U
Hazel Betsey Studios	2009-11-06 19:37:...	1 Year	City and County o...	77,616	Renewal Project	S+C	SRA	U
Folsom/Do re	2009-11-06 19:05:...	1 Year	City and County o...	282,432	Renewal Project	S+C	PRA	U
Rita da Cascia-P...	2009-11-06 19:30:...	1 Year	City and County o...	180,074	Renewal Project	SHP	PH	F
Transitiona l Livi...	2009-11-20 17:07:...	1 Year	Swords to Plowsha...	254,335	Renewal Project	SHP	TH	F
Dudley Apartment s	2009-11-06 11:13:...	1 Year	City and County o...	234,609	Renewal Project	SHP	PH	F
Homeless Employme ...	2009-10-26 23:55:...	1 Year	City and County o...	954,809	Renewal Project	SHP	SSO	F

Clara House	2009-10-13 21:24:...	1 Year	Compass Community...	295,006	Renewal Project	SHP	TH	F
Canon Kip	2009-10-27 01:58:...	1 Year	City and County o...	776,640	Renewal Project	S+C	PRA	U
Treasure Island P...	2009-10-24 16:20:...	1 Year	City and County o...	576,984	Renewal Project	S+C	SRA	U
Cameo House	2009-11-06 19:02:...	1 Year	City and County o...	303,572	Renewal Project	SHP	TH	F

Budget Summary

FPRN	$9,675,424
Permanent Housing Bonus	$1,034,880
SPC Renewal	$7,376,796
Rejected	$0

Attachments

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

Attachment Details

Document Description: Certificate of Consistency CA-501