

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): CA-611 - Oxnard CoC

CoC Lead Agency Name: City of Oxnard

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

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

Name of primary decision-making group: City of Oxnard Commission on Homelessness

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Citizens Advisory Group consist of 11 members appointed by the Mayor and City Council to advise the Council Members on policies, priorities, strategies and procedures pertaining to homeless activities in the City and region.

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) 75%

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

| | |
|-------------------|-------------------------------------|
| Elected: | <input type="checkbox"/> |
| Assigned: | <input type="checkbox"/> |
| Volunteer: | <input checked="" type="checkbox"/> |

| | |
|------------|-------------------------------------|
| Appointed: | <input checked="" type="checkbox"/> |
| Other: | <input type="checkbox"/> |

Specify "other" process(es):

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

Citizens submit an application to the City Clerk and the names are forwarded to the Mayor and City Council. The seats are two (2) year appointments and are in line with the terms of the City's Mayoral seat. It works because it allows members from the private sector, general public and other interested groups to participate in the policy making process with regards to issues surrounding homelessness.

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

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

Specify "other" process(es):

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

Yes. The City's Homeless Services Division would provide oversight, monitoring and additional support to projects as needed.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

| Name of Group | Role of Group (limit 750 characters) | Meeting Frequency |
|---|---|-------------------------------|
| HMIS Steering Committee | Address HMIS Policies | Bi-monthly |
| Ventura County 10-Year Strategy Committee | Ensure all jurisdictions efforts align with the 10-year strategy to end chronic homelessness | quarterly (once each quarter) |
| Ventura Regional COC group | Ensure all participants in both CoC's are effectively working together to eradicate homelessness | quarterly (once each quarter) |
| Southern California CoC group | Share best practices in all areas of homeless services including HMIS. | quarterly (once each quarter) |
| Oxnard Homeless Case Managers Group | Coordinate service planning among homeless service providers and create access to mainstream benefits | Monthly or more |

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

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

| Organization Name | Membership Type | Organization type | Organization Role | Subpopulations |
|--|-----------------|-------------------|--|---------------------------|
| County of Ventura Human Services Agency | Public Sector | Local government | Committee/Sub-committee/Work Group, Attend 10-year planning meetings | Veterans, Substance Abuse |
| Community Action of Ventura County | Private Sector | Non-profit | Attend Consolidated Plan planning meetings during past 12 months | Veterans |
| National Alliance on Mental Illness - Ventura County | Private Sector | Non-profit | Committee/Sub-committee/Work Group, Attend 10-year planning meetings | Seriously Mentally Ill |
| Pacific Clinics Transition Aged Youth | Public Sector | Local government | Committee/Sub-committee/Work Group, Attend 10-year planning meetings | Youth |
| Interface Children Family Services | Private Sector | Non-profit | Attend Consolidated Plan planning meetings during past 12 months | Domestic Violence |
| First Bank of California | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Applied Merchant Services | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Ventura County Behavioral Health | Public Sector | Local government | Committee/Sub-committee/Work Group | Seriously Mentally Ill |
| Eileen McCarthy | Private Sector | Businesses | Attend Consolidated Plan planning meetings during past 12 months | NONE |
| Ventura County Homeless and Housing Coalition | Private Sector | Non-profit | Lead agency for 10-year plan, Committee/Sub-committee/Work Group | NONE |
| Many Mansions | Private Sector | Non-profit | Committee/Sub-committee/Work Group, Attend 10-year planning meetings | Domestic Violence |
| Oxnard Police Department | Public Sector | Law enforcement | Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group | NONE |
| Turning Point Foundation | Private Sector | Non-profit | Committee/Sub-committee/Work Group | Seriously Mentally Ill |
| Khepera House | Private Sector | Non-profit | Committee/Sub-committee/Work Group | Substance Abuse |

| | | | | |
|---|----------------|----------------|---|---------------------|
| Rescue Mission Alliance | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, A... | NONE |
| Oxnard Housing Authority | Public Sector | Publi c ... | Attend Consolidated Plan planning meetings during past 12... | Veteran s, Do... |
| Society of St. Vincent de Paul | Private Sector | Faith -b... | Primary Decision Making Group, Lead agency for 10-year pl... | Domesti c Vio... |
| County of Ventura Public Health Agency | Public Sector | Loca l g... | Attend Consolidated Plan planning meetings during past 12... | HIV/AIDS |

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: County of Ventura Human Services Agency

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Rental Assistance, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.

- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Action of Ventura County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Prescription Assistance, Mobile Clinic, Legal Assistance, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: National Allianc on Mental Illness - Ventura County

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Mental health
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pacific Clinics Transition Aged Youth

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Child Care, Life Skills
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Interface Children Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Child Care, Legal Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: First Bank of California

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Applied Merchant Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ventura County Behavioral Health

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Eileen McCarthy

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Ventura County Homeless and Housing Coalition

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Many Mansions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Oxnard Police Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Turning Point Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Legal Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Khepera House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Life Skills, Child Care, Legal Assistance, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Rescue Mission Alliance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Child Care, Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Oxnard Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Rental Assistance
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Society of St. Vincent de Paul

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Utilities Assistance, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: County of Ventura Public Health Agency

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Healthcare, Prescription Assistance, Mobile Clinic, Alcohol/Drug Abuse, HIV/AIDS
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)

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

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

b. Review CoC Monitoring Findings, g. Site Visit(s), e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, r. Review HMIS participation status, d. Review Independent Audit, a. CoC Rating & Review Committee Exists, j. Assess Spending (fast or slow), m. Assess Provider Organization Capacity, p. Review Match

Voting/Decision-Making Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: No

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

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

There was a change because there were 44 more beds due to increased outreach with landlords, schools, faith community, and public welfare benefits system.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

There was a net loss of 16 beds because the service population by one residential provider changed over the course of the year.

Permanent Housing: No

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

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Instructions, Updated prior housing inventory information, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion

Specify "other" data types:

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

All stakeholders were invited to one of the City's Commission on Homelessness meetings to discuss their roles, gaps in services and clients being turned away. At the meeting, part of the discussion hinged on the Point In Time Count, beds and units of housing currently available and the use of HMIS to intergrate all of the data for reporting purposes.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Regional (multiple CoCs)
- Select the CoC(s) covered by the HMIS: (select all that apply)** CA-611 - Oxnard CoC, CA-605 - San Buena Ventura/Ventura County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** Service Point
- What is the name of the HMIS software company?** Bowman
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 04/16/2007
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** No or low participation by non-HUD funded providers
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

The CoC is now requesting the minimum Universal Data Elements required in order to decrease staff time required for data entry. This will encourage the smaller agencies to participate. The HMIS program administrating agency is also providing on-site training to facilitate the ease of use of the HMIS data system.

2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name United Way of Ventura County

Street Address 1 1317 Del Norte Road, Sutie 1000

Street Address 2

City Camarillo

State California

Zip Code 93010

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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 additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

| | |
|----------------------------------|------------------------------------|
| * Emergency Shelter (ES) Beds | 86%+ |
| * Safe Haven (SH) Beds | Housing type does not exist in CoC |
| * Transitional Housing (TH) Beds | 76-85% |
| * Permanent Housing (PH) Beds | 86%+ |

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

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

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

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

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

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

Data quality is reviewed quarterly by both the HMIS Lead Agency and the participating agencies as follows: For SHP programs, the report card and the NOFA report are run quarterly by the HMIS Lead Agency and sent to the agencies for their review and suggesting of any necessary corrective action. For HPRP, part 1 and 2 of the data quality report is run monthly and reviewed. HMIS staff recommend to HPRP agencies that they run and review these reports bi-weekly.

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

The policies and procedures manual explicitly states that all client data, including entry and exit client data is to be entered into the HMIS within two weeks of client intake. This is also discussed in user training. The HMIS Program Manager runs the log-in report monthly to check the frequency of user log-in and contacts any users who have periods of inactivity.

Indicate which reports the CoC or subset of the CoC submitted usable data: 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans
(Select all that apply)

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

| | |
|--|--------------------|
| Integrating or warehousing data to generate unduplicated counts: | Never |
| Point-in-time count of sheltered persons: | At least Annually |
| Point-in-time count of unsheltered persons: | At least Annually |
| Measuring the performance of participating housing and service providers: | At least Monthly |
| Using data for program management: | At least Quarterly |
| Integration of HMIS data with data from mainstream resources: | Never |

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Quarterly

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

If 'Yes' indicate date of last review or update by CoC: 09/21/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

| | |
|---|------------------------|
| * Privacy/Ethics training | At least Semi-annually |
| * Data Security training | At least Quarterly |
| * Data Quality training | At least Quarterly |
| * Using Data Locally | At least bi-monthly |
| * Using HMIS data for assessing program performance | At least Quarterly |
| * Basic computer skills training | Never |
| * HMIS software training | At least Quarterly |

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/25/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2012

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 80-89%
Transitional Housing: 80-89%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

There was an increase of 118 homeless individuals from 2010 to 2011. The continued rise in unemployment and the intermittent issuance of unemployment benefits pushed more people into homelessness in our region.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

| | |
|-------------------|-------------------------------------|
| Survey Providers: | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| Extrapolation: | <input checked="" type="checkbox"/> |
| Other: | <input type="checkbox"/> |

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

We asked shelter providers to complete the survey we supplied them and also compared the results to the data entered into HMIS for the day of the count. There was finally a de-duplication method that took place to extrapolate the numbers to prevent the double-counting of homeless persons.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

From the client data entered into HMIS, we extrapolated the data. Also, a day or two after the actual count, we went back and completed surveys/interviews of persons in known shelters to help complete the process.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

The methodology used during the enumeration process helped create a unique identifier that prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code. However, this person would only be counted once in the final tally. The information for every person encountered every time was loaded into a data base. The information was then used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", his last name began with "T", he was male "M", he was White "W", born in 1957, and born in California.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

Instructions: The CoC provided a guidebook with written instructions to each shelter provider who participated in the sheltered count. The instructions noted the day of the count and the time to conduct the count. The guidebook contained the count instrument and instructions about how to complete the instrument. The guidebook also contained a glossary of pertinent terms. The guidebook also provided the contact information for the count coordinator who was available to answer questions before, the day of, and after the count.

Training: The CoC provided one-on-one training with each shelter provider that included a trial run regarding the questions in the count instrument that captured a point-in-time count and the various questions needed to be answered in order to determine subpopulations. This helped ensure that providers were answering the questions correctly. Providers were also told that self-administered surveys were not allowed.

Remind/Follow-up: Weekly reminders were sent to providers during the four weeks prior to the PIT count. Also, another reminder was sent during the day before the count. All instruments were reviewed for accuracy when collected from the providers. The coordinator contacted the few providers that did not turn in accurate data right after the count and worked with them to correct their data.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Our team worked with local service providers, SSO agencies, drop in centers and the police department to determine all street and public locations where homeless persons congregated. We then sent teams of people to these locations at prescribed times to conduct our counts. We were able to verify some of the information provide by cross checking HMIS records for SSO agencies.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

| | |
|----------------------------|---|
| Training: | X |
| HMIS: | X |
| De-duplication techniques: | X |
| "Blitz" Count: | |
| Unique Identifier: | |
| Survey Question: | X |
| Enumerator Observation: | |
| Other: | |

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Several training opportunities were provided prior to the date of the count. The count itself included a survey done days later of a random sampling of homeless persons. Once the physical count was completed, the de-duplication process took place and some information was cross-referenced in the HMIS for quality assurance.

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

The CoC is working feverishly with non-profit developers, as well as other low-income housing providers to produce, locate and make available, affordable units of housing for this population.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Oxnard Homeless Outreach Project continually does outreach to identify and engage persons on the street and those sleeping in places not meant for human habitation.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 19
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 25
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 40
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 65

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

In the next 12 months the CoC plans to create new permanent housing beds through Shelter + Care, VASH and HPRP.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

In addition to adding 20 beds via Shelter Plus Care, the CoC plans to create additional permanent beds over the next 10 years by working closely with the Housing Authority/VASH to create 45 new beds for permanent housing.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 80

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoCs short term plan to increase and maintain the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent is to ensure housing service providers continue to work closely with County of Ventura Behavioral Health and other wrap around service providers. Providers will also continue to attend trainings, utilize webinars to benefit from the learnings of best practices. This will be in the best interest of the clients so that they will be able to continue to live independently.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoCs long term plan to increase and maintain the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent is to ensure housing service providers continue to work closely with County of Ventura Behavioral Health and other wrap around service providers. In addition to the above practices, we would expect that over the ten year period we would be benefiting from the experience and applying the learnings from serving this special needs population.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 60

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The CoCs short term goal to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more is to ensure clients have maximum access to mainstream benefits and all subsidized housing opportunities.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

In addition the the above plan, the long-term plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more is to work closely with the City's Homeless Prevention program to provide deposits, rental assistance and utility assistance. Additionally, the plan will include working closely with other service providers to ensure wrap around services are in place.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 25

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The Cocs short term plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more is to work closely with local employers to identify employment opportunities for seasonal, temporary and permanent positions. Also, Good Will Industries has a job training and placement program through the One-Stop at Community Action of Ventura County.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

The Cocs long term plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more is to continue to work closely with local employers to identify employment opportunities for seasonal, temporary and permanent positions. Additionally, the CoC will work with job developers and training programs to prepare the potential workforce for the positions available. This will assist in job placements for those leaving CoC funded programs. This will be enhanced due to a number of new entry level jobs being created with the opening of new businesses in the area: i.e. Target and Lowes.

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 43

In 12 months, what will be the total number of homeless households with children? 35

In 5 years, what will be the total number of homeless households with children? 30

In 10 years, what will be the total number of homeless households with children? 30

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC's short term plan to decrease the number of homeless families is to work with HPRP and low income housing providers to house families. HPRP will assist with initial move-in deposits and first month's rent. The CoC will also partner with low cost legal advocacy services to prevent evictions where ever possible.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

The CoC's long term plan to decrease the number of homeless families is to work with the City's Homeless Prevention Program and low income housing providers to house families. Additionally, the CoC will work to connect families with all possible benefits available to them and also with employers to locate jobs. The CoC would also ensure all clients have access to all subsidized housing opportunities.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

California Welfare & Institutions Code § 303 provides the conditions for discharge from the Foster Care/Child Welfare System which ensures youth are not discharged into homelessness. County of Ventura Children and Family Services provides discharge planning and placement assistance to youth leaving foster care through a Transitional Independent Living Plan developed when youth turn 15 ½ years of age. The plan focuses on housing and employment options, and development of life skills; i.e. budgeting, shopping, meal planning, conflict management, etc. A Transitional Housing Program is available for youth ages 16 - 18 to prepare them to be self-sufficient. Requirements include completing high school, obtaining a part-time job, attend support meetings, and follow rules of the program. For youth who do not meet the requirements of the THP, a TAY center operated by Pacific Clinics is available. Youth who go there are provided with a range of services including referrals to appropriate housing including public and privately funded shelters, recovery homes, board and care homes, shared housing, or affordable apartments. One new transitional housing program for young women leaving foster care has opened this year, another is in the planning stage. Many Mansions was partly funded in the 2010 Competition to acquire & rehab a 5-unit project for Transition Aged Youth in Oxnard.

Health Care:

Since 2006, California law has required hospitals to have discharge plans for homeless patients. California hospital discharge planning requirements are established by California Health and Safety Code Sections 1262.5 & 1262.6. In fulfillment of state law, the County Health Care system protocols describe discharge planning as an interdisciplinary responsibility. These procedures have been adopted whether a patient is being discharged from a prolonged hospitalization or has obtained care through the Emergency Room or Ambulatory Clinic. All medical disciplines may refer persons in need of discharge planning to the Social Work Department which makes assessments, provides information and arranges for care. The Social Work Department maintains referral lists of possible placements for persons requiring ongoing medical care. Persons who require ongoing medical or nursing care and who have no identifiable address may be discharged to a respite program at the RAIN project, a County-operated transitional living program. Others, upon discharge routinely go to group homes, board and care facilities, or reunite with family or friends. Under the auspices of the Interagency Council on Homelessness and led by the County Health Care Agency, social workers from both public and private hospitals, the Ventura County jail and the Ventura County Youth Services Division are meeting to discuss ways to improve the current discharge planning system.

Mental Health:

California Health And Safety Code Section 1262 prohibits a mental health patient to be discharged from facilities including psychiatric, skilled nursing, and hospitals from being discharged without a written aftercare plan. The Ventura County Medical Center Psychiatric Inpatient Unit provides discharge planning and placement assistance to consumers leaving County facilities. Primary steps include: 1) developing an initial discharge plan within the first 24 hours of admission; 2) assessing patient daily and updating Discharge Plan according to patients response to treatment; and 3) documenting patient readiness for discharge and completing the Aftercare Plan at time of discharge. The VCMC Psychiatric Unit staff works collaboratively with community based organizations and Ventura County Behavioral Health outpatient and residential services staff to find the appropriate level of care for individuals. Upon discharge Placement can range from Board and Care Homes, rooms for rent, return to family, sponsored independent living, and emergency shelter vouchers. The IPU staff collaborates primarily with those who are also present at the weekly Continuum of Care meeting which includes VCMC IPU, Ventura County Behavioral Health (VCBH) Adult Residential Services (ARS), Telecare programs, Anka Behavioral Health/ Hillmont House, VCBH Outpatient clinics and the Public Guardian's Office.

Corrections:

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

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Advocate for the creation of 20 units of permanent and transitional housing, and also advocate for the creation of a permanent year-round homeless shelter.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC is coordinating with the HPRP initiative by contracting with the Ventura County Homeless Services Agency to implement the project. The project includes assisting families meeting the minimum requirements with assistance with rent and rent in arrears, utility assistance, relocation assistance and move-in deposits. All clients receiving assistance will be entered into the HMIS database and households can receive total assistance up to \$3,000.

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

The CoC is coordinating with the Oxnard Housing Authority, the County Veterans' Services Office and the Los Angeles Department of Veterans' Affairs in order to maximize the use of VASH Vouchers. Additionally, close coordination with HPRP was established to assist with move-in deposits for homeless veterans.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

The local school districts' each have a policy that mandates children living in shelters and/or transitional housing have the opportunity to continue attend school at their original home school or transfer to the school in which the shelter or transitional housing is zoned. In the even the family wishes to have the child continue on at his/her home school, the district is obligated to provide bussing for the student.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

All of the service providers send out information to schools zoned for their facilities. Additionally, districts' representatives are invited to the monthly CoC coordinators' meeting and the monthly Commission on Homeless meeting where information is shared on all homeless services and activities. Also, in the annual monitoring of CoC funded projects, a review of policies and procedures is done to ensure there is a person or persons appointed to oversee this process.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC has, and will continue to consider the educational needs of children when families are placed in shelters by ensuring the social workers and outreach teams remain in contact with the shelters and the students at each one. By knowing the clients it is easier to direct them and to also be sure the needs are met.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The City of Oxnard received 25 VASH vouchers recently. Also, the Oxnard Housing Authority has placed veterans as #2 on its preference list for applications and placement. The CoC's current efforts to combat homelessness among veterans include working with the Ventura County Veterans Service Office, Oxnard VA Outpatient Clinic, the Los Angeles Department of Veterans' Affairs, the HPRP program and the Oxnard Housing Authority to administer the VASH program. Also, Turning Point Foundation, which specializes in serving the mentally ill, is developing a program using Veterans Per Diem program to provide transitional beds leading to permanent housing.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

The CoC, in the 2010 NOFA, received and was awarded to fund a 7-unit permanent supportive housing project for transition aged youth with Many Mansions and the Pacific Clinics Transition Aged Youth (TAY) Program. The CoC also works closely with Casa Pacifica to place homeless youth in foster care and connect them with other services. Also, the Ventura County Human Services Agency's Oxnard Homeless Outreach Project (OHOP), a CoC funded activity, provides social services from its street team to homeless youth in the area. Finally, homeless you are allowed to eat dinner at the Rescue Mission, and they can utilize the TAY as a drop-in center.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

| Objective | FY2010 Proposed Numeric Achievement: | | Actual Numeric Achievement | |
|--|--------------------------------------|------------|----------------------------|--|
| Create new permanent housing beds for the chronically homeless. | 13 | Beds | 34 | B e d s |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%. | 75 | % | 80 | % |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 75 | % | 71 | % |
| Increase the percentage of homeless persons employed at exit to at least 20% | 18 | % | 21 | % |
| Decrease the number of homeless households with children. | 40 | Households | 56 | H o u s e h o l d s |

Did the CoC submit an Exhibit 1 application in FY2010? Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC reached its proposed FY2010 numeric achievements for all national objectives.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2009 | 367 | 5 |
| 2010 | 376 | 9 |
| 2011 | 100 | 18 |

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011. 9

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

| Cost Type | HUD McKinney-Vento | Other Federal | State | Local | Private |
|--------------|--------------------|------------------|--------------------|------------|------------------|
| Development | \$239,499 | \$965,890 | \$1,027,065 | \$0 | \$760,000 |
| Operations | \$18,710 | \$0 | \$0 | \$0 | \$230,000 |
| Total | \$258,209 | \$965,890 | \$1,027,065 | \$0 | \$990,000 |

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

| | |
|---|------------|
| Participants in Permanent Housing (PH) | |
| a. Number of participants who exited permanent housing project(s) | 2 |
| b. Number of participants who did not leave the project(s) | 19 |
| c. Number of participants who exited after staying 6 months or longer | 1 |
| d. Number of participants who did not exit after staying 6 months or longer | 20 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 0 |
| TOTAL PH (%) | 100 |

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

| | |
|---|----|
| Participants in Transitional Housing (TH) | |
| a. Number of participants who exited TH project(s), including unknown destination | 22 |
| b. Number of SHP transitional housing participants that moved to permanent housing upon exit | 17 |
| TOTAL TH (%) | 77 |

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 289

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) | |
|------------------------------|--------------------------|-----------------------------------|---|
| SSI | 189 | 65 | % |
| SSDI | 117 | 40 | % |
| Social Security | 136 | 47 | % |
| General Public Assistance | 74 | 26 | % |
| TANF | 132 | 46 | % |
| SCHIP | 97 | 34 | % |
| Veterans Benefits | 74 | 26 | % |
| Employment Income | 176 | 61 | % |
| Unemployment Benefits | 113 | 39 | % |
| Veterans Health Care | 76 | 26 | % |
| Medicaid | 125 | 43 | % |
| Food Stamps | 196 | 68 | % |
| Other (Please specify below) | 0 | 0 | % |
| | | | |
| No Financial Resources | 32 | 11 | % |

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

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

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

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

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

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

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

Quarterly the HMIS Administator runs reports on the progress of each program and submits them to the CoC Lead. The Lead then reviews the reports and meets with Sponsors to ensure clients are being connected to the appropriate services, and also helps to identify other gaps in services and connect clients with other service providers.

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.

March 24, 2011; May 18, 2011; July 6, 2011; August 23, 2011.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Not Applicable

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. quarterly (once each quarter)

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

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

Has the CoC participated in SOAR training? No

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

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

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

| Activity | Percentage |
|--|------------|
| 1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided: | 100% |
| At initial intake, all service providers determine what benefits clients are already receiving and then ascertain what they are eligible for. | |
| 2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 60% |
| 3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies: | 70% |
| TANF, Food Stamps, General Relief, SSI, SSDI, MediCal | |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |
| 4a. Describe the follow-up process: | |
| All service providers mandate staff conducts follow-up monitoring with clients to ensure benefits have been received | |

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Proj Type | Prog Type | Comp Type | Rank |
|----------------------|----------------------|------------|-----------------------|---------------|-----------------|-----------|-----------|------|
| Oxnard Shelter Pl... | 2011-10-21 13:52:... | 5 Years | Turning Point Fou... | 146,700 | New Project | S+C | TRA | P1 |
| S+C City of Oxnar... | 2011-10-03 13:29:... | 1 Year | Ventura County Be... | 214,608 | Renewal Project | S+C | TRA | U |
| Wooley House Perm... | 2011-10-12 22:50:... | 1 Year | Turning Point Fou... | 35,410 | Renewal Project | SHP | PH | F |
| Wooley House Tran... | 2011-10-12 22:30:... | 1 Year | Turning Point Fou... | 31,361 | Renewal Project | SHP | TH | F |
| RAIN Project Tran... | 2011-10-04 20:17:... | 1 Year | County of Ventura... | 163,795 | Renewal Project | SHP | TH | F |
| CA-VC 2011 Exhibit 2 | 2011-10-18 16:00:... | 1 Year | Communit y Action ... | 129,515 | Renewal Project | SHP | SSO | F |
| Kingdom Center 14... | 2011-10-25 18:23:... | 1 Year | Kingdom Center | 13,490 | Renewal Project | SHP | TH | F |
| City of Oxnard HM... | 2011-10-14 12:27:... | 1 Year | United Way of Ven... | 44,541 | Renewal Project | SHP | HMIS | F |
| Khepera House 201... | 2011-10-19 21:20:... | 1 Year | Khepera House | 55,384 | Renewal Project | SHP | TH | F |
| Transition House ... | 2011-10-03 17:50:... | 1 Year | Project Understan. .. | 53,642 | Renewal Project | SHP | TH | F |
| Oxnard Homeless O... | 2011-10-04 14:44:... | 1 Year | County of Ventura... | 31,214 | Renewal Project | SHP | SSO | F |

Budget Summary

| | |
|--------------------------------|-----------|
| FPRN | \$558,352 |
| Permanent Housing Bonus | \$146,700 |
| SPC Renewal | \$214,608 |
| Rejected | \$0 |

Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | City of Oxnard 20... | 10/26/2011 |

Attachment Details

Document Description: City of Oxnard 2011 HUD Form 2991