

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

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

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

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

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

**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, within a Housing First Model, work 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)**

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

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

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

San Francisco established a selection process that balances the interests of stakeholders in the City and County of San Francisco and provides for a flexible, effective governing body with representation from all relevant sectors. The nine voting members of the San Francisco Local Homeless Coordinating Board (LHCB) are selected through an open and fair appointment process: the Board of Supervisors appoints four members; the Mayor appoints four members; and the politically neutral City Controller appoints one member (which is confirmed by the Board of Supervisors). At least one of each of the four Mayoral and Board appointees must be from the disabled community. The nine members are to be representative of people who are homeless, formerly homeless, community and advocacy organizations, service provider agencies, business and corporate sectors and the foundation community, though members do not have representative seats designated as such. Key stakeholders, including service provider agencies and advocacy organizations, identify and ask community members to serve on the LHCB, and then the Mayor, Board of Supervisors, or City Controller formally appoint such members. In addition, other members of the community, both public and private, can be non-voting members and can participate as non-voting members in committees or participate in public comment. The Human Services Agency (HSA) provides funding for an LHCB staff member and oversees/monitors many homeless assistance grants. Many City departments, including HSA, Department of Public Health, and Mayor's Office on Housing, attend LHCB meetings and provide information and testimony to the LHCB.

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

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

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

Not Applicable

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

San Franciscos Human Services Agency (HSA) acts as grantee for approximately 2/3 of the McKinney-Vento 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 administrative duties to adequately perform those duties. The LHCB would call for a new, discrete funding source to provide the required administrative funding, instead of such funding being reallocated from current Homeless Assistance grants.

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

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

Name	Meeting Frequency
LHCB Funding Comm...	Monthly or more
LHCB Policy Commi...	Monthly or more
LHCB Strategic Pl...	Bi-monthly
McKinney Contract...	Monthly or more
Shelter Monitorin...	Monthly or more
Housing Authority...	Monthly or more
Shelter Enrichmen...	Monthly or more
Shelter Plus Care...	Quarterly
Homeless Employme...	Monthly or more
Family Housing Fi...	Monthly or more
Single Adults Sup...	Monthly or more
Shelter Safety Wo...	Monthly or more
Shelter Directors...	Monthly or more
LHCB (Local Homel...	Monthly or more
Ten Year Plan Imp...	Monthly or more

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

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

**Name of Committee/Sub-Committee/Work Group:** LHCB Funding Committee

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

**Describe the role of this group:**

The Funding Committee oversees efforts to secure and sustain funding for the entire Continuum of Care. The Committee is chaired by LHCB members but composed mainly of members of the public.

This Committee, guided by the CoC Plan, establishes the priorities and procedures for the McKinney-Vento competition, including review and rank procedures and scoring tools. This Committee recommends funding priorities to the LHCB, which votes and finally approves the CoC priorities each year.

The Funding Committee also creates and implements the LHCB Transition Plan to secure alternative mainstream resources to fund homeless housing and services activities and to support the needs of homeless people that are currently funded or supported by McKinney-Vento or other limited funding sources. In this role, this year, the Funding Committee focused on the reformation of the mainstream workforce development system.

This Committee also makes recommendations regarding the budget process to the City and the Board of Supervisors. The Committee reports to the LHCB monthly.

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

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

**Name of Committee/Sub-Committee/Work Group:** LHCB Policy Committee

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

**Describe the role of this group:**

The Policy Committee coordinates the LHCBs city, state and federal policy responses to legislation and alerts government bodies to experiences of San Franciscos homeless population or concerns of stakeholders. The Committee is chaired by members of the LHCB, but composed mainly by members of the public.

In the past year, the Policy Committee, together with the Housing Rights Committee, led an ad hoc community process with the goal of making public housing more responsive to the needs of homeless people, especially homeless families. Also this year, the Committee addressed many issues that affect chronically homeless people. The Committee led an inclusive community process about homeless shelter enrichment and made recommendations to the City. This Committee debated and opined on the McKinney Reauthorization legislation. The Committee also was consulted by the Board of Supervisors on a change in City law about sleeping in city parks. Finally, the Committee has been focusing on the needs of those people housed in their vehicles in San Francisco.

The Policy Committee reports to the LHCB monthly.

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

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

**Name of Committee/Sub-Committee/Work Group:** LHCB Strategic Planning Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

The Strategic Planning Committee finalized the CoC's five-year Plan "Towards Ending Homelessness in San Francisco" this year. The Plan's drafting process involved a series of public meetings, including outreach to stakeholders and consumers.

The Plan began from a synthesis of the goals and strategies found in other community plans on homelessness including, but not limited to: the jurisdictional 10-year Plan on Chronic Homelessness, San Francisco's Consolidated Plan 2005-2009, the Homeless Families Services Redesign, Addressing Senior Homelessness- Housing Solutions for San Francisco's Hidden Poor, San Francisco's Homeless Education Plan, San Francisco Mental Health Service Act - Community Services and Support Plan, Addressing the Needs of Homeless and Runaway Youth- San Francisco Department of Children, Youth, and Their Families Work Group on Prioritizing Homeless Youth Recommendations to Mayor Gavin Newsom, and Disconnected Youth in San Francisco: A Roadmap to Improve the Life Changes of San Francisco's Most Vulnerable Young Adults. The draft Plan was reviewed at a series of community meetings, allowing stakeholders the opportunity to update prior plans and identify gaps and needs not previously recognized.

The Plan reflects many of HUD's priorities, and includes the results of a community-wide gaps and needs analysis and research regarding recent innovations, emerging strategies, best practices, consumer experience, and evidenced-based practices about how to best serve different homeless populations, including chronically homeless people and families.

The Board of Supervisors approved the completed CoC Plan and by resolution, made the CoC Plan the policy on homelessness in the City and County of San Francisco.

This Committee will oversee the implementation and progress of the Plan. The committee is chaired by members of the LHCB but composed mainly of members of the public and reports to the LHCB after each meeting.

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

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

**Name of Committee/Sub-Committee/Work Group:** McKinney Contractors Association

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

**Describe the role of this group:**

The McKinney Contractors Association represents the collective voice of the non-profit organizations receiving Homeless Assistance grant funding through the CoC. The Association develops and advances policy positions of McKinney Contractors. The Association provides peer support in relation to grant administration and client services. The McKinney Contractors Association advocates for a diverse system of housing, programs and services to end homelessness for families and individuals in San Francisco. The Association attends and participates in all LHCB meetings.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Monitoring Committee

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

**Describe the role of this group:**

The Shelter Monitoring Committee oversees the City's shelters and resource centers. The Committee also provides accurate and comprehensive information about the conditions and operations in the shelters to various City bodies. Pursuant to local legislation passed this year establishing minimum health and hygiene standards in publicly funded shelters, the Committee measures the conditions of the shelters against legislated standards and has the ability to refer the matter to the Department of Public Health for follow-up if a non-compliant shelter does not take corrective action. The work of the Committee is incorporated into the CoC Plan. Four of the seats on the Shelter Monitoring Committee are appointed by the LHCB, and the Committee regularly reports to the LHCB.

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

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

**Name of Committee/Sub-Committee/Work Group:** Housing Authority Community Forum: Helping to Shape the Future of the San Francisco Housing Authority

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

**Describe the role of this group:**

The LHCB Policy Committee and the Housing Rights Committee of San Francisco hosted four community forums on "Helping to Shape the San Francisco Housing Authority." The discussion at the monthly forums focused on Availability and Accessibility; Eviction Policies and Practices; Repairs, Conditions and Vacant Units; and Accountability. LHCB Staff and the Policy Chair conveyed the recommendations resulting from the process to the Interim Director of the Housing Authority and discussed strategies to work together. A report, approved by the LHCB and within the scope of the CoC Plan, conveyed recommendations for improvements to the City and the Housing Authority. This focus on the mainstream resource of public housing is key to the success of CoC Plan implementation, as homeless people need access to units from all sectors.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Enrichment Process

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

**Describe the role of this group:**

This ad hoc group, led by the LHCB, the Ten Year Planning Implementation Council, and the Shelter Monitoring Committee, developed key recommendations for shelter services in San Francisco.

The Process was convened in response to Mayor Newsom's interest in transforming City shelters and its recommendations resulted from five community meetings and five on-site shelter meetings held over a six week period. The Process incorporated the goals and priorities of the CoC Plan. The Process recommended attending to: maintaining shelter beds, increasing medical services, increasing access to supportive services (including mainstream resources, employment, education and benefits), and increasing access.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Plus Care Oversight Committee

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

**Describe the role of this group:**

The Shelter Plus Care Oversight Committee establishes program policies and procedures and monitors program operations. The committee membership includes homeless advocates, service providers, program participants and various City agencies. The Committee reviews, evaluates and approves for funding the S+C renewal projects. The Committee coordinates with LHCB staff as needed.

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

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

**Name of Committee/Sub-Committee/Work Group:** Homeless Employment Collaborative

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

**Describe the role of this group:**

The Homeless Employment Collaborative meets to discuss employment services for homeless people in San Francisco, including how to improve coordination and increase service availability. The Collaborative also works to coordinate and link homeless people to the mainstream workforce development system. The Collaborative has reviewed the chronic homelessness/employment demonstration grant underway in San Francisco. The Collaborative looks at and evaluates current trends and opportunities.

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

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

**Name of Committee/Sub-Committee/Work Group:** Family Housing First Providers Workgroup

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

**Describe the role of this group:**

This Workgroup has created standardized eligibility criteria and outcomes for family Housing First, or rapid rehousing, programs in San Francisco. Comprised of the providers of Housing First for families in San Francisco, members discuss policies and procedures, and are creating a shared database. Workgroup members participated in the Schwab Foundation demonstration grants and keep abreast of the latest research and promising practices. They consider adapting program activities to respond to gaps in meeting needs and to achieve better outcomes. The Workgroup corresponds with LHCB staff as needed.

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

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

**Name of Committee/Sub-Committee/Work Group:** Single Adults Supportive Housing Workgroup

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

**Describe the role of this group:**

This Workgroup convenes supportive housing providers and city agencies to discuss supportive housing service delivery models, review variables that drive outcome variation and cost variation among housing sites, define a shared set of key metrics, and share best practices and resources. The Workgroup is an arena for considering new interventions, new metrics for measuring success, and service models. The Workgroup grounds its work in a client-focused model, and is attuned especially to the needs of chronically homeless people. Workgroup coordinates with LHCB through HSA staff.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Safety Workgroup

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

**Describe the role of this group:**

This workgroup explores concerns regarding safety issues in city-funded shelters by seeking input from shelter clients, staff, and other interested parties, and is developing recommendations to Human Services Agency (HSA) for addressing shelter safety issues. The work of this group is incorporated into the CoC Plan. Staff coordinate with LHCB Staff as needed.

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

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

**Name of Committee/Sub-Committee/Work Group:** Shelter Directors/Resource Centers Group

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

**Describe the role of this group:**

This workgroup discusses policies and services at city-funded single adult shelters, family shelters and resource centers. This workgroup is also a forum to raise and resolves issues among the shelters and resource centers. Key concerns of the group include discharge planning, standards of care, mainstream services access, housing access, and income/benefits access. HSA staffs the workgroup and coordinates with LHCB staff as necessary to resolve issues and respond to LHCB requests.

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

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

**Name of Committee/Sub-Committee/Work Group:** LHCB (Local Homeless Coordinating Board)

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

**Describe the role of this group:**

The Local Homeless Coordinating Board (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:

- identifying needs and gaps in the CoC system, including for special populations such as veterans, youth, domestic violence survivors, people with disabilities, etc.,
- reviewing and commenting on homeless legislation,
- informing discharge planning and prevention efforts,
- monitoring the implementation of the Continuum of Care and the Ten Year Plan to End Chronic Homelessness,
- informing and monitoring the biennial homeless enumeration,
- monitoring performance outcomes, including access to housing, mainstream benefits, resources and employment,
- reviewing and discussing HMIS reports (system and data quality issues),
- gathering community input on homelessness,
- setting agendas for monthly meetings,
- making the Exhibit 1 available to the community,
- notifying agencies of funding opportunities,
- determining project priorities,
- providing final approval for the CoC application submission, and
- assuring San Francisco has created and maintains a CoC Strategy that provides a community-wide inventory of housing and services for families and individuals, both HUD-funded and non-HUD funded. The CoC Strategy includes (1) Increasing the supply of affordable, accessible permanent housing and permanent supportive housing; (2) Preventing homelessness with discharge planning and eviction prevention strategies; (3) Providing interim housing to support access to permanent housing; (4) Improving access and support services to increase housing stability; (5) Increasing individual economic stability; and (6) Ensuring coordinated Citywide action to end homelessness respectful of the needs and rights of people who are homeless.

This body is also responsible for the implementation of the CoC's HMIS through the San Francisco Human Services Agency.

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

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

**Name of Committee/Sub-Committee/Work Group:** Ten Year Plan Implementation Council

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

**Describe the role of this group:**

The Ten Year Plan Implementation Council monitors San Francisco's Ten Year Plan to End Chronic Homelessness and works with government agencies, the Local Homeless Coordinating Board, businesses and other groups and the public to ensure that the directives of the Plan are being implemented and that the Plan remains relevant and responsive to the City's needs. In addition to its regular meetings, the council conducts expanded quarterly meetings with the Policy Cluster, LHCB, and Shelter Monitoring Committee. Staff of this Council and the LHCB coordinate regularly.

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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
San Francisco Human Services Agency	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Tenderloin Neighborhood Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Treasure Island Homeless Development Initiative	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Catholic Charities CYO	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS, Youth
The Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Abbott Little	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Hamilton Family Center	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..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
Northern California Service League	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Asian Women's Resource Center/Gum Moon Residen...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Authoring agency for ...	Domestic Vio...
Community Housing Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
St. Anthony's Foundation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Department of Veterans Affairs	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans
Senior Action Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

San Francisco CoC			COC_REG_v10_000110	
Mission Neighborhood Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Springwater Investments LLC	Private Sector	Businesses	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Larkin Street Youth Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
UC San Francisco Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Substan ce Ab...
San Francisco Safety Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Chinatown Community Development Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Bay Area Legal Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
La Casa de las Madres	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
San Francisco Bar Association/Homeless Advocacy...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
San Francisco Human Rights Commission	Public Sector	Loca lg...	Committee/Sub-committee/Work Group	HIV/AIDS
Compass Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Building Solid Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Visitation Valley Community Development Corpora...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
St. Francis Foundation Living Room	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
San Francisco Community Clinic Consortium	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
Safe Communities Reentry Council	Public Sector	Loca lg...	Committee/Sub-committee/Work Group	NONE
St. Boniface Catholic Church	Private Sector	Faith- b...	Committee/Sub-committee/Work Group	NONE
St. Vincent de Paul Society	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
San Francisco Department of Public Health	Public Sector	Loca lg...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
San Francisco Asthma Task Force	Public Sector	Loca lg...	Committee/Sub-committee/Work Group	NONE

San Francisco CoC			COC_REG_v10_000110	
Honoring Emancipated Youth	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Glide Foundation/Glide Memorial United Methodis...	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Serio...
Breathe California	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
San Francisco Tenant's Union	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Tenderloin Housing Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Holy Family Day Home	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Supportive Housing Employment Collaborative	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Lutheran Social Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Episcopal Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Central City Hospitality House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Walden House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS, Su...
San Francisco Network Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS
United Council of Human Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Awareness and Treatment Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Integrated Services Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
San Francisco Revival Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Quan Jin Healing Arts Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Ab...
San Francisco Homeless Service Providers' Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Haight Ashbury Free Clinics	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...

San Francisco CoC			COC_REG_v10_000110	
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, Attend Consolidated P...	HIV/AIDS
Coalition on Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Housing Rights Committee	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
West Bay Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Providence Foundation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Subst...
Poor News Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mayor's Office	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Office & Professional Employees International U...	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Bay Guardian	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Economic Opportunity Council of San Francisco	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Huckleberry Youth Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
United Way of the Bay Area	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	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	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Dolores Street Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
San Francisco General Hospital	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Ab...
Neighborhood Parks Council	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Positive Direction	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...

San Francisco CoC			COC_REG_v10_000110	
Rent Board	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
San Francisco Seniors Organizing Seniors	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Homeless Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Tenderloin Health	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS, Su...
Conard House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Office of the Public Defender	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Ping Yuen Resident Improvement Association	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Independent Living Resource Center of San Franc...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
San Francisco Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Bernal Heights Neighborhood Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
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..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
Ark of Refuge	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS, Youth
At the Crossroads	Private Sector	Non-pro..	None	Youth
Baker Places	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...	Committee/Sub-committee/Work Group	NONE

San Francisco CoC				COC_REG_v10_000110
Curry Senior Services Center	Private Sector	Non-pro..	None	Substance Abuse
Delancey Street Foundation	Private Sector	Non-pro..	None	Seriously Me...
Epiphany Center for Families	Private Sector	Non-pro..	None	Substance Ab...
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	Substance Abuse
Homeless Children's Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Homeless Prenatal Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
Legal Assistance to the Elderly	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
McMillan Sobering Center	Private Sector	Non-pro..	None	Substance Ab...
Mission Neighborhood Resource Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
North Beach Citizens	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
North East Medical Services	Private Sector	Non-pro..	None	NONE
Oasis Center Office of Self Help	Private Sector	Non-pro..	None	Seriously Me...
Planning for Elders	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Progress Foundation	Private Sector	Non-pro..	None	Seriously Me...
Project Homeless Connect	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Raphael House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth

San Francisco CoC				COC_REG_v10_000110
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 Council	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...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
San Francisco Training Partnership	Private Sector	Non-pro..	None, Committee/Sub-committee/Work Group	Veterans
San Francisco Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Self-Help for the Elderly	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Temenos Catholic Worker	Private Sector	Faith-b...	None	Youth
Tenderloin Self Help Center	Private Sector	Non-pro..	None, Attend Consolidated Plan focus groups/public forums...	Substance Abuse
Westside Community Services	Private Sector	Non-pro..	None	Seriously Me...
Young Community Developers	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Eviction Defense Collaborative	Private Sector	Non-pro..	None	NONE
Family Eviction Prevention Collaborative, San F...	Private Sector	Non-pro..	None	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..	Committee/Sub-committee/Work Group	NONE
Independent Living Skills Program and Departmen...	Public Sector	Local g...	None	Youth

San Francisco CoC				COC_REG_v10_000110
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..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Asian Women's Shelter	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
TODCO Development Co. (GP/TODCO A, Inc.)	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mo' Peace	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Charles	Individual	Homel..	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...	Committee/Sub-committee/Work Group, Attend 10-year planni...	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	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Citizens Housing Corporation	Private Sector	Non-pro..	None	NONE
City College	Public Sector	School...	None	NONE
John Stewart Company	Private Sector	Businesses	None	NONE
Kim C.	Individual	Homel..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
James L.	Individual	Homel..	Committee/Sub-committee/Work Group	NONE
Tomas P.	Individual	Homel..	Committee/Sub-committee/Work Group	NONE

San Francisco CoC			COC_REG_v10_000110	
Leonard B.	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE
Mark R.	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE
William C.	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE
Ella G.	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE
Laron J.	Individual	Homeles. ..	Committee/Sub-committee/Work Group	NONE

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

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

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

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

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

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

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

**Emergency Shelter:** Yes

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

From February 1, 2007- January 31, 2008, the following changes in bed inventory occurred, with additional changes occurring since. The number of emergency shelter beds and transitional housing beds has been reduced, as described below, for a variety of reasons, but including the City's priority of reallocating resources to permanent supportive housing.

Total Year-Round Beds - Individuals : net reduction of 42 beds

- 1) 25 beds added to Providence's McKinnon Street Shelter to increase capacity.
- 2) 4 beds at A Women's Place removed so agency can focus on Safe Haven services.
- 3) 59 beds lost when 150 Otis Street Shelter became a seasonal shelter.
- 4) 4 beds reduced at Continuum HIV Center.

Total Year-Round Beds - Families : net reduction of 42 beds

- 1) 19 beds lost when St. Joseph's Shelter moved to a smaller site.
- 2) 5 beds reduced at Hamilton Family Emergency Shelter, however, number of units and program capacity remain unchanged. This change reflects the reality of the average family size that the shelter is serving, and allows the data collected to better align with AHAR.
- 3) 18 beds reduced at Hamilton Family Center, however, number of units and program capacity remain unchanged. This change reflects the reality of the average family size that the shelter is serving, and allows the data collected to better align with AHAR.

**Safe Haven Bed:** Yes

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

Total Year-Round Beds - Individuals : net addition of 25 beds

- 1) A Woman's Place consolidated into Safe Haven facility to better serve clients.

**Transitional Housing:** Yes

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

Total Year-Round Beds - Individuals : net reduction of 33 beds

- 1) 25 beds at A Woman's Place moved to Safe Haven.
- 2) 8 beds added to 538 Holloway. In 2007, this facility was operated as a permanent supportive housing by Gastinell's. This year, Larkin Street Youth Services assumed operation of the facility as a transitional housing site.
- 3) Reduction of 16 beds at Windsor hotel, now listed under permanent housing.

Total Year-Round Beds - Families : net reduction of 50 beds

- 1) Loss of 40 beds with closure of the Richmond Hills Family Center.
- 2) Reduction of 10 beds at Salvation Army's Harbor House, however, number of units and program capacity remain unchanged. This change reflects the reality of the average family size that the program is serving, and allows the data collected to better align with AHAR.

**Permanent Housing:** Yes

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

Total Year-Round Beds - Individuals: net addition of 133 beds

- 1) Closure of Gastinell's facility with 8 beds. Site reopened as transitional housing facility operated by Larkin Street Youth Services.
- 2) Reduction of 4 beds at One Church Street Apartments.
- 3) Retasking of 5 beds from families to individuals at the Dudley Apartments.
- 4) Addition of 51 new beds at Caldrake Arms.
- 5) Addition of 67 new beds at the Hamlin.
- 6) Addition of 18 beds at William Penn, due to reevaluation of population served.
- 7) Addition of 4 beds at The Knox, due to reevaluation of population served.

Total Year-Round Beds - Chronic Homeless: net addition of 92 beds

- 1) Reduction of 3 CH beds at Lyric, due to reevaluation of population served.
- 2) Reduction of 3 CH beds at Hazel Betsey, due to reevaluation of population served.
- 3) Reduction of 47 CH beds at Veterans Academy, due to reevaluation of population served.
- 4) Reduction of 1 CH bed at El Dorado Hotel, due to reevaluation of population served.
- 5) Addition of 20 CH beds at Cecil Williams Glide Community House, due to reevaluation of population served.
- 6) Addition of 73 CH beds at Cadillac Hotel, due to reevaluation of population served.
- 7) Addition of 25 CH beds at William Penn Hotel, due to reevaluation of population served.
- 8) Addition of 30 CH beds at Dudley Apartments, due to reevaluation of population served.
- 9) Addition of 1 CH beds at Precita House, due to reevaluation of population served.
- 10) Addition of 1 CH beds at Stinson House, due to reevaluation of population served.
- 11) Addition of 4 CH beds at The Knox, due to reevaluation of population served.
- 12) 8 beds reduced at 538 Holloway. In 2007, this facility was operated as a permanent supportive housing by Gastinell's. This year, Larkin Street Youth Services assumed operation of the facility as a transitional housing site.

Total Year-Round Beds - Families: net addition of 105 beds.

- 1) Monterey Boulevard Apartments added one bed, but serves same number of units.
- 2) Hazel Betsey added one bed, but serves same number of units.
- 3) Retasking of 5 beds from families to individuals at the Dudley, but serves same number of units.
- 4) Addition of 108 new beds at Island Bay Homes III.

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

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

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	SFCA501HIC2008	10/16/2008

## Attachment Details

**Document Description:** SFCA501HIC2008

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

## Instructions:

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

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

**Indicate the date on which the housing inventory count was completed:** 01/31/2008  
(mm/dd/yyyy)

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

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

### Must specify other:

Not Applicable

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

### Specify "other" data types:

Not Applicable

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

San Francisco used a combination of community input, strategic planning documents, various data sources, provider surveys, the HIC and the HUD formula to define the unmet housing need in San Francisco. Information and data was compiled from the January 2007 point in time count, the San Francisco Unified School District, the Ten Year Plan to End Chronic Homelessness, the CoC Strategic Plan, and the Family Services Redesign Plan. CoC stakeholders reviewed and discussed the information.

This community feels that in order to have a successful continuum of care, our community needs many service and housing options, including emergency shelter, transitional housing, and permanent supportive housing, but also including affordable permanent housing, a need not reflected on the HIC. The LHCB finds a great need for permanent housing in our community and notes that San Francisco has prioritized resources and energy for permanent supportive housing for many years, including the creation of 3,053 new permanent supportive housing units for chronically homeless individuals, seniors and families since 2004.

At the same time, this year the LHCB finalized its CoC Plan, which was reviewed by the Mayor and was declared the official homeless policy document of San Francisco by Board of Supervisors resolution in March 2008. The CoC Plan calls for the maintenance of a sufficient number of emergency shelter beds until there is a demonstrated decrease in need. The CoC Plan also includes a goal to provide transitional housing for certain specific populations. Accordingly, this year, the LHCB finds an unmet need for individual shelter beds and transitional housing beds in order to replace beds lost since the last application was submitted in June 2007. LHCB is also interested in increasing access to shelter beds, in order to better use the beds that are available. LHCB recognizes an unmet need for residential treatment beds, which the HIC does not reflect.

In accordance with a significant increase in need for family shelter beds since last year's application was submitted, LHCB finds an unmet need for family shelter beds. The LHCB emphasizes, however, that if enough resources were available for permanent supportive housing and affordable housing for families, the ideal housing option for our homeless families, San Francisco would not require an increase in family shelter beds.

Finally, the LHCB notes that the number of homeless families reflected in the Homeless Count data, and the number used to determine unmet need, does not represent the number of families doubled and tripled up or living in SROs in San Francisco. These families are in need of adequate housing options such as supportive or affordable permanent housing.

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

### Intructions:

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

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

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

**Select the CoC(s) covered by the HMIS:** CA-501 - San Francisco CoC  
(select all that apply)

**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

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

**Indicate the date on which HMIS data entry started (or will start):** 01/31/2003  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** No or low participation by non-HUD funded providers, HMIS unable to generate APR data, Other  
(select all the apply):

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

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

The CoC has several efforts currently underway to overcome HMIS challenges.

First, non-HUD funded providers remain the larger proportion of facilities providing housing for the homeless in this community. HMIS staff are continuing to communicate with non-HUD funded providers in order to find ways to improve participation as well as quality and quantity of data entered into HMIS. Such efforts include adding language to City agency contracts (or operating instructions to contractors) requiring that providers collect HMIS universal data elements as a condition to their contract.

Next, HMIS staff is working to enhance software to allow publication of summary reports by facility, with the goal that program staff will be able to use HMIS as a program management tool and will be more interested in data quality and quantity.

Also, HMIS staff is conducting ongoing and continuing training of staff at participating providers to improve the quality of information collected.

The LHCB will begin receiving reports containing aggregated data from the HMIS system over the next year, and hopes to use the data to better align its policies to the needs of San Francisco's homeless populations. The LHCB will also be learning more about the possible uses of the HMIS system through presentations at its monthly meetings.

## HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	San Francisco CoC...	09/18/2008

## Attachment Details

**Document Description:** San Francisco CoC/HSA HMIS Agreement

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

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

**Organization Name** Housing and Homeless Division of Human Services Agency  
**Street Address 1** 77 Otis  
**Street Address 2**  
**City** San Francisco  
**State** California  
**Zip Code** 94103  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** State or Local Government  
**If "Other" please specify**

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

**Prefix:** Mr  
**First Name** Bernhard  
**Middle Name/Initial**  
**Last Name** Gunther  
**Suffix**  
**Telephone Number:** 415-558-1954  
**(Format: 123-456-7890)**  
**Extension**  
**Fax Number:** 415-558-2834  
**(Format: 123-456-7890)**  
**E-mail Address:** Bernhard.Gunther@sfgov.org  
**Confirm E-mail Address:** Bernhard.Gunther@sfgov.org

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

### Instructions:

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

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

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

**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:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	10%	6%
* Date of Birth	0%	0%
* Ethnicity	17%	0%
* Race	14%	0%
* Gender	0%	0%
* Veteran Status	9%	3%
* Disabling Condition	9%	2%
* Residence Prior to Program Entry	20%	0%
* Zip Code of Last Permanent Address	31%	8%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** Yes

**Did the CoC or subset of the CoC participate in AHAR 4?** 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?** Monthly

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

Data quality improvements remain a function of training and follow-up. 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, at least annually, staff reviews records and discusses data quality with provider management, providing support to collect and input better data.

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

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:**

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

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

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

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

### Instructions:

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

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

* Unique user name and password	Semi-annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* 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?** Annually

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

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

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

**Instructions:**

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

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

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Never
HMIS software training	Annually

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

### Instructions:

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

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

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

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

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

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

**Indicate the date of the last PIT count:** 01/31/2007

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

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	113	73	8	194
Number of Persons (adults and children)	322	190	20	532
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	1,496	392	2,735	4,623
Number of Persons (adults and unaccompanied youth)	1,496	392	2,751	4,639
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	1,609	465	2,743	4,817

San Francisco CoC			COC_REG_v10_000110	
<b>Total Persons</b>	1,818	582	2,771	5,171

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

### Instructions:

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

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	738	997	1,735
* Severely Mentally Ill	753		753
* Chronic Substance Abuse	746		746
* Veterans	223		223
* Persons with HIV/AIDS	66		66
* Victims of Domestic Violence	143		143
* Unaccompanied Youth (under 18)	26		26

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

### Instructions:

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

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

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

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

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/28/2009  
(mm/dd/yyyy)

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

**Emergency Shelter providers** 96%

**Transitional housing providers:** 90%

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

### Instructions:

#### Survey Providers:

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

#### HMIS:

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

#### Extrapolation:

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

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

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

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

**If Other, specify:**

Not Applicable

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

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.

From the 2005 to the 2007 count as reported in the relevant Exhibit 1 HUD applications, the number of people in emergency shelter dropped by 139 and the number of people in transitional housing dropped by 210. One factor that may have affected these populations is this community's focus on Housing First and developing and reallocating resources to Permanent Supportive Housing. During the period between the two counts, due to various reasons, including one shelter losing its lease, there was a reduction in 326 beds in the City-funded shelter system.

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

### Instructions:

#### HMIS:

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

#### HMIS plus extrapolation:

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

#### Sample of PIT interviews plus extrapolation:

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

#### Interviews:

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

#### Non-HMIS client level information:

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

#### Other:

CoC used a combination of methods.

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

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

Not Applicable

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

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.

Some subpopulations increased (e.g. severely mentally ill increased by 318 people, domestic violence survivors increased by 120 people), while others decreased (e.g. chronically homeless decreased by 184, veterans decreased by 88, and youth decreased by 453). The reduction in the number of sheltered chronically homeless people may be due in part to the community's dedication to creating PSH units for chronically homeless people. The difference in number of youth is due to a change in the Exhibit 1 directions between the 2005 and 2007 counts: in 2005, the number of youth included accompanied youth, in 2007, the number reflected only unaccompanied youth.

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

### Instructions:

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

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

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

### If Other, specify:

Not Applicable

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

Each program submitted one survey for the Sheltered Count, and were asked to report about the people they served the night of the Homeless Count. Due to the procedures for accessing a shelter bed, it is unlikely an individual would be in more than one shelter on a given night.

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

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

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

Service-based count:

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

HMIS:

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

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

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

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

**If Other, specify:**

Interviews were conducted at various service sites the day of and the day following the PIT count. Using the HUD tool as a starting point, homeless count planners revised the instrument in consultation with the Planning Department of San Francisco and various service providers to design a tool appropriate to the needs of the city and our homeless population.

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

### Instructions:

#### Complete coverage:

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

#### Known locations:

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

#### Combination:

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

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

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

### If Other, specify:

Not Applicable

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

### Instructions:

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

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

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

If Other, specify:

Not Applicable

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

In order to reduce duplication, first, the count was scheduled at a time of day when the shelters were still open, so that no duplication would occur between the sheltered and unsheltered counts. Next, trainers provided counting teams with very detailed, sophisticated maps created by GPS mapping software, trained them how to use the maps correctly, 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 addition, to check quality assurance, a number of decoys were placed throughout San Francisco and counters were asked to note when they encountered one of them.

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

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 closely 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. Finally, 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 will be held in early 2009, that will solely focus on homeless and low-income families in San Francisco.

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

San Francisco has worked intensely, especially over the past year to identify and engage persons sleeping on the streets, in parks and in other places not meant for human habitation. The San Francisco Homeless Outreach Team (SF HOT) has worked since 2004 to conduct outreach to areas of San Francisco with the greatest concentrations of homeless individuals, such as the Central City, the Mission and Castro neighborhoods, Golden Gate Park, the Haight Street corridor, the Sunset district, and the Northeast section of the City. The team develops individualized Street-to-Home plans for each client, and offers short-term intensive case management to help clients achieve their goals.

The Teams staff consists of employees from the Department of Public Health, the Human Services Agency, and the non-profit agency, Community Awareness and Treatment Services. The Team has recognized that personnel and other resources from other departments and community partners are also essential to solving the complex problem of chronic homelessness. As such, it has forged relationships with the Police Department, the Fire Department, the Public Library, San Francisco International Airport, the Department of Public Works and the Recreation and Parks Department. It has also accepted client referrals from various neighborhood associations, political representatives and advocacy groups. Just this year the HOT services are accessible to all SF residents by calling toll free to 311. Concerned citizens can request HOT members to assist homeless persons they have identified.

The Outreach Team strives to serve the most vulnerable homeless individuals; clients generally suffer from a combination of socioeconomic difficulties, medical illnesses and behavioral disorders, including substance abuse. SF HOT employs a whatever it takes attitude to address clients needs, providing temporary beds, transportation assistance, support and advocacy as necessary. The Team has helped create and pilot the use of a comprehensive web-accessed database (CCMS), 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 the Teams activities.

The differences between the 2005 and 2007 counts are minimal, given the number of unsheltered people in San Francisco. We do note that in 2007, we opted for more expansive methodology than used in previous years, including complete coverage in all areas of the city, including highways and parks, supplemented by a survey at service sites. In 2005, we counted in densely populated and commercial areas and selected hotspots in more sparsely populated and residential areas.

# Attachment Details

## Document Description:

# Attachment Details

## Document Description:

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

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

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

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

## Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Continue to work with McKinney-Vento grant recipients to identify and disseminate best practices for housing retention and facilitate peer mentoring and support.	Wendy Phillips, LHCB Member
Action Step 2	Create and implement a task force on eviction intervention and prevention strategies with the Housing Authority, the Housing First for Families workgroup, homeless housing providers, homeless services providers, property managers and housing developers, including the formation of best practices and City standards for eviction policies, eviction prevention procedures, and early warning systems for non-payment of rent.	Dr. Christine Ma, LHCB Member and LHCB Policy Committee Chair
Action Step 3	Support the work of the recently constituted Single Adult Supportive Housing workgroup of supportive housing providers that will consider supportive housing service delivery models, review variables that drive outcome variation and cost variation among housing sites, define a shared set of key metrics, and share best practices and resources.	Laura Guzman, LHCB Member and LHCB Funding Committee Co-Chair

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	89
Numeric Achievement in 12 months	84
Numeric Achievement in 5 years	87
Numeric Achievement in 10 years	90

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

## Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
<b>Action Step 1</b>	San Franciscos Transitional Housing providers, while exceeding HUDs goal of 63.5%, struggle to balance between serving people with intense needs and finding permanent housing for those people, despite the services transitional housing provides to increase consumer capacity and improve the transition to permanent housing and independent living. Accordingly, the LHCBs goals this year focus on increasing permanent housing opportunities and improving coordination among providers to ensure all resources are used efficiently. Work with McKinney-Vento grant recipients, the McKinney Contractors Association, and the San Francisco Homeless Service Providers Network to improve percentage by increasing coordination of resources and information.	Rae Suber, LHCB Member
<b>Action Step 2</b>	Implement a transition plan that identifies and pursues possible mainstream funding sources for permanent supportive housing and related supportive services, including criminal justice funding, gender-specific funding and veteran funding (like the 105 HUD VASH vouchers that San Francisco received).	Roberta Rosenthal, LHCB Co-Chair and LHCB Funding Committee Co-Chair
<b>Action Step 3</b>	Continue to explore strategies to improve links between transitional housing and permanent housing including creating opportunities to transition in place, recruiting private landlords willing to accept subsidies to provide permanent housing, and prioritizing individuals and families who have complete transitional housing for placement in permanent housing.	Ali Schlageter, LHCB Staff

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	65
<b>Numeric Achievement in 12 months</b>	67
<b>Numeric Achievement in 5 years</b>	70
<b>Numeric Achievement in 10 years</b>	73

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

## Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Continue to support McKinney-Vento grant recipients efforts to improve employment services for homeless people in San Francisco through participation in regular coordinating and peer mentoring meetings with the Homeless Employment Collaborative, Hope House, the Workforce Development department of the Human Services Agency, employment services providers and homeless housing and services providers.	Bill Wedemeyer, HSA Workforce Development Division, Program Support Analyst
Action Step 2	Actively participate in the strategic planning process and redesign of San Francisco's mainstream workforce and economic development system led by the Mayors Office of Economic and Workforce Development. Represent the needs of people who are homeless in the process and explain the challenges unhoused people struggle to overcome. Work towards creating a mainstream system that adequately serves and employs homeless people by hosting strategic planning focus groups to ensure that homeless needs are adequately understood and advocating for representative informed about homeless issues to be seated on the recently reconstituted Workforce Investment Board in San Francisco.	LHCB Representative to the Workforce Investment Community Advisory Committee
Action Step 3	Support the one-stop employment center that will be opened this year to serve homeless and recently homeless people in the Tenderloin neighborhood. Monitor use and value of the center, making suggestions, contributions, or endorsements as appropriate, including integrating the lessons learned from the Hope House chronically homeless individuals employment demonstration project.	Barbara Blong, LHCB Member and LHCB Strategic Planning Committee Co-Chair

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	29
Numeric Achievement in 12 months	21

San Francisco CoC		COC_REG_v10_000110
Numeric Achievement in 5 years		23
Numeric Achievement in 10 years		25

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

### Instructions:

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

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

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

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

#### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Continue to support local and Federal funding for rental subsidies and supportive services for homeless families and explore the possibility of additional services and supports to maintain housing for families at risk of homelessness.	Dr. Christine Ma, LHCMB Member and LHCMB Policy Committee Chair
Action Step 2	Work to increase long term employment opportunities for adults with children coupled with on going employment training and child care.	Fr. John Hardin, LHCMB Co-Chair
Action Step 3	Advocate for the Housing Authority to continue to expand the number of units prioritized for homeless families and to create housing that is more supportive of families, including increasing safety.	Cindy Ward, Deputy Director, HSA Housing and Homeless Programs

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	194
Numeric Achievement in 12 months	188
Numeric Achievement in 5 years	166
Numeric Achievement in 10 years	143

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

## Instructions:

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

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

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

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

### 2008 Local Action Steps

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

		Lead Person
Action Step 1	Continue meeting unit production goals set forth by Mayors Office of Housings supportive housing development pipeline, including opening 205 new PH units for chronically homeless persons.	Richard Springwater, LHCB Member and LHCB Strategic Planning Committee Co-Chair
Action Step 2	Develop a capacity building network that encourages experienced developers to share information and support non-profit organizations, faith-based groups and other providers who are interested in developing high quality supportive housing.	Ginger Martin, LHCB Member
Action Step 3	Coordinate with and support the work and goals of the Ten Year Plan Implementation Council.	Ali Schlageter, LHCB Staff

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	2,790
Numeric Achievement in 12 months	2,995
Numeric Achievement in 5 years	4,279
Numeric Achievement in 10 years	5,533

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

### Instructions:

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

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

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

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

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

### **Foster Care Discharge**

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

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

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, state Cal. Welf. & Inst. Code § 391(3) (attached) obligations are met and the social worker has completed court form JV365 (attached) and a transitional plan, which includes housing, so that emancipation occurs properly. There are several options for housing in San Francisco that work directly with those emancipating from foster care. 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. The State Transitional Housing Placement (THP) Plus program continues to expand and add new housing through Larkin Street Youth Services and First Place Fund for Youth. Currently there are 128 units of THP Plus housing available to emancipated foster youth in San Francisco.

### **Health Care Discharge**

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

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

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets or HUD McKinney Vento funded programs (attached). 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. 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 begin work immediately to identify appropriate housing upon discharge begins. Placements are made at appropriate board and care, nursing homes, or other such facilities. 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. DPH oversees the new medical respite program (attached). This program provides temporary respite to the medically frail and works towards finding permanent housing for these clients. There are 60 respite beds in two sites.

### **Mental Health Discharge**

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

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

The 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 works with SF General Hospital to assess and place homeless persons being discharged from locked facilities (tools attached). 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. 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. SF General Hospital 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. 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.

### **Corrections Discharge**

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

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

San Francisco has protocols that reflect a policy of not discharging any former inmates to the streets, shelters, or HUD McKinney-Vento funded programs. Protocols are in place providing for programs that are dedicated to working with inmates approaching discharge (attached): the Discharge Planning Unit, Jail Aftercare Services, Forensic AIDS Project, and Medical Social Work. The Discharge Planning Unit works with inmates to develop a post-release plan that includes inmates need for housing, medical care, substance abuse and mental health treatment. There are daily discharge meetings 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 (excerpt attached). 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.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	SFCA501FosterCare...	09/25/2008
Mental Health Discharge Protocol	No	SFMH2008	10/14/2008
Corrections Discharge Protocol	No	SFCA501Correction...	09/25/2008
Health Care Discharge Protocol	No	SFCA501HealthCare...	09/25/2008

## Attachment Details

**Document Description:** SFCA501FosterCareDischarge

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

## Attachment Details

**Document Description:** SFMH2008

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

## Attachment Details

**Document Description:** SFCA501CorrectionsDischarge

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

## Attachment Details

**Document Description:** SFCA501HealthCareDischarge

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

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

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

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

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

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.

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** Yes

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

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

- (1) Create 3000 supportive housing units or beds for the chronically homeless by year 2010.
- (2) Increase coordination and streamline efforts of city departments or committees responsible for the coordination of supportive housing funding, acquisition, leasing, development and monitoring.
- (3) Develop Capacity Building Program to promote the development of high quality supportive housing.

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

**Instructions:**

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

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

### Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	2,809	Beds	2,790	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	83	%	89	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	70	%	65	%
Increase percentage of homeless persons employed at exit to at least 18%	20	%	29	%
Ensure that the CoC has a functional HMIS system	80	%	85	%

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	1,755	2,507
2007	1,735	2,698
2008	1,735	2,790

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	197
b. Number of participants who did not leave the project(s)	1072
c. Number of participants who exited after staying 6 months or longer	151
d. Number of participants who did not exit after staying 6 months or longer	976
e. Number of participants who did not leave and were enrolled for 5 months or less	92
<b>TOTAL PH (%)</b>	<b>89</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	235
b. Number of participants who moved to PH	152
<b>TOTAL TH (%)</b>	<b>65</b>

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

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

**Total Number of Exiting Adults: 1,882**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	375	20 %
SSDI	118	6 %
Social Security	20	1 %
General Public Assistance	375	20 %
TANF	114	6 %
SCHIP	5	0 %
Veterans Benefits	97	5 %
Employment Income	554	29 %
Unemployment Benefits	12	1 %
Veterans Health Care	63	3 %
Medicaid	169	9 %
Food Stamps	328	17 %
Other (Please specify below)	44	2 %
Includes Child Support, state disability, etc.		
No Financial Resources	267	14 %

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

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

### Instructions:

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

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

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

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

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

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

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

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 scoring 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.**

The Funding Committee discusses, analyzes, and supports the work of accessing mainstream resources to support CoC programs and their clients. This year, the Funding Committee focused its attention on the mainstream workforce development system in San Francisco, which is undergoing a system redesign, to ensure that the system will be available to and effective for homeless people. As a result, the LHCB will select a representative for the newly reformed workforce investment board. While the Committee meets monthly, it specifically agendized this issue at the September 28, 2007 and October 26, 2007 meetings, and the Committee discussed mainstream resources at length at the November 30, 2007 and December 14, 2007 meetings. In addition, the Strategic Planning Committee implements the CoC's Five Year Plan which has as a priority increasing economic stability through employment services, mainstream financial entitlements and education.

**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 uses HMIS to screen for benefit eligibility?** No

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

**Has the CoC participated in SOAR training?** No

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

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. In addition, San Francisco has supported an SSI Access project for a number of years that actively supports access to SSI/SSDI for homeless people, using many of the techniques set forth in the SOAR curriculum.

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

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	93%
<p>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.</p>	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	86%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	7%
NA	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	93%
<b>4a. Describe the follow-up process:</b>	
<p>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.</p>	

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

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

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

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

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

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

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

## Part A - Page 2

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

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Treasure Island P...	2008-10-14 18:07:...	1 Year	City and County o...	802,368	Renewal Project	S+C	SRA	U35
Hazel Betsey Studios	2008-10-03 19:21:...	1 Year	City and County o...	74,520	Renewal Project	S+C	SRA	U46
Dudley Apartments	2008-10-07 13:00:...	1 Year	City and County o...	234,609	Renewal Project	SHP	PH	F24
Hamilton Family T...	2008-09-23 13:07:...	1 Year	City and County o...	381,721	Renewal Project	SHP	TH	F25
Services for Trea...	2008-10-06 07:28:...	1 Year	City and County o...	114,640	Renewal Project	SHP	SSO	F20
Jelani Transition..	2008-09-15 17:08:...	1 Year	City and County o...	134,607	Renewal Project	SHP	TH	F32
Homeless Employme ...	2008-10-08 15:48:...	1 Year	City and County o...	954,809	Renewal Project	SHP	SSO	F8
Mission Housing - ...	2008-10-07 14:18:...	1 Year	City and County o...	139,680	Renewal Project	S+C	SRA	U49
Cadillac/William ...	2008-10-19 14:58:...	1 Year	City and County o...	838,080	Renewal Project	S+C	SRA	U44
Legal Services fo...	2008-09-08 14:58:...	1 Year	City and County o...	358,402	Renewal Project	SHP	SSO	F10
San Francisco Tra...	2008-09-23 14:14:...	1 Year	City and County o...	270,923	Renewal Project	SHP	SSO	F28
Hamilton Family C...	2008-09-25 19:50:...	3 Years	City and County o...	1,904,762	New Project	SHP	TH	X
Clara House	2008-09-09 17:32:...	1 Year	Compass Community...	295,006	Renewal Project	SHP	TH	F14

San Francisco CoC							COC_REG_v10_000110	
Canon Barcus Comm...	2008-09-09 01:47:...	1 Year	City and County o...	339,180	Renewal Project	S+C	PRA	U39
Mission Housing - ...	2008-09-23 14:51:...	1 Year	City and County o...	70,104	Renewal Project	S+C	SRA	U36
Tenant Based Rent...	2008-10-07 18:24:...	1 Year	City and County o...	611,244	Renewal Project	S+C	TRA	U43
First Avenues	2008-09-18 20:26:...	1 Year	City and County o...	179,026	Renewal Project	SHP	SSO	F9
Cameo House	2008-09-19 13:16:...	1 Year	City and County o...	303,572	Renewal Project	SHP	TH	F18
Supportive Housin...	2008-09-24 19:43:...	1 Year	City and County o...	127,185	Renewal Project	SHP	SSO	F3
Hope House	2008-09-25 13:59:...	1 Year	City and County o...	736,471	Renewal Project	SHP	PH	F23
ECS - Conquerin g ...	2008-09-26 14:03:...	1 Year	City and County o...	132,117	Renewal Project	SHP	SSO	F7
Connectin g Point	2008-10-03 13:38:...	1 Year	City and County o...	239,098	Renewal Project	SHP	SSO	F2
Treasure Island P...	2008-10-05 22:57:...	1 Year	City and County o...	554,016	Renewal Project	S+C	SRA	U37
Franciscan Towers	2008-10-03 19:14:...	1 Year	City and County o...	488,736	Renewal Project	S+C	SRA	U48
El Dorado / Midori	2008-10-19 21:27:...	1 Year	City and County o...	186,240	Renewal Project	S+C	SRA	U41
Bishop Swing Comm...	2008-10-16 17:08:...	5 Years	City and County o...	1,055,700	New Project	S+C	PRA	S19
Avenues to Indepe...	2008-09-09 17:38:...	1 Year	City and County o...	327,289	Renewal Project	SHP	TH	F17
Bayview Drop-In C...	2008-10-03 16:08:...	1 Year	City and County o...	74,572	Renewal Project	SHP	SSO	F31
Scattered Sites -...	2008-10-06 12:16:...	1 Year	City and County o...	767,568	Renewal Project	S+C	TRA	U47
Hazel Betsey 1BR	2008-10-03 20:13:...	1 Year	City and County o...	45,792	Renewal Project	S+C	SRA	U40
Lyric	2008-10-03 17:24:...	1 Year	City and County o...	540,096	Renewal Project	S+C	SRO	U34

San Francisco CoC							COC_REG_v10_000110		
Rita da Cascia - ...	2008-10-06 00:34:...	1 Year	City and County o...	179,786	Renewal Project	SHP	PH	F5	
Integrated Servic...	2008-09-18 14:54:...	1 Year	City and County o...	1,172,941	Renewal Project	SHP	SSO	F22	
Monterey Boulevard	2008-10-06 00:21:...	1 Year	City and County o...	72,576	Renewal Project	S+C	PRA	U38	
Knox	2008-09-30 17:46:...	1 Year	City and County o...	167,616	Renewal Project	S+C	PRA	U45	
Glide Cecil Willi...	2008-10-06 13:54:...	1 Year	City and County o...	273,240	Renewal Project	S+C	SRA	U42	
Hotel Isabel	2008-10-07 16:36:...	1 Year	City and County o...	93,120	Renewal Project	S+C	SRA	U33	
Transitiona l Livi...	2008-09-18 15:35:...	1 Year	Swords to Plowsha...	254,335	Renewal Project	SHP	TH	F13	
Veterans Academy	2008-10-05 22:29:...	1 Year	City and County o...	355,787	Renewal Project	SHP	PH	F6	
Transitiona l Hous...	2008-09-18 15:13:...	1 Year	Swords to Plowsha...	232,623	Renewal Project	SHP	TH	F11	
Canon Kip	2008-09-26 18:03:...	1 Year	City and County o...	744,960	Renewal Project	S+C	PRA	U50	
Leland House	2008-10-15 19:30:...	1 Year	Catholic Charitie...	140,267	Renewal Project	SHP	PH	F27	
Iroquois Residence	2008-10-03 20:28:...	1 Year	Communit y Housing...	157,490	Renewal Project	SHP	PH	F4	
Brennan House	2008-10-14 18:56:...	1 Year	Saint Vincent de ...	132,544	Renewal Project	SHP	TH	F29	
Direct Access to ...	2008-09-24 13:09:...	1 Year	City and County o...	666,666	Renewal Project	SHP	PH	F21	
Direct Access to ...	2008-09-24 13:15:...	1 Year	City and County o...	491,017	Renewal Project	SHP	PH	F16	
A Woman's Place	2008-09-15 19:16:...	1 Year	Communit y Awarene...	348,153	Renewal Project	SHP	SH	F12	
SafeHouse for Women	2008-10-09 19:06:...	1 Year	San Francisco Net...	70,749	Renewal Project	SHP	TH	F15	
The Salvation Arm...	2008-09-30 17:02:...	1 Year	The Salvation Army	430,824	Renewal Project	SHP	TH	F26	

San Francisco CoC							COC_REG_v10_000110	
Housing Access Pr...	2008-10-09 17:32:...	3 Years	City and County o...	2,000,000	New Project	SHP	TH	R1
G House	2008-10-07 13:58:...	1 Year	Larkin Street You...	110,624	Renewal Project	SHP	TH	F30

## Budget Summary

<b>FPRN</b>	\$9,607,853
<b>Rapid Re-Housing</b>	\$2,000,000
<b>Samaritan Housing</b>	\$1,055,700
<b>SPC Renewal</b>	\$6,809,136
<b>Rejected</b>	\$1,904,762