

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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

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): (dropdown values will be changed) CA-501 - San Francisco CoC

Collaborative Applicant Name: City and County of San Francisco

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Local Homeless Coordinating Board (LHCB)

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

**If 'Yes', what is the invitation process?
(limit 750 characters)**

LHCB has an open process for anyone wishing to join the CoC. LHCB invites all community members to attend meetings, and anyone can be a member of any LHCB committee. Human Services Agency (HSA) staff (collaborative applicant) actively recruit members and representatives of subpopulations that will be valuable to CoC planning.

This CoC's open and fair appointment process also creates a flexible, effective governing body: the 9-member LHCB, staffed by HSA. LHCB members represent disabled, homeless/formerly homeless, advocacy groups, providers, business, and foundations. Current members also represent the PHA and VA. LHCB applications can be obtained from LHCB's website, public libraries, and the Board of Supervisors clerk. The City's public appointment process vets applications.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

LHCB is currently engaged in a process to expand coordinated assessment to include individuals seeking services other than legacy S+C, Local Operating Subsidy Program (LOSP), and family shelter (for which there are already coordinated assessment systems in place). The HEARTH workgroup, an LHCB subcommittee comprised of CoC members/stakeholders, is currently focused on coordinated assessment and meets bi-monthly. It has identified a series of nearly 20 decision points that will have to be made, including the structure, the housing and services that will be included (working towards all low income housing), designing an assessment tool, creating uniform policies and procedures for participating agencies, identifying resources that will support the coordinated assessment system, and a process for evaluating the effectiveness of the system. The workgroup actively seeks to include a wide variety of stakeholders, to foster close collaboration among agencies, and to promote a client-centered philosophy, all of which will be crucial to the success of the system.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

AGENDAS: At least 3 days prior to each meeting, LHCB posts meeting agendas on its website and emails agendas to a list of over 350 CoC stakeholders.

CENTRALIZED ASSESSMENT (CA): This CoC now uses CA systems for persons accessing: (1) legacy S+C programs (12% of PSH beds) and Local Operating Subsidy Program (LOSP) (14% of PSH beds); and (2) all family shelters. (1) All participants are assessed by a multi-site CA system. Over 40 referring agencies identify and house CH persons through this system. (2) Compass Connecting Point (CP) is the central intake/assessment center for any family in San Francisco needing to access the city's shelter system. CP also offers counseling, drop-in services, and housing placement, including shelter diversion.

ESG MONITORING: LHCB appoints members to and receives updates from the Shelter Monitoring Committee (SMC), which hears concerns and conducts inspections in all shelters/resource centers, including ESG recipients. LHCB is co-leading a process to improve ES outcomes in 2012-3. Also, LHCB advises and hears reports about ESG project outcomes.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Local Homeless Coordinating Board (LHCB) (CoC Application; PIT Count; Equal Access to Housing)	LHCB is the CoC Board. It approves the CoC application, monitors system performance, oversees HMIS, analyzes data, identifies system needs/gaps, obtains community input, monitors CoC Plan, leads the homeless count, and ensures equal and fair access to housing. In 2012, LHCB focused on shelter monitoring, ESG coordination, coordination with education and criminal justice, family homelessness, CoC Check Up, increasing employment, creating homeless priorities in PHA wait lists, increasing PSH retention, utilizing HUD technical assistance, planning the 2013 PIT Count, HEARTH implementation (coordinated assessment), updating long-term strategic planning objectives, and improving discharge planning policies.	Monthly or more
LHCB Funding Committee (Project Review & Selection; Resource Allocation)	This Committee oversees efforts to secure funding and leverage resources to support the CoC. It is chaired by LHCB members (who report activities to LHCB) and is composed of community stakeholders, including many with a deep knowledge of federal and local funding sources. It establishes the local process for selecting projects for CoC funding (identifying local priorities, formalizing policies and procedures, setting performance expectations, and defining objective, data-driven scoring factors). It also secures mainstream resources. In 2012, it coordinated with ESG on funding priorities and worked to target resources and streamline service delivery by converting TH to PH and increasing collaboration with local public health providers.	Bi-monthly
LHCB Policy & Legislation Committee (Discharge planning; 10 Year Plan; Addressing Gaps)	This Committee coordinates the LHCB's policy responses to city, state, and federal legislation and alerts government bodies to the experiences of San Francisco's homeless population. It is chaired by LHCB members (who report activities to LHCB) but is composed of CoC stakeholders, including service providers that help ensure the policies are implemented. In 2012, it focused on improving discharge-planning systems, specifically foster care. The Committee also formed several subgroups to address specific issues. One subgroup worked to reduce evictions from PSH by bringing together housing providers, legal advocates, and others. Another subgroup addressed shelter access improvements and has begun work to improve shelter outcomes.	Bi-monthly

<p>LHCB Employment Roundtable/HEC workgroup (increasing income, employment, mainstream benefits)</p>	<p>The Employment Roundtable/HEC workgroup focuses on increasing income and employment options for homeless persons, including accessing mainstream employment resources. It reports to LCHB and coordinates closely with the Workforce Investment Board Community Advisory Committee. In 2012, the workgroup analyzed program outcomes to identify service gaps and encouraged deeper targeting of efforts to increase the income of persons most in need. Attended by homeless providers, private businesses, City agencies and CoC stakeholders, it also focused on enhancing coordination with the Mayor's Office on Economic and Workforce Development in order to help persons experiencing homelessness to better utilize local employment/vocational training programs.</p>	<p>Monthly or more</p>
<p>LHCB HEARTH Workgroup (Coordinated assessment; Performance measures; 10 Year Plan)</p>	<p>The HEARTH Workgroup engages different sectors of the CoC in planning and preparing for local HEARTH implementation. It reports to LHCB and coordinates with other strategic planning efforts, including the 10 Year Plan. The overarching goals are to create systems to measure progress towards and achieve HEARTH priorities (such as preventing and reducing incidences of homelessness, and shortening the length of time people remain homeless). In 2012, the Workgroup focused on obtaining quality feedback through the CoC Check Up, identifying opportunities to improve CoC governance, enhancing HMIS capacity to gather and report accurate data, and expanding coordinated assessment systems to include additional providers and homeless populations.</p>	<p>Bi-monthly</p>

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

All committees and workgroups of the LHCB meet as needed and when convenient for CoC stakeholders (e.g. there are less frequent meetings during the CoC competition and the week of the Point in Time Count). The meeting frequency listed above is an average for each of the 5 named groups.

While these committees are all specifically related to the LHCB, there are many other groups, comprised of hundreds of individuals, that are working on addressing homelessness issues in San Francisco.

Meeting attendees and CoC members are not asked to identify if they are homeless or formerly homeless, so our reporting of homeless participation on chart 1D is not completely accurate.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	3	5	1	1	2	0	5

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	2	2		1	2		3
Substance abuse	2	2					3
Veterans		4		1			2

HIV/AIDS	1	2					2
Domestic violence	2	2					3
Children (under age 18)	1	2			2		3
Unaccompanied youth (ages 18 to 24)	1	3	1		2		3

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	3	5	1	1	2	0	5
Authoring agency for consolidated plan		1					
Attend consolidated plan planning meetings during past 12 months		2		1			
Attend consolidated plan focus groups/public forums during past 12 months		2					
Lead agency for 10-year plan		1		1	1		1
Attend 10-year planning meetings during past 12 months							
Primary decision making group				1	1		1

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	3	7	3	2	49	3

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	1	5	1	2	26	1
Substance abuse	1	6		2	23	1
Veterans		1			10	
HIV/AIDS		4		1	15	
Domestic violence		2	1		13	
Children (under age 18)		4	1	2	13	
Unaccompanied youth (ages 18 to 24)		1	2	2	11	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	3	7	3	2	49	3
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months		1	1		4	
Attend Consolidated Plan focus groups/ public forums during past 12 months					15	
Lead agency for 10-year plan	1	3		1	3	

Attend 10-year planning meetings during past 12 months						
Primary decision making group	1	3		1	3	

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2		3

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1		
Substance abuse	1		
Veterans			

HIV/AIDS			
Domestic violence			
Children (under age 18)			
Unaccompanied youth (ages 18 to 24)			

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	2		3
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months			
Attend consolidated plan focus groups/ public forums during past 12 months			
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months			
Primary decision making group			

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

Instructions:

The CoC solicitation of project applications and the project application 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). Where applicable, describe how the process works.

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

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

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

LHCB has a fair, objective process to select/rank projects. LHCB defines local priorities, aligning with planning objectives and addressing gaps (including CH, youth, families, veterans), and creates scoring criteria. Criteria include: additional points for PH projects; outcome measures; cost-effectiveness; HEARTH readiness, and ability to meet client need. Staff evaluate CoC participation, review any HUD/financial audits, and obtain client feedback through extensive focus groups and client surveys. Impartial HSA staff supervise the process and publicly announce scoring criteria. An independent, non-conflicted panel of community members makes selection and ranking decisions using the LHCB criteria. A ranked list is sent to all applicants, and projects at risk of losing funding may appeal.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

LHCB actively solicits proposals from agencies that have not received CoC grants. Staff announce the funding by email through a list of a wide variety of stakeholders. Staff also post the opportunity on LHCB's website and e-bulletin boards; announce it in public meetings; and conduct outreach to agencies that serve subpopulations that fill gaps. LHCB coordinates with the Mayor's Office on Housing, which administers a homeless housing pipeline. LHCB hosts a bidders' conference, explaining: available funds, eligible uses, scoring criteria, HUD requirements, and application processes. Staff provide extensive TA by supplementing eSNAPS training guides with local FAQs. Staff provide a TA workshop in a computer lab to teach applicants how to use eSNAPS. Staff provide on-call TA to applicants around the clock during the competition. Staff offer a debrief to all applicants after the competition. Once selected, staff review all applications to ensure compliance with HUD requirements.

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)

No written complaints were received by the CoC in the past 12 months. However, in the event a complaint were filed we would address it using procedures contained in the San Francisco administrative code for resolving complaints filed against City agencies, which include allowing complaints to be filed online and a public hearing.

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

Overall there was an increase of 59 total ES beds for singles and families (excluding those that were under development). While 19 new beds were created for households with children between the 2011 and 2012 count, fluctuations in family size in the existing units led to a net gain of 7 beds for this population. For individuals, there was a net gain of 52 beds. There were 19 new beds created for individuals in 2012. In addition, this year's HIC asked that the existing Veteran HCHV emergency beds be included, which accounted for 35 individual beds being added to the HIC. However, San Francisco lost 2 DPH Stabilization Unit beds, which led to a net gain of 52 beds for households without children.

HPRP Beds: Yes

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

As the HPRP funding in San Francisco came to a close, there was a significant change in the number of HPRP beds between 2011 and 2012. The number of beds serving households with children decreased by 232, due entirely to the conclusion of the HPRP program in early 2012. However, at least 5 of those beds were reclassified in 2012 to serve individuals, when in 2011 no households without children received HPRP beds. This led to a net gain of 5 beds for individuals.

Safe Haven: No

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

No change - A Woman's Place remains the only Safe Haven facility in San Francisco.

Transitional Housing: Yes

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

The total number of beds for individuals and families in transitional housing increased by a total of 233 beds between 2011 and 2012 (excluding those that were under development). For households with children, an additional 34 beds were added, including 10 new VA GPD family beds. The other additional beds were due to fluctuations in family size, completion of program renovations, and programs more accurately reporting the nature of their beds in the HIC. For households without children, there was a net gain of 199 beds. 137 new individual beds were opened, which included 70 units new VA GPD units and 28 new units for youth, among others. The other beds were a result of program realignment.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 33

Permanent Housing: Yes

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

This CoC had a net gain of 590 total PSH beds between 2011 and 2012 (excluding those beds that were under development). For households with children, there were 61 additional beds, 30 of which were new. 529 additional beds were for counted for individuals, 415 of which were new (with 265 for CH). Some entirely new projects were created, which accounted for 255 of the new individual beds: 29th Street Apartments (7 beds), Armstrong Senior Housing (23 beds), Richardson Apartments (120 beds), Geary Senior Housing (53 beds), and Dolores Hotel (52 beds). The remaining changes for both individuals and families resulted from programs changing or more accurately reporting their beds on the HIC.

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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (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): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:
Not applicable

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

Specify "other" data types:

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

LHCB reviewed the following information to determine unmet need: data in various community plans including local demographics and trends in social services (including impacts of budget cuts caused by the recent recession), agency wait lists, lost units and programs, homeless count and school district data. LHCB has used the same calculation methodology over the last several years to help ensure consistency from year to year.

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.

Select the HMIS implementation coverage area: Single CoC

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

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? No

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Although a governance agreement already exists between the LHCB and the HMIS Lead Agency, the Local Homeless Coordinating Board continually seeks to improve and expand this relationship. In furtherance of this goal, the LHCB plans to review and revise the current governance agreement in light of forthcoming standards, evolving local and national priorities, and the latest best practices for data collection, analysis, and application.

Does the HMIS Lead Agency have the following plans in place? Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Efforts to Outcomes
What is the name of the HMIS software company? Social Solutions
Does the CoC plan to change HMIS software within the next 18 months? No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 01/31/2003
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Inadequate resources, No CoC formal data quality plan

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

Not applicable

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

Collecting, maintaining, and fully utilizing high quality data is a top LHCB priority. LHCB aspires to build upon the successes of its new HMIS to better leverage data, reduce barriers to data collection, and improve integration with providers.

To maximize the impact of HUD funds, LHCB is encouraging City departments and other HMIS beneficiaries to contribute resources to improve HMIS. The Board thanks HUD for the TA resources to be invested in 2013, including development of a data quality plan, and hopes HUD will provide the additional resources necessary to facilitate further expansion of HMIS.

As LHCB expands the use of the new HMIS software implemented in 2011-12, staff is implementing policies and procedures, including a data quality plan. LHCB believes efforts to improve data quality and place real-time, relevant data in the hands of providers will further improve program quality and outcomes.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$103,470
ESG	
CDGB	
HOPWA	
HPRP	\$43,270
Federal - HUD - Total Amount	\$146,740

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	\$27,678
County	
State	
State and Local - Total Amount	\$27,678

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$174,418
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Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

LHCB actively pursues all available resources to increase the amount of funding available for the city's HMIS. In addition to private funding sources, LHCB seeks any and all available federal funds, and will consider using reallocated funds for HMIS. LHCB continues its efforts to integrate federally funded homeless programs into the HMIS, including ESG, HOPWA and VA programs, in an effort to continue these coordinated efforts. Finally, LHCB is encouraging other City departments to expand their use of HMIS through increased data collection, planning and reporting, and to support the system with any resources and funding that is available.

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

Not applicable

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume 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.

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%+
* HPRP beds	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

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

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

Although the LHCB is proud to have achieved high bed coverage rates that well exceed 64%, the Board hopes to build upon this success in the coming year by further expanding the number of beds covered by HMIS and improving data quality. LHCB is strongly invested in its HMIS and aspires to achieve the greatest bed and service volume coverage possible.

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, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? No

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	6%
Rapid Re-Housing	10%
Supportive Services	51%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	16
Safe Haven	6

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	4%	8%
Date of birth	0%	0%
Ethnicity	1%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	2%
Gender	0%	0%
Veteran status	18%	1%
Disabling condition	28%	2%
Residence prior to program entry	23%	1%
Zip Code of last permanent address	23%	1%
Housing status	29%	0%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? 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)

HMIS staff provide ongoing training and assistance as well as systemic monitoring and data verification. Each HMIS user receives initial instruction supported by access to TA as needed. Staff also provide ongoing education onsite. Training efforts are supplemented by regular monitoring. Each month, staff review records to ensure data quality. The HMIS platform also continually monitors for errors and omissions. Where problems are identified, staff work with providers to resolve issues, improve processes, and provide additional training or support to collect and input better data. Finally, LHCB plans to release a formal Data Quality Plan in the next year, focusing on integrating new HMIS standards and further improving data quality.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

LHCB staff oversee continuous and regular monitoring of HMIS submissions in order to ensure data is of the highest quality possible. In addition to automated monitoring and verification by HMIS software, staff conducts regular review of data at both the program and client levels. In the next 12 months, LHCB hopes to expand on these efforts with the release of a new Data Quality Plan. The Plan will formalize and update data quality policies and procedures, as well as integrate the latest HMIS standards and best practices from other communities. Through these and other efforts, LHCB hopes to continue to improve data quality and integrity standards within the local HMIS.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security 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 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 bi-monthly
* Secure location for equipment	At least Annually
* Locking screen savers	At least Quarterly
* Virus protection with auto update	At least Annually
* 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 Quarterly

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

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

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

If 'Yes', indicate date of last review or update by CoC: 03/01/2012

If 'Yes', does the manual include a glossary of terms? Yes

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.

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Monthly
* Training	At least Monthly
* HMIS data collection requirements	At least Quarterly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/26/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Not applicable.

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	85%	85%
Transitional Housing	0%	0%	60%	85%
Safe Havens	0%	0%	100%	100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Compared to 2011, San Francisco saw an additional 178 households sheltered in 2012, for a total of 226 persons. A majority of these households (116) were TH programs participants—an increase likely due to higher reporting from TAY programs and increased capacity at the rapid rehousing demonstration program.

A struggling economy, increasingly competitive housing market, and higher than normal precipitation all contributed to the increase. A 2012 study by the National Low Income Housing Coalition found the city is the most expensive place in the country to rent housing. Adding to the challenges the homeless face, this year brought above average rainfall with precipitation at 125% of normal. Finally, national economic struggles continue to affect local households.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Despite successful efforts to increase the inventory of housing, an increasingly competitive local market continues to make maintaining an adequate stock of housing a challenge for the city. The National Low Income Housing Coalition released a report in 2012 that found the city to be the most expensive place in the country to rent housing, with average monthly rent for a two-bedroom unit in excess of \$1,900. In addition to the struggle to find housing generally, certain populations have additional needs not adequately addressed by available units. This CoC continues to work to find adequate housing for the disabled, those requiring substance abuse/mental healthcare, and other groups which have proven particularly difficult to house.
* Services	This CoC has made significant progress in its attempt to better connect individuals with available services, however there remains room for improvement. The SF FIRST program has been successful in increasing the number of disabled homeless people who are connected with services, and this CoC continues to build upon its Connecting Point centralized intake program that helps match families and service providers. LHCB hopes to expand these efforts by connecting homeless individuals with services upon release from jails/hospitals and expanding efforts to outreach with veterans and other subpopulations. Additionally, LHCB aspires to expand the number of supportive housing units available to those needing more intensive care.
* Mainstream Resources	Increasing the number of individuals who take advantage of mainstream resources has been a priority of LHCB, and this CoC has made progress on this goal. Between 2009 and 2011, the number of respondents receiving government assistance increased from 66% to 75%. LHCB hopes to further increase this number, expanding both the number of people who receive resources and the types of resources accessed. Still, however, almost a quarter of respondents have never applied for assistance. To address this, projects are evaluated on their ability to link clients with mainstream resources. Also, in 2012, this CoC opened Everyday Homeless Connect, a one-stop shop program to link individuals with a variety of mainstream resources on a daily basis.

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

Instructions:

Accuracy of the data reported in the sheltered point-in-time count 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 sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 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 checked="" type="checkbox"/>

If Other, specify:

Self-reported client information and a client level survey were used to collect data regarding the Homeless Population and Subpopulation

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

To collect the census number of those staying in homeless shelters and transitional housing programs on the night of January 26, 2012, San Francisco used data taken from HMIS. Over 85% of emergency shelters enter nightly data into HMIS about the clients who sleep at their facility. For the night of January 26, 2012, the HMIS bed roster information was used to obtain the census number of those sleeping in the shelters. Programs that did not enter data into HMIS that evening, or do not participate in HMIS, they were asked to complete San Francisco PIT Census Forms that indicated the number of people staying in their facility on the 26th. Staff was trained on how to enter data on the census forms.

The same methodology was used for Transitional Housing programs. Over 85% of programs enter data into HMIS. Programs that did not enter data into HMIS that evening, or do not participate in HMIS, were asked to complete the San Francisco PIT census forms that indicated the number of people staying in their facility on the 26th.

In the days following the count, LHCB staff followed up with providers that did not return their census numbers.

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. Sheltered chronically homeless persons are those living in emergency shelters only.

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.

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

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

If Other, specify:

Self-reported client information and a client level survey were used to collect data regarding the Homeless Population and Subpopulation.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

In order to respond to the new requirement to obtain subpopulation data for the 2012 sheltered count, CoC staff distributed a demographic survey to emergency shelters and transitional housing programs. The use of surveys to gather information is a HUD approved methodology and outlined in the HUD Point in Time guidebooks.

The 2012 sheltered count used a similar methodology to the process designed by an outside consultant, Applied Survey Research, in 2011. LHCB used this approach to plan its 2012 count, making changes to adapt to the latest HUD requirements and local budget constraints. One notable modification from 2011 included a newly streamlined survey tool. The 2012 survey was updated to ensure collection of information on all HUD required data elements, including subpopulation data.

Staff at the ES and TH providers who handed out the paper surveys to participants spearheaded administration of the survey. The responses were self-reported by the client. CoC staff tallied results from the surveys and reported the results on the 2012 HIC and PIT charts in the HDX.

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 one or more actions to improve the quality of the sheltered population data.

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

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

If Other, specify:

Not applicable

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)

Each program either participated in HMIS or submitted a PIT census form reflecting the number of people that they served the night of the sheltered count. LHCB staff's instructions asked survey respondents to include only people they provided sleeping space for that night. Due to the procedures for accessing a shelter bed and the high demand for shelter beds in San Francisco, it is very unlikely an individual could be admitted in more than one shelter on any given night.

Agencies use a biometric finger image, SSN, and the client's name to check them into a shelter bed and maintain bed rosters for the night. If someone left, shelter staff note their absence in the data system. For subpopulation data, staff was instructed to distribute surveys to each person, to only accept one survey per person, and to watch for duplication when tallying responses. Distributed surveys, therefore, were highly unlikely to be duplicative within/across programs.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

Because 85% of San Francisco shelters report data nightly into HMIS, the sheltered count data was verified by the data quality protocols that are part of that system. Local HMIS data is continually monitored by software for errors and omissions and is reviewed weekly by HMIS staff for further verification of data.

In order to increase reliability of the subpopulation survey, the methodology used in the 2012 subpopulation count built upon the work done by Applied Survey Research (ASR) during the previous year. ASR was retained in 2011 to work with the HSA to develop a process for gathering quality data on homeless populations while insuring the highest level of data integrity possible. The 2012 process included a number of steps to verify the quality of data, including detailed training of survey staff on proper survey administration and verification techniques.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? biennially (every other year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/27/2011

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not applicable.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The number of people living in the streets increased from 2,709 in 2009 to 3,106 in 2011. The subpopulations with the largest increases were families with children and people sleeping in vehicles. We believe that the increases are attributable to changes in the San Francisco economy over that period. The waitlist for family shelter was extremely high at certain points in 2010-11. There was also a significant reduction in the number of chronically homeless persons due to our success in stably housing this population. Despite reductions in funding from a range of sources, San Francisco has nonetheless been able to expand the number of permanent housing beds available.

2M. 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 and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	
Public places count with interviews at a later date:	X
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and 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 unsheltered populations and subpopulations (limit 1500 characters)

Applied Survey Research (ASR) was retained to work with the SF Human Services Agency to develop and undertake the count and survey in 2011.

UNSHELTERED COUNT: A visual point-in-time count of unsheltered homeless persons living outdoors, in vehicles, in makeshift structures, or encampments, and in other structures or areas not intended for human habitation, was conducted over a four-hour time window (8 p.m. to midnight) on the night of January 27, 2011. Over 300 volunteers were recruited and trained to conduct the complete coverage count.

SURVEY: A survey of homeless individuals followed the count, taking place over a three-week period in February. A trained team of paid, currently and formerly homeless survey workers and unpaid community volunteers administered a comprehensive survey to self-identifying homeless individuals, primarily in outdoor locations throughout the city. The survey team employed a random selection process, approaching every third person they considered to be eligible for the survey. Overall 1,024 surveys were collected. The valid surveys represented a margin of error of +/- 3% with a 95% confidence level when generalizing the results of the survey to the greater homeless population in San Francisco.

2N. 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.

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

If Other, specify:

20. 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.

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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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)

The count was scheduled at a time of day when the shelters were open and program curfews were in effect, so that no duplication would occur between the sheltered and unsheltered counts. The count was also scheduled for a time of day when people were unlikely to move between count zones. Next, trainers provided counting teams with very detailed, sophisticated maps created with GIS data, trained the teams on how to use the maps correctly and how to avoid duplication. Teams were instructed not to count any person who was located in another area. The maps were color-coded with grayed out areas to indicate where counting teams should not count. In order to avoid potential duplication of survey respondents, the survey queried respondents' initials and date of birth, so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate potential duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, and length of homelessness, as well as consistencies in patterns of responses to other questions in the survey.

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)

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

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

San Francisco has worked to identify and engage persons sleeping on the streets, in parks, and in other places not meant for human habitation. The Homeless Outreach Team (HOT) works to conduct outreach to areas of San Francisco with the greatest concentrations of homeless individuals. HOT develops individualized Street-to-Home plans for each client and offers short-term ICM to help clients achieve their goals. HOT's staff consists of employees from the Department of Public Health, HSA, and non-profit Community Awareness and Treatment Services. HOT recognizes that resources from community partners are essential to solving this problem. As such, it has forged relationships with SFPD, SFFD, the Public Library, San Francisco International Airport, the Department of Public Works, and the Rec and Park Dept. By calling 311, concerned SF residents can request HOT services for homeless persons in need. HOT employs a whatever-it-takes attitude to address their clients' needs, providing temporary beds, transportation assistance, support and advocacy as necessary. HOT has helped create and pilot the use of a comprehensive online database with private medical information, which receives inputs from the Health, Fire and Police Departments. Another program available to unsheltered homeless people is Homeward Bound, which reunites homeless persons with family and friends willing and able to offer ongoing support to end the cycle of homelessness.

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.

CoCs will 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	4,286
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	4,815
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	5,601
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	5,900

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 2013, LHCB's Policy Committee, led by LHCB Member Ma, will identify and aggressively pursue state and federal funding to support the creation of new beds for CH persons. CoC agencies, including Community Housing Partnership, will work with local housing developers to include units for CH persons in affordable housing and other housing developments. HSA staff will work with Swords to Plowshares to convert transitional housing units into PSH units for CH persons. Led by LHCB Member Guzman, LHCB will advocate to the Board of Supervisors to direct funds from the local Housing Trust Fund towards homeless units for families and single adults. LHCB Member Peters will work with the VA, PHA and LHCB to increase the number of VASH vouchers that are project-based, increasing local VASH utilization among CH veterans, per the local VASH needs assessment. Mr. Balanon of HSA will increase placement of chronically homeless persons with HIV/AIDS in the HOPWA program.

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)

The Mayor's Office maintains a housing pipeline in partnership with non-profit developers, service providers, and LHCB through which 2,322 units for CH individuals, seniors and families have been created since 2004. By 2014, 3,000 units will be created, meeting the Ten-Year Plan goal. One initiative of the CoC Plan is to "Increase the supply of PH that is subsidized to be affordable to people who are experiencing homelessness, that is accessible and that offers services to achieve housing stability." This initiative will be met by:

- Increasing permanent deeply affordable (0-30% AMI) housing units with services
- Increasing PH access despite citizenship/immigration status, eviction, credit and/or criminal histories
- Preserving existing units
- Increasing resources for the creation of PH (e.g. local dedicated source of funding and capacity-building network)

In 2013, Strategic Planning Committee, led by LHCB Member Springwater, will revise and update the CoC plan and Ten-Year Plan.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

This CoC, led by the Mayor's Office, is on track to meet its Ten-Year goal of creating 3,000 units for CH people by 2014. In addition, in 2013, LHCB's Strategic Planning Committee, led by LHCB Member Springwater, will review, update, and combine LHCB's five-year plan and local Ten-Year Plan to end homelessness, informed by "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness." LHCB Policy Committee, led by LHCB Member Ma, will work with local health care providers and the Department of Public Health, to improve discharge planning policies and coordination among institutions and providers to focus on identifying chronically homeless persons and linking them to housing, rather than discharging them back to the streets. The coordinated assessment process led by LHCB's HEARTH workgroup, and staffed by the Human Services Agency, will improve access to and use of supportive housing by encouraging prioritization and targeting people who need a high level of support to prevent or end homelessness.

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 80 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 CoC-funded permanent housing 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 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 for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then 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 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 93%

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? 88%

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 80 percent or higher (limit 1000 characters)

San Francisco CoC PH programs have strong PH retention outcomes and boast a 94% rate in 2012.

-In 2013, led by the LHCB HEARTH group and Mayor's Office HOPE Director Bevan Dufty, LHCB will expand coordinated assessment to ensure each household is housed in most appropriate housing.

-Together with the Eviction Defense Collaborative and PH providers like Catholic Charities CYO and Conard House, Ms. Owens, CoC Coordinator, will continue the efforts to reduce PSH evictions by carefully analyzing data related to those who exit PSH to homelessness, identifying common causes of recidivism, and developing solutions. Specifically, this task force will work to make representative payee services more widely available to persons living in PSH to increase housing stability.

-Through training for program staff by HSA and DPH, enrollment in mental health services, substance abuse programs, veterans health and benefit programs, income benefits, and medical services will be increased.

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 80 percent or higher (limit 1000 characters)

San Francisco's PH providers, CoC-funded and otherwise, maintain an extremely high percentage (87-100%) of persons in PSH through intensive services and responsive property management. LHCB staff will partner with these providers, mainstream systems, City Departments, and legal services, to implement relevant sections of the CoC Plan, including:

Prevent homelessness by intervening to avoid evictions from permanent housing, by:

- Coordinating services and economic assistance
- Maintaining support services outreach, eviction prevention resources, and tenants' rights education
- Providing legal services for persons at risk of eviction

Improve PH access and provide wraparound support services that promote long-term housing stability for those in permanent housing by:

- Providing a comprehensive range of support services to obtain and maintain PH
- Integrating and increasing medical, mental health and substance abuse treatment slots
- Improving linkages to mainstream benefits.

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 transitional housing 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 will indicate the current percentage of transitional housing 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 for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 79%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 66%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 76%

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)

San Francisco CoC TH programs have a very high TH housing placement rate: 79%.

In 2013, the HEARTH Workgroup, led by LHCB Member Sharps, will focus on increasing the number and capacity of housing locators who assist TH clients to obtain PH. TH programs with strong success rates, such as Compass Family Services and The Salvation Army, will share their strategies at provider meetings. City departments, including Human Services Agency, will make a push to increase information available to TH participants and staff about income benefits and other benefits that may be available for participants, as increased income assists with housing access and stability. TH providers report that one of the main barriers to housing is the lack of affordable permanent housing, so LHCB Policy Committee, led by LHCB Member Ma, will advocate for the creation of and access to affordable and safe housing for which transitional housing participants are eligible.

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)

San Francisco TH providers continue to succeed at securing PH for TH clients, despite a limited supply of housing for certain populations. Successful TH providers have strong relationships with mainstream providers and private landlords. LHCB will build on its relationship with the Housing Authority to expand access to PHA units for persons exiting TH.

The CoC Plan, implemented by Strategic Planning Committee, includes an initiative to provide treatment in TH programs and improve PH access and stability by:

- Case management within TH programs to address individualized needs, emphasize economic stability, and address underlying issues that cause instability
- Emphasizing exits into PH

In addition, the CoC Plan calls for supporting self-sufficiency by:

- Increasing the supply of accessible, subsidized PH
- Increasing economic stability through employment, mainstream entitlements and education
- Ensuring coordinated city-wide action to end homelessness.

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) Cash Income.

In this section, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then 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.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 15%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 21%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 22%

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)

Building on 2012 recommendations of LHCB Employment Roundtable, led by LHCB Member Guzman, to the Workforce Investment Community Advisory Committee (WICAC), the Roundtable will advocate that Mayor's Office of Workforce Development increase local funding and change priorities for the training and employment of homeless individuals, including increasing capacity of successful homeless-targeted vocational programs, such as CHEFS and HEC. By training staff at local One-Stop Employment Centers, Roundtable participants, such as Episcopal Community Services, will improve cultural competency so that One Stops will serve homeless persons more effectively. With Roundtable, WICAC plans to host an employers' forum to highlight opportunities to hire homeless persons. Where appropriate, CoC employment and housing programs will include behavioral and medical health services as part of an overall effort to increase employability and employment options by reducing barriers to employment.

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 1000 characters)

The CoC's targeted employment programs (CHEFS, HEC, SFTP) have high success with this measure, with rates of employment at exit in recent years between between 23% and 44%. The Employment Roundtable will continue to foster coordination between targeted programs and partners like the Workforce Development Board and City Departments in order to implement the Roundtable's recommendations.

HSA staff will focus on implementing the CoC Plan, which includes an initiative to increase economic stability through employment services, mainstream financial entitlements and education by:

- Increasing access to the mainstream education and workforce development system
- Maintaining current and expanding future employment-related services targeted to homeless people

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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 who received mainstream resources by 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 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 80%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 50%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 60%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 70%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

In 2013, Human Services Agency will train staff at CoC programs to ensure homeless persons are screened effectively for mainstream benefits, especially local or population-specific benefits. The HEARTH Workgroup (LHCB Member Sharps) will develop, in collaboration with the coordinated assessment process, a means to start connecting homeless persons to mainstream resources system entry. Funding Committee (LHCB Member Brown) will advocate for funding (1) for benefits counselors at Dept of Public Health to do provide effective SSI advocacy services for eligible homeless people and (2) for increased access by all qualifying homeless/formerly homeless families to 0-3 ACCESS program child care subsidy. In partnership with Human Services Agency and Department of Public Health, Funding Committee will also host a discussion about developing expedited processing and/or presumptive eligibility procedures for TANF, Food Stamps, and General Assistance.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

San Francisco CoC providers are successful at obtaining mainstream benefits for homeless persons.

As it updates the CoC Plan, LHCB Strategic Planning Committee (LHCB Member Springwater) will continue to implement the CoC Plan including an initiative to: Increase economic stability through employment services, mainstream financial entitlements and education. Strategies under this initiative include:

- Increasing access to the mainstream education and workforce development system
- Increasing number who receive and continue to receive mainstream financial benefits
- Improving access to education and training for homeless children and youth (0 years to 12th Grade).

The CoC will be expanding the use of HMIS as a screening tool for mainstream benefits, and hopes to build on the success of the new Everyday Project Connect program, a one-stop program for mainstream programs.

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

Objective 6: Decrease the number of homeless individuals and families:

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.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count? 233%
- In 12 months, what will be the total number of homeless households with children? 232%
- In 5 years, what will be the total number of homeless households with children? 227%
- In 10 years, what will be the total number of homeless households with children? 133%

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

After a 2012 analysis about best use of resources, Ms. Ward at HSA and prevention/rehousing providers will focus on enhancing early intervention strategies by targeting local prevention and RRH resources and implementing local best practices. At Compass Connecting Point, the family coordinated assessment site, staff will work to link emergency services and homeless prevention programs to improve shelter diversion. With LHCb Member Kennedy, the Policy Committee will support the continuation of the PHA setting aside units and giving priority to families residing in shelters. LHCb Member Brown will lead an effort to advocate for increases in the number of units in the Mayor's housing pipeline that are dedicated to CH families. HSA, with Ms. Ward, is launching a Rapid Support & Housing for Families demonstration program to serve homeless families at risk of losing child custody with housing and services. Additionally, 2 of our proposed new projects will provide housing to CH families.

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

LHCB prioritizes reducing family homelessness, with LHCB Policy Committee taking the lead in responding to family needs.

Some initiatives to reduce family homelessness include:

- Increasing the supply of PSH for CH households with children
- Collaborating with the PHA to prioritize currently homeless families for placement in PHA units
- Providing services for housing stability and increased economic stability.

The Plan also calls for:

- Improving access to education,
- Increasing access to childcare subsidies, and
- Ensuring continued coordination between the LHCB and the School District.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 1

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

This CoC's SSO projects are key to the CoC's success at maintaining housing and accessing mainstream benefits and employment. In 2013, LHCB will be undertaking an analysis of all CoC-funded programs to determine if other funding may be available that would better align with the program design. While LHCB does not plan, at this time, to reallocate from any SSO projects, if more suitable funding source is identified, the program could transition. In addition, each project undergoes an annual performance review, and if performance was poor, a project could be reallocated.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

LHCB is only partially reallocating from one TH project this year, and the CoC funding for that program is only 8% of their total budget. The CoC will work with the program to find alternative funding that would close any gap produced by the reallocation so service levels remain the same.

The CoC's TH projects are key to serving specific homeless sub-populations that require a deep level of services and community, such as former sex workers, veterans, and DV survivors. TH projects will undergo the same analysis as described above for SSO projects, including the availability of alternative funding and program performance.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

SF has a policy of not dismissing foster youth to the streets, shelters, or HUD McKinney-Vento funded programs. This year, the CoC Policy and Legislation Committee hosted a forum to learn more about the implementation of Fostering Connections: a new CA state law that provides extended housing and services to former foster youth. As youth approach emancipation, social workers assist in completing a transitional plan, including interim placement with a family or independent housing, so that emancipation occurs properly pursuant to state Cal. Welf. & Inst. Code § 391(3). As they approach 18, youth work with the ILSP and their social worker to make a plan for long-term stability and placement after discharge. Aftercare Services are provided to emancipated foster and probation youth ages 18-21, and include case management, job training, TH, and housing assistance-- these services have been substantially increased in capacity with the implementation of Fostering Connections.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The San Francisco Human Services Agency is the lead organization for San Francisco's discharge of foster youth. The Human Services agency has retained the John Burton Foundation to advise them on the implementation of the Fostering Connections Act, and to convene stakeholders for information sharing. First Place for Youth is the new local non-profit organization that operates the ILSP, in partnership with the Human Services Agency. There are three San Francisco providers of THP+ transitional housing for former foster youth: Larkin Street Youth Services, Salvation Army, and First Place for Youth.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The most common destinations for youth are a placement in independent housing, placement with family, including the family that provided them foster care, and housing in student housing for students pursuing post-secondary education. Since the implementation of Fostering Connections, the most common placement is in a Supervised Independent Living Placement (SILP)-- independent housing with access to rental assistance and services. Additionally, several housing programs in San Francisco work directly with those emancipating from foster care. The State Transitional Housing Placement (THP) Plus program continues to expand and add new housing, and more transitional housing will come online in the next year as Fostering Connections is fully implemented. In addition, the Mayor's Office maintains a housing pipeline for TAY to ensure development of units dedicated to youth.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The City of San Francisco has protocols that reflect a policy of not discharging any patients to the streets or HUD McKinney Vento funded programs. LHCB has recommended increased access to health services amongst people vulnerable to homelessness by enrolling newly Medicare eligible SF residents in 2014, upon the implementation of the Affordable Care Act. Implementation and outreach efforts are underway. The Department of Public Health (DPH) oversees San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH), which includes a skilled nursing care facility. All institutions work together for placement. Protocols are in place to ensure that DPH hosts daily patient placement meetings attended by staff of SFGH, LHH, and non-profit organizations. The placement meetings are to ensure that every person being discharged from either SFGH or LHH has an appropriate placement. Homeless people are identified upon intake, and hospital staff begin work immediately to identify appropriate housing.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Department of Public Health (DPH) oversees San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH), which includes a skilled nursing care facility. Each facility has a unique team of discharge planning staff. Many local non-profit and private healthcare, nursing homes and board and care facilities provide continued care to people leaving medical facilities. SF General staff are active in the San Francisco Coordinated Assessment design process to ensure that homeless people with medical needs are properly served in the new coordinated assessment system.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Placements are made at appropriate board and care, nursing homes, or other such facilities. DPH oversees the medical respite program. This program provides temporary respite to the medically frail and works towards finding permanent housing for these clients. There are currently 60 respite beds. Even with a protocol in place, some patients still must wait for placement into a lower and more appropriate level of care. To this end, DPH oversees the Placement Task Force that is working to decrease the number of patients at SFGH and LHH that are awaiting placement into such care.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

San Francisco has protocols that reflect a policy of not discharging any patients to the streets, shelters, or CoC projects. LHCB has recommended increased access to mental health services amongst people vulnerable to homelessness by enrolling newly Medicare eligible SF residents in 2014, upon the implementation of the Affordable Care Act. Implementation and outreach efforts are underway. LHCB staff has also begun TA to non-profits on Medicare services for mentally ill people vulnerable to homelessness. As reported in 2011, the Placement Division of DPH works with SF General Hospital (SFGH) to assess and place persons being discharged. Teams go to facilities to assess housing needs and plan discharge. Protocols are in place to ensure that the teams place clients into appropriate settings seamlessly. SFGH in-patient psychiatric care coordinates discharge through daily placement meetings. Most other facilities, operated by nonprofits, begin discharge planning upon admission.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

As reported in 2011, the Placement Division of the Department of Public Health (DPH) works with SF General Hospital (SFGH) to assess and place homeless persons being discharged from locked facilities. There is an operating Board and Care Team and Utilization Review Team that meets once a month and is coordinated weekly. A variety of community-based clinics provide mental health care to former mental health facility residents living in housing in the community, including: Westside Mental Health, HealthRIGHT360, and the Providence Foundation, in partnership with the Department of Public Health. Also, DPH is notified by the nearest State Hospital when a homeless San Franciscan is being considered for discharge.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Patients are placed in board and care facilities or enter a one-year residential program. Many persons are discharged directly to independent housing, or housing with friends and family. Persons placed in housing in the community are referred to mental health services in the community.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

SF has a policy of not discharging persons from the corrections system into homelessness. The Adult Probation Department (APD) and Sheriff's Department have collaborated, in consultation with the CoC on providing jail exit services for individuals released from county jail into the community. SF receives various Second Chance Act funding for people re-entering from jails and prisons. With the implementation of California's historic Public Safety Realignment, APD created pre-release officers who conduct risk/needs assessments of individuals in state prisons and the county jail. Officers arrange for transportation, housing, and other basic needs of individuals returning from incarceration. As reported in 2011, Pretrial Homeless Release Program diverts homeless persons from jail and connects them to housing. Discharge Planning Unit works with inmates to develop a post-release plan that includes housing and other needs. Daily discharge meetings are held for those being released that day. Discharge planners are available for former inmates for up to 6 months after release.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

San Francisco Pretrial Homeless Release Program diverts homeless persons from jail and connects them to housing. The Discharge Planning Unit works with inmates to develop a post-release plan that includes housing, medical care, substance abuse and mental health treatment. Jail Aftercare Services (JAS) work with inmates who have serious and persistent mental illness placing them into treatment, coordinating with the Department of Public Health and various non-profits. Forensic AIDS Project, part of DPH, works with former inmates with HIV/AIDS to ensure that their housing and health needs are met. The Veteran's Administration has expanded its services for veterans in the correctional system. The Reentry Council of SF brings together the primary stakeholders: DA; PD; Sheriff; SFPD; non-profits, City Agencies and officials to coordinate services.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals routinely go to temporary and permanent housing that includes Stabilization Units, transitional housing, and residential treatment programs that are not funded by HUD McKinney-Vento. They are funded by City/County General Fund through the Department of Public Health and the Sheriff's Department, State Funding through SB678 and AB109 through the Adult Probation Department, and Federal funding through various criminal justice focused grants, including Second Chance Act funding through DOJ. Specific examples of where individuals are placed after release include:
Recovery Survival Network
CJCJ Housing for Men
Healthright 360
Asian American Recovery Services
APD Stabilization Units in privately owned SROs
APD Rental Subsidy Program in privately owned rentals

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.

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:

Goal #3 in the City and County of San Francisco's 2010-2014 Five-Year Consolidated Plan is that "Formerly homeless individuals and families are stable, supported and live in permanent housing." The four objectives for this goal are: (1) Decrease the incidence of homelessness by avoiding tenant evictions and foreclosures and increasing housing stability; (2) Stabilize homeless individuals through outreach, services and residency in emergency and transitional shelters that lead to accessing and maintaining permanent housing; (3) Promote long-term housing stability and economic stability through wraparound support services, employment services, mainstream financial entitlements, and education; and (4) Create and maintain supportive housing. The Mayor's Office reviewed the CoC Plan to create this Consolidated Plan and convened a separate hearing specifically with homeless providers and individuals to receive comments on homeless strategies.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

HSA, in partnership with LHCB, conducted an evaluation of HPRP in San Francisco, which indicated that the program (particularly the RRH component) was an incredibly effective tool to reduce homelessness. Therefore, we have committed significant local resources (over \$3 million in City funds and private donations) to continue similar activities. LHCB co-sponsored a local process to overhaul the system of prevention and rapid rehousing funded with San Francisco local funds, and applied many of the best practices developed during HPRP, including targeting households most in need and using a shared assessment tool. In addition, the CoC provides TA and serves as an avenue for community feedback about using ESG funds to meet the needs of clients formerly served with HPRP funds. This year, San Francisco will serve 428 households with homeless prevention and 152 households with Rapid Rehousing using ESG resources. Finally, CoC staff have worked with the Housing Access Project (2008 RRH demonstration project) to use best practices learned during HPRP in order to augment that program's impact.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

San Francisco has not received NSP funds. However, all homelessness-related federal funding invested in San Francisco is coordinated through LHCB. One of the 9 voting members of LHCB is the SF VA Medical Center's Chief of Social Work Services. She provides regular updates to LHCB on HUD-VASH and other veteran-related issues, and is able to use LHCB resources to assist the VA to coordinate and improve its response to homelessness. To date, SF has received 517 tenant-based vouchers. We track information about each of those VASH beneficiaries in HMIS. In addition, SF combined multiple funding sources, including a legacy S+C grant and VASH project-based vouchers (among other sources) to create Veteran Commons, a permanent supportive housing program for vets that opened in late 2012.

In FY12, San Francisco received approximately \$16.2 million in CDBG funds, \$1.6 million in ESG, and \$9.7 million in HOPWA funds. These HUD formula grant funds are administered by the Mayor's Office, which regularly coordinates with LHCB through its Director of Housing Opportunity, Partnerships, and Engagement (HOPE). The Director of HOPE participates at least monthly in coordination activities at LHCB meetings. LHCB and the Mayor's Office coordinate funding to local agencies to decrease the incidence of homelessness in San Francisco, including Compass Community Services, Hamilton Family Center, and the Bar Association of San Francisco's Volunteer Legal Services Program. San Francisco served 265 households with HOPWA, and ESG funds will stabilize 683 homeless and at-risk households in housing this year. San Francisco continues to use CDBG and ESG funds to provide operating support for many San Francisco shelters.

Finally, the CoC, Mayor's Office and the Veteran's Administration work closely with the Local PHA to facilitate VASH placements in the community through a process developed after the 2012 Rapid Results Institute in San Diego. This process continues to focus on placement and coordination with monthly meetings.

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', describe the established policies that are in currently in place: LHCB's Educational Policy states that it will coordinate with the San Francisco school district's Homeless Education Liaison regularly to ensure that homeless families and youth are identified and served in the best possible way. Further, the policy states that LHCB will work with the schools, mainstream services, and local government to encourage them to assist homeless children to meet their educational needs.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

COORDINATION: The Homeless Education Liaison has attended LHCB meetings, presented at an LHCB Educational Forum held for all CoC-funded providers who serve homeless children, and leads the Families & Youth in Transition (FYIT) Council, whose members provide services to homeless families. LHCB staff attends the FYIT Council monthly and its members include CoC-funded agencies. This group shares resources funding opportunities, and advocates for homeless children. FYIT Council is working to reduce the cost of bus passes for homeless families, increase participation in tutoring programs, and improve data. The San Francisco liaison presented the latest work on the FYIT at the September 2012 LHCB meeting.

OUTREACH/IDENTIFICATION: All children who enroll in school are provided information and asked to complete a form describing their living situation. The Liaison receives information for all children designated as homeless and connects them to resources. In addition, CoC providers have included informing of rights, helping enroll students, and confirming service receipt into their intake process. The Liaison also works with school staff to identify and serve homeless children already enrolled in school. This process has worked well for a number of years.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

POLICY: LHCB policies related to interim housing require providers to admit and keep families together with all of their children under the age of 18 in compliance with HEARTH requirements.

CENTRALIZED INTAKE: San Francisco has a strong, quality system of services and housing for families in need. Assisted by our centralized intake center and prevention/diversion programs, many families who would need interim housing do not ever become homeless. Our prevention/diversion efforts keep families together. In the event that families need to access interim housing, the centralized intake system helps to ensure that the full range of available family units are considered, which helps ensure that households are not separated or denied admission.

PLACEMENT: A top priority in placing families in interim housing is keeping the household intact. San Francisco has a wide variety of units that are suitable for families of any size or composition. In addition, the City's strong public transportation system makes jobs and education easily accessible from any unit, which facilitates linking families to interim housing that allows households to stay together.

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)

LEADERSHIP: One of the 9 LHCB members is a VA staffer who coordinates with the Regional Interagency Council. She represents veteran interests, helps providers better link veterans to VA, and keeps the CoC informed about veterans issues.

PROVIDERS: Swords to Plowshares (STP) provides a full continuum of care to homeless veterans, including drop-in center, TH, PH, employment support, legal/benefits assistance, and specific programs for women and current era veterans. Other CoC members providing veteran services include Salvation Army, Walden House, and United Council of Human Services. The City shelter system sets aside beds for veterans, and regularly adjusts that number based on need. The City's nationally-replicated Project Homeless Connect (PHC) has focused specifically on veterans; these events were a collaboration of PHC, VA Medical Center, City, STP, and other nonprofits.

CoC PLAN & DATA: The CoC Plan includes providing housing for vulnerable persons, including veterans. It specifically calls for veteran-specific services, assistance with veteran benefits, and veteran housing designed to assist with trauma. HUD-VASH beds are entered into HMIS, and the CoC is participating in Veterans AHAR. In 2013, LHCB will receive quarterly updates on the local 5 Year Plan on veteran homelessness. HSA, PHA, the VA and STP, among others, are also active in the local Rapid Results 100 Days Campaign to house veterans with their VASH vouchers as well as the subsequent local efforts.

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)

PROVIDERS: Larkin Street Youth Services operates 25 programs in 13 sites, including an array of housing and wraparound services. First Place for Youth offers multiple programs, from which 84% of clients served obtain/retain PH upon exit. Other youth providers include Huckleberry House and Young Community Developers, among others. Also, our public transportation system now provides free passes for low-income youth.

CoC PLAN & DATA: The CoC Plan calls for housing/supportive services tailored for youth. It includes specific initiatives and action steps to increase the amount of age-appropriate supportive housing. APR data from youth programs has been analyzed and used in planning efforts to improve PH outcomes. In 2013, the CoC will conduct a youth-specific homeless count.

FUTURE PLANS: LHCB staff will focus on coordinating and evaluating the work of homeless youth providers to ensure that they provide the best youth-focused services possible and achieve positive outcomes. Because youth leaving foster care often become homeless, we will continue to improve our discharge planning policies to better identify/support at-risk youth. LHCB staff will also collaborate with local community/problem-solving courts to quickly resolve "quality of life" offenses for youth so that they do not face court fines, legal expenses, and criminal records, to improve access to housing and employment. Finally, LHCB will work with the Mayor's Office, which has a housing pipeline for TAY units.

Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

The CoC has coordinated assessment systems for families accessing shelter and individuals accessing Shelter Plus Care. Both coordinated assessment system are primarily funded by the City and County of San Francisco and have been operating for several years. They effectively assess households and link them to housing/services that best meet their needs. The LHCB HEARTH Workgroup evaluated our systems to ensure compliance with ESG rule 576.400. LHCB staff monitor regularly & ensure compliance with HUD rules, including requiring system administrators to consult with the CoC through active participation in LHCB meetings, identifying performance standards, & evaluating outcomes. We align local funds supporting shelters/permanent housing by including consistent standards and expected outcomes. The coordinated assessment systems also work with other homeless & mainstream services to ensure that agencies provide a coordinated system of care to prevent & end homelessness. ESG recipients and all agencies participating in the coordinated assessment follow written standards approved by LHCB.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

ESG funds are administered by the Mayor's Office on Housing (MOH). This year, there were approximately 6 agencies that received both CoC & ESG funds. LHCB and MOH regularly meet together to plan how to coordinate use of ESG & CoC funds within these agencies, and to ensure that all ESG & CoC resources are effectively coordinated to ensure maximum efficiency and permanently house as many households as possible. In 2012, LHCB and MOH met together four times to identify local priorities. To assist MOH, LHCB staff analyzed current system gaps and identified ESG activities that will meet the most critical needs of the CoC and further the goals of the CoC's 10 Year Plan. In 2012, the CoC and MOH collaboratively prioritized emergency shelter, rapid rehousing, and prevention. Within these activities, ESG funds were targeted to support shelter/housing/services for youth, persons with HIV/AIDS, & families with children, among others. Family providers that received ESG funds are required to participate in San Francisco's coordinated assessment system for families.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

This CoC and its housing/service providers are committed to fostering equal housing/services opportunities and do not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, age, familial status, or disability. Our providers have policies to ensure equal housing access, and HSA monitors outreach materials, cultural competency, and disability access. We will develop a community wide marketing plan that includes: (1) data analysis to identify the eligible populations that are least likely to apply without outreach; (2) outlining a good faith outreach program that includes measures to attract those least likely to apply and complies with our nondiscrimination policies; (3) identifying indicators to measure the success of the marketing program; and (4) providing staff training on fair housing/nondiscrimination laws and marketing objectives. We strive to represent diversity in marketing brochures and websites and provide cultural competency training to staff.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The San Francisco Strategic Plan Toward Ending Homelessness is focused on the housing and services needed to end homelessness among San Francisco households. LHCB and HSA (collaborative applicant) staff coordinate and liaise between housing and services systems. In order to ensure that ongoing efforts capture the needs of homeless families and individuals, the CoC is focused on robust public participation of homeless people and the advocates and providers who serve them in housing and services. For example, the CoC sponsored 15 focus groups in single adult shelters this year to assess the San Francisco shelter system and gather input about solutions to improve the system's responsiveness to need. LHCB conducts annual consumer focus groups at CoC programs to ensure that they are reliable and responsive to client needs.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

San Francisco's consolidated plan is primarily prepared by the Mayor's Office on Housing (MOH), which presents at all LHCB meetings and coordinates housing development projects with LHCB staff and other community stakeholders. During preparation of the Con Plan and Annual Action Plans, LHCB staff provide MOH with PIT Count, housing inventory, and unmet need data, advised them regarding key CoC strategic objectives, and recommended including permanent housing solutions to homelessness as top Con Plan priorities.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

We conduct a process to update to our 10-Year Plan at least once every five years. In 2013, San Francisco will launch a comprehensive process to update its 10-Year Plan to end homelessness, merging it with the CoC's 5-Year Plan. It will entail a series of intensive planning sessions where community members, providers, local leaders, and other stakeholders evaluate plan progress to date and identify key priorities for the future. We have also evaluated our 10-Year Plan and updated goals at key points in the past few years, including: (1) updating prevention strategies/action steps when HPRP was announced; and (2) updating CoC governance action steps to incorporate feedback provided during the CoC Check Up. Our 10-Year Plan includes a goal of creating 3,000 PSH beds in ten years. The Mayor's Office has tracked this goal, and the goal will be met.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC intends, as part of its 2013 strategic planning process, to incorporate the goals of "Opening Doors" into the local Plan. We will make use of the best practices and other materials that USICH has made available to inform and enrich our planning process. San Francisco's philosophy aligns with Opening Doors, as seen in our commitment to developing permanent housing (3,000 units for the chronically homeless in 10 years), funding a local rapid rehousing subsidy for families (recently analyzed and restructured to improve outcomes), investing in HMIS (new HMIS system in 2011-2012 with capacity for performance measurement and housing/service coordination), and integrating Dept of Public Health behavioral health programs with supportive housing (nationally-recognized Direct Access to Housing program).

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

ESG funds are administered by the Mayor's Office on Housing (MOH). LHCB staff work closely with MOH to determine priorities for ESG, including: inviting MOH to attend LHCB meetings (4 in 2012) to discuss ESG funding matters; conducting a community input process and a gaps analysis for ESG allocations; meeting privately with MOH to discuss housing/service needs in the community; regularly supplying MOH with LHCB analysis of provider performance to help inform allocation of ESG resources and improve program capacity/performance; assisting MOH to analyze patterns of consumer usage of ESG programs to help target resources properly; developing common standards for assistance for use by all ESG and CoC programs; providing HMIS training, tools, and other resources to MOH and ESG subrecipients, providing technical assistance to MOH/subrecipients on the implementation of best practices in rapid rehousing and prevention, including co-sponsoring a prevention and rapid rehousing work group to share local promising practices.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not applicable

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

Not applicable

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
\$67,865					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Women's HOPE	CA0062B9T011104	\$135,731	\$67,866	\$67,865	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Women's HOPE

Grant Number of Reduced Project: CA0062B9T011104

Reduced Project Current Annual Renewal Amount: \$135,731

Amount Retained for Project: \$67,866

Amount available for New Project: \$67,865

(This amount will auto-calculate by selecting "Save" button)

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$67,865				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
60	TBRA Phase 3	PH	\$67,865	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 60

Proposed New Project Name: TBRA Phase 3

Component Type: PH

Amount Requested for New Project: \$67,865

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	\$67,865
Amount requested for new project(s):	\$67,865
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 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 FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 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 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, 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.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	4,340	Beds	4,286	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	85	%	93	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	%	79	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	15	%
Decrease the number of homeless households with children	232	Households	233	Households
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Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

LHCB set ambitious “push” goals in 2011, which programs met for PH & TH.

Large Number of CH Beds: SF CoC is just 54 beds short of our ambitious goal resulting in 4286 CH beds: 219 new units and 50 VASH vouchers became available. Fluctuations in inventory contributed to falling short of the goal. (Note: The proposed goal is adjusted to account for a typo in 2011 Exh 1.)

15% Employed at Exit: Falling short of goal by 5%, LHCB analysis reveals more targeted employment resources are needed. 67% of San Francisco’s CoC programs are PH or services to PH. Serving intensely disabled persons, employment is challenging for such programs. LHCB also has two SSO programs that, between them, serve over 35% of the adults served in the CoC. An outreach only program (Bay View Drop In Center) and a coordinated assessment program for families (Compass Connecting Point) both provide only limited-time interventions, and in the past, both programs were not required to report on exit data. This year, with economic difficulties, the CoC was unable to overcome those barriers to a 20% employment outcome.

Decrease in Households with Children: Because LHCB did not host an unsheltered count in 2012, it cannot report a reduction in the number of homeless households with children in this CoC. CoC programs have been working to reduce family homelessness, and while there was a spike in the waiting list in 2012, a large amount of private resources have also been dedicated to families this year.

How does the CoC monitor recipients' performance? (limit 750 characters)

In addition to an annual performance review for the local CoC competition, HSA efforts to monitor recipients include: (1) annual onsite visits to encourage effective performance and responsiveness to client needs, and to ensure compliance with fair housing laws and HUD/CoC priorities; (2) quarterly reports from programs to determine progress towards meeting performance outcomes, spending of grant funds, and participation in HMIS; and (3) annual review of APRs to ensure accuracy of data. During monitoring activities, HSA supports projects compliance with all HUD/local regulatory/contract requirements and the provision of cost-effective services/housing. Local monitoring tools are based on HUD’s CPD Grantee Monitoring Handbook.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

LHCB set performance targets (with program input) and conducts an annual evaluation of all programs to ensure that they meet HUD performance expectations. LHCB also provides TA to projects as needed. For example, LHCB recently determined that TH projects serving certain subpopulations struggled to meet HUD performance goals related to placing people in permanent housing. LHCB analyzed HMIS/project data to identify potential areas for improvement, researched national best practices to address the challenges/barriers for the subpopulations, and assisted the projects in adapting and implementing best practices. As a result, the projects met or exceeded HUD performance goals in their next program year.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

Having identified poor performers through the annual performance review process and monitoring visits, LHCB provides one-on-one TA, describing grant requirements, implementing better tracking systems, and training staff. LHCB encourages poor performers to take advantage of professional capacity building and TA resources (such as the San Francisco Citywide Nonprofit Monitoring & Capacity Building Program and The San Francisco Foundation's Capacity Building Support program). LHCB also facilitates peer networking opportunities among projects through its Funding and Policy Committees. LHCB (HSA staff), and many CoC programs, also participate in regional homelessness-related learning communities.

Does the CoC have any unexecuted grants No awarded prior to FY2011?

If 'Yes', list the grants with awarded amount:

Project Awarded	Competitio n Year the Grant was Awarded	Awarded Amount
Not applicable	NA	\$0
Not applicable	NA	\$0
Not applicable	NA	\$0
Not applicable	NA	\$0
Not applicable	NA	\$0
	Total	\$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

LHCB (HSA staff) implemented a new HMIS in 2011-12 to increase capacity for tracking persons within the CoC's geography, and is currently improving participation and data quality of ESG programs. The HMIS Project works to import data regarding shelter reservations and shelter usage data from a variety of local providers who are not CoC or ESG funded and are unable to enter data into HMIS because of their low threshold approach to shelter access and limited staff capacity. In this year's annual program assessments, LHCB evaluated all CoC programs on HEARTH measurements. For sheltered currently homeless persons, LHCB tracks the length of time that people remain homeless at the project level. Staff determines average length of homelessness at interim housing and SSO projects by closely analyzing APR data about time spent in programs before exiting to permanent housing and HMIS data about shelter utilization.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

In 2012 program assessments, LHCB evaluated all PH programs on recidivism. LHCB evaluated the percentage of people that return to homelessness from each program. In addition, LHCB plans to use HMIS to track recidivism in the following manner:

INTAKE POLICY: HSA has issued intake guidelines to all projects in the community, which require intake workers to search all HMIS records for an existing entry before creating a new record. When an existing record is found, staff update the record to include additional assistance provided, whether by the same or a different provider.

FLAG HMIS RECORDS: HSA is working with the HMIS provider to create a recidivism "flagging" system, which will allow providers to click a box to indicate when a current client was previously homeless in our community.

REPORT: The HMIS administrator will run a report compiling information for all flagged records. She will also scan the system to look for duplicate entries for a particular client.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

OUTREACH PROGRAMS: LHCB collaborates with Department of Public Health’s Homeless Outreach Team (HOT) to engage the most vulnerable and disabled homeless people throughout the CoC’s entire geography. In addition, one CoC program, Bay View Drop-In Center, conducts outreach to people living in encampments in Bayview neighborhood. San Francisco’s centralized intake system, Connecting Point, engages families and links them to available services, shelter, and housing.

OUTREACH EVENTS: Project Homeless Connect (PHC) holds events around the city that allow homeless individuals and families to access a variety of services, from haircuts to dental screenings to benefits counseling, in a single location. These events provide a forum to engage attendees and link them to long-term services.

PARTNERING ORGANIZATIONS: LHCB also works with organizations that target specific populations, such as the VA and the SF Unified School District, to identify homeless individuals and families and connect them to necessary services.

PROCEDURES: Each outreach program and event has staff that develop relationships with individuals and develop individual service plans to connect the client to the most appropriate, available services. HOT is accessible to all SF residents via 311, to provide on-call outreach when needed. Each program and event provides services in non-English languages as needed. All programs/events are advertised widely, including in foreign languages.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

CURRENT SF EFFORTS: HSA will issue an RFP in 2013 informed by a 2012 stakeholder process to improve local prevention programs. Recommendations include: targeting those most likely to become homeless with local rental assistance, expanding prevention services for singles, reducing per household length of assistance, and using progressive engagement to maximize the number served.

CON PLAN: SF’s Con Plan aims to reduce the number of people who become homeless by supporting homeless prevention & eviction prevention programs. Its first objective is to decrease homelessness by avoiding evictions/foreclosures and increasing housing stability, through discharge planning, eviction prevention, short term rental support, outreach/education about eviction prevention and tenant rights, and foreclosure prevention.

COORDINATION WITH HPRP/ESG: LHCB was intimately involved with HPRP planning/implementation, including by hosting the design meetings and receiving reports from HPRP staff. LHCB staff assisted with HPRP implementation.

LHCB, with the Mayor’s Office, which administers ESG, has hosted several community meetings to determine the most effective use of ESG to address system gaps and critical needs. ESG staff are participating in all coordinated assessment planning.

HPRP RESULTS: LHCB is proud that in the final APR, of 358 clients imminently at risk at entry, 337 were stably housed at exit. In addition, of 842 unstably housed and at-risk at entry, 837 were stably housed at exit.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not applicable

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

Not applicable

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

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 FY2010, FY2011, and FY2012 (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 FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	2,816	3,568
2011	1,738	4,026
2012	1,738	4,286

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

LHCB provided an extensive training on the methods to assess and document homelessness and chronic homelessness in 2012. First, housing and/or service provider staff document the duration a person was homeless with appropriate timelines, including where they stayed during those episodes. Staff ask several questions about the person's homelessness experience, and document significant events to help determine precise dates of homelessness. After identifying people who meet that aspect of the CH homeless definition, licensed agency staff conduct an assessment to identify any disabilities. If the agency does not have licensed staff, HSA provides staff to conduct the assessment for them. Once a person's disability is verified, staff determine them to be chronically homeless and provide that documentation on agency letterhead. If one agency's assessment of CH status conflicts with that of a different agency, providers will follow up to ensure CH status.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

219

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)

N/A. San Francisco increased the number of permanent housing beds for chronically homeless persons and decreased the number of persons experiencing chronic homelessness.

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$3,838,560	\$11,800,566	\$11,678,226	\$1,564,973
Operations		\$111,320	\$22,881	\$1,637,947	
Total	\$0	\$3,949,880	\$11,823,447	\$13,316,173	\$1,564,973

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR 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 on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing 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 permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects 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)	210
b. Number of participants who did not leave the project(s)	1754
c. Number of participants who exited after staying 6 months or longer	200
d. Number of participants who did not exit after staying 6 months or longer	1633
e. Number of participants who did not exit and were enrolled for less than 6 months	117
TOTAL PH (%)	93

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR 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 on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing 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 the CoC have any transitional housing projects 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	523
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	412
TOTAL TH (%)	79

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 cash income. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 2,968

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	439	15%
Unemployment insurance	44	1%
SSI	401	14%
SSDI	160	5%
Veteran's disability	79	3%
Private disability insurance	3	0%
Worker's compensation	0	0%
TANF or equivalent	85	3%
General assistance	248	8%
Retirement (Social Security)	63	2%
Veteran's pension	104	4%
Pension from former job	6	0%
Child support	19	1%
Alimony (Spousal support)	4	0%
Other source	89	3%
No sources (from Q25a2.)	535	18%

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? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 non-cash benefits. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 2,968

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	577	19%
MEDICAID health insurance	832	28%
MEDICARE health insurance	175	6%
State children's health insurance	3	0%
WIC	45	2%
VA medical services	235	8%
TANF child care services	19	1%
TANF transportation services	13	0%
Other TANF-funded services	9	0%
Temporary rental assistance	66	2%
Section 8, public housing, rental assistance	310	10%
Other source	99	3%
No sources (from Q26a2.)	869	29%

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? Yes

4F. 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: 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

4G. 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:

LHCB completes an intensive program assessment annually, in which each project's APR is analyzed. Assessments include information about the benefits clients received at entry and exit, access to mainstream programs, cost-efficiency of program efforts to access benefits for clients, changes in client income, and other related information. In addition, participants are surveyed about the services they receive, including assistance with accessing mainstream benefits. Access to mainstream services is a review factor in the annual funding competition. CoC-wide concerns about benefits are identified and raised in LHCB Funding Committee meetings for discussion in the months following project selection for the competition. LHCB provides training and TA in response to analysis. San Francisco is also participating in a demonstration program with SSA to test the viability of offering presumptive eligibility to homeless persons with schizophrenia.

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:

This year, LHCB Funding Committee held extensive discussions about increasing mainstream benefits outcomes and measuring performance during three meetings, in Jan., July, and Oct. 2012. The LHCB as a whole discussed: coordinating with the local Housing Authority (Nov. 2011, May 2012), connecting homeless children and families to mainstream resources (Feb. and June 2012), Workforce Investment Board and City-funded workforce development resources (Mar. and May 2012), collaborative/"problem-solving" court programs (June 2012), and legal services resources (Sept. 2012).

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: semi-annually (twice a year)

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:

Not applicable

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

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

4H. 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:	81%
<p>Case managers assess benefit eligibility upon program entry, then, as part of the service plan, help clients collect required documents, complete application forms, and sometimes attend appointments with the client. In addition, some agencies also provide support from attorneys, psychologists, doctors and other service professionals.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	67%
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:	18%
<p>The providers that use a single application form have one for CalWORKS (TANF), food stamps, CAAP, Medicare, and Medi-Cal (Medicaid) or one for multiple housing options in San Francisco. The City also hosts benefitssf.org, an online resource where residents can apply for Food Stamps and Medi-Cal, and receive information about applying for free or reduced price school meals, WIC, earned income tax credit, working families credit.</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	81%
4a. Describe the follow-up process:	
<p>Case managers and other staff systematically monitor and assist with mainstream benefits access throughout the application process and then monitor maintenance of client income through case management meetings, money management services and other client contact. Staff document their efforts, and case records are reviewed by Program Directors.</p>	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/17/2013
CoC-HMIS Governance Agreement	No	CoC-HMIS Governan...	01/17/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: CoC-HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/16/2013
1D. Member Organizations	01/11/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/15/2013
2A. HMIS Implementation	01/15/2013
2B. HMIS Funding Sources	01/11/2013
2C. HMIS Bed Coverage	01/02/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	01/02/2013
2F. HMIS Data and Technical Standards	01/15/2013
2G. HMIS Training	01/15/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/15/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	01/15/2013
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/15/2013
2N. Unsheltered Data - Coverage	01/02/2013
2O. Unsheltered Data - Quality	01/16/2013
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Objective 2	01/16/2013
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Objective 5	01/16/2013
Objective 6	01/17/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/15/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	01/08/2013
3F. Eliminated Grants	No Input Required
3G. Reduced Grants	01/08/2013
3H. New Projects Requested	01/17/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/16/2013
4C. Housing Performance	01/09/2013
4D. CoC Cash Income Information	01/10/2013
4E. CoC Non-Cash Benefits	01/10/2013
4F. Section 3 Employment Policy Detail	01/09/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/10/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2506-0112 (Exp. 7/31/2012)

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: San Francisco Continuum of Care

Project Name: _____

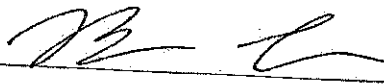
Location of the Project: San Francisco Human Services Agency
ZB 25 PO Box 7988
San Francisco, CA 94120

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: San Francisco

Certifying Official of the Jurisdiction Name: Brian Cheu

Title: Director of Community Development

Signature: 

Date: 1/9/13

2012 Consistency with the Consolidated Plan:
Project Listing

	Applicant Name	Project Name	Location
1	Catholic Charities CYO	Leland House	141 Leland Ave. San Francisco, CA 94134
2	Community Awareness & Treatment Services, Inc.	A Woman's Place	1049 Howard St. San Francisco, CA 94103
3	Community Housing Partnership	Iroquois	835 O'Farrell St. San Francisco, CA 94109
4	Compass Family Services	Compass Clara House	111 Page St. San Francisco, CA 94102
5	Larkin Street Youth Services	G-House	6324 Geary Blvd. San Francisco, CA 94121
6	The Salvation Army	The Salvation Army Harbor House	407 Ninth St. San Francisco, CA 94103
7	San Francisco Network Ministries Housing Corporation	Safe House for Women	2380 Folsom St. San Francisco, CA 94110
8	City and County of San Francisco- Human Services Agency	Avenues to Independence	1020 Haight St. San Francisco, CA 94117
9	City and County of San Francisco- Human Services Agency	Homeless Employment Collaborative	Scattered Sites throughout San Francisco
10	City and County of San Francisco- Human Services Agency	First Avenues: Housing Solutions for Families	255 Hyde St. Francisco, CA 94102
11	City and County of San Francisco- Human Services Agency	Bayview Drop-in Center Services	2111 Jennings St. San Francisco, CA 94124
12	City and County of San Francisco- Human Services Agency	Services for Treasure Island Families - Phase I	810 Avenue D, Treasure Island, CA 94130
13	City and County of San Francisco- Human Services Agency	Volunteer Legal Services Project	1360 Mission St. Suite 201, San Francisco CA, 94103
14	City and County of San Francisco- Human Services Agency	Connecting Point	995 Market St. San Francisco, CA 94103
15	City and County of San Francisco- Human Services Agency	Cameo House	424 Guerrero St. San Francisco, CA 94110
16	City and County of San Francisco- Human Services Agency	Veterans Academy at the Presidio	1030 Girard Road, San Francisco, CA 94129
17	City and County of San Francisco- Human Services Agency	Integrated Services Network	Scattered Sites throughout San Francisco
18	City and County of San Francisco- Human Services Agency	San Francisco Training Partnership	1500 Mission St. San Francisco, CA 94103
19	City and County of San Francisco- Human Services Agency	Hamilton Transitional Housing Project	1631 Hayes St. San Francisco, CA 94117
20	City and County of San Francisco- Human Services Agency	Women's HOPE	2261 Bryant St. San Francisco, CA 94110
21	City and County of San Francisco- Human Services Agency	Rita da Cascia - Positive Match	1652 Eddy St. San Francisco, CA 94115
22	City and County of San Francisco- Human Services Agency	CHEFS	165 8th St. San Francisco, CA 94103
23	City and County of San Francisco- Human Services Agency	SHEC	280 Turk St. San Francisco, CA 94102
24	City and County of San Francisco- Human Services Agency	Dudley	172 6th St. San Francisco, CA 94103
25	City and County of San Francisco- Human Services Agency	Allen Hotel	1693 Market Street San Francisco, CA 94103
26	City and County of San Francisco- Human Services Agency	Hope House	2111 Jennings St. San Francisco, CA 94124
27	City and County of San Francisco- Human Services Agency	CCDC Parkview Terraces	871 Turk Street San Francisco, CA 94102
28	City and County of San Francisco- Human Services Agency	CHP Island Bay Homes	280 Turk Street San Francisco, CA 94102
29	City and County of San Francisco- Human Services Agency	Housing Access Project	995 Market St. San Francisco, CA 94103

2012 Consistency with the Consolidated Plan:
Project Listing

30	City and County of San Francisco- Human Services Agency	SF HMIS Project	1650 Mission St San Francisco, CA 94103
31	City and County of San Francisco- Human Services Agency	TNDC Ambassador	55 Mason Street San Francisco, CA 94102
32	City and County of San Francisco- Department of Public Health	DAH - Empress Folsom/Dore	144 Eddy St./ 75 Dore Ave. San Francisco, CA 94102/3
33	City and County of San Francisco- Department of Public Health	DAH - Chronic Alcoholics	Scattered Sites throughout San Francisco
34	St. Vincent de Paul	Brennan House	Confidential location in San Francisco
35	Swords to Plowshares	Transitional Living Program for Homeless Veterans	1433 Halibut Ct. San Francisco, CA 94130
36	Swords to Plowshares	Transitional Housing for Chronically Homeless Veterans	1433 Halibut Ct./ 27 & 42 DeMontFort, San Francisco, CA 94130/94112
37	City and County of San Francisco- Human Services Agency	Canon Kip	705 Natoma St. San Francisco, CA 94103
38	City and County of San Francisco- Human Services Agency	Knox	241 6th St. San Francisco, CA 94103
39	City and County of San Francisco- Human Services Agency	Cadillac/William Penn	380 Eddy St/ 111 Taylor St., San Francisco CA 94102
40	City and County of San Francisco- Human Services Agency	Franciscan Towers	217 Eddy St. San Francisco, CA 94102
41	City and County of San Francisco- Human Services Agency	Scattered Sites	810 Avenue D, Treasure Island, CA 94130
42	City and County of San Francisco- Human Services Agency	Hazel Betsey (1-br)	3554 17th St. San Francisco, CA 94110
43	City and County of San Francisco- Human Services Agency	Hazel Betsey (studios)	3554 17th St. San Francisco, CA 94110
44	City and County of San Francisco- Human Services Agency	South Park	22 South Park St. San Francisco, CA 94107
45	City and County of San Francisco- Human Services Agency	Juan Pifarre	1010 South Van Ness St. San Francisco, CA 94103
46	City and County of San Francisco- Human Services Agency	Tenant Based Rental Assistance	Scattered Sites throughout San Francisco
47	City and County of San Francisco- Human Services Agency	Monterey Blvd.	403-407 Monterey Blvd./ 457 Detroit San Francisco, CA 94127
48	City and County of San Francisco- Human Services Agency	El Dorado/Midori	154 Ninth St. San Francisco, CA 94103
49	City and County of San Francisco- Human Services Agency	Glide	333 Taylor St. San Francisco, CA 94102
50	City and County of San Francisco- Human Services Agency	Treasure Island - Phase 1	810 Avenue D, Treasure Island, CA 94130
51	City and County of San Francisco- Human Services Agency	Canon Barcus	670 Natoma St. San Francisco, CA 94103
52	City and County of San Francisco- Human Services Agency	Treasure Island - Phase 2	810 Avenue D, Treasure Island, CA 94130
53	City and County of San Francisco- Human Services Agency	Isabel	1095 Mission St. San Francisco, CA 94103
54	City and County of San Francisco- Human Services Agency	Lyric	140 Jones St. San Francisco, CA 94102
55	City and County of San Francisco- Human Services Agency	Tenderloin Neighborhood Development Corp. Scattered Sites	Scattered Sites throughout San Francisco
56	City and County of San Francisco- Human Services Agency	Folsom/Dore	75 Dore St. San Francisco, CA 94103
57	City and County of San Francisco- Human Services Agency	1075 Le Conte	1075 Le Conte San Francisco, CA 94130
58	City and County of San Francisco- Human Services Agency	CoC Planning	1650 Mission St San Francisco, CA 94103

2012 Consistency with the Consolidated Plan:
Project Listing

59	City and County of San Francisco- Human Services Agency	TBRA Phase 2	Scattered Sites throughout San Francisco
60	City and County of San Francisco- Human Services Agency	TBRA Phase 3	Scattered Sites throughout San Francisco
61	Community Housing Partnership	555 Harrison	555 Harrison St. San Francisco, CA 94103

ByLaws

SF Local Homeless Coordinating Board BYLAWS passed 9.11.06

Article I: Name

The name of this board shall be the San Francisco Local Homeless Coordinating Board, herein referred to as the "Local Board".

Article II: Purpose

The Local Board, within a Housing First Model, works towards developing a continuum of services where the ultimate goal is to prevent and eradicate homelessness in the City and County of San Francisco. All efforts are aimed at permanent solutions, and the range of services is designed to meet the unique and complex needs of individuals who are threatened or currently experiencing homelessness.

Article III: Membership

Section 1

The Local Board is a nine-member body. All nine voting members gain membership through an appointment process. Other members of the community, both public and private, can be non-voting members and can participate as non-voting members in committees or participate in public comment.

Section 2. Appointment

Pursuant to Board of Supervisor's Resolution 208-05 the Board of Supervisors will appoint four members from the following constituencies: representatives of homeless, formerly homeless, community and advocacy organizations, service provider agencies, business and corporate sectors and the foundation community, but will not involve designating specific seats for specific constituents. The Mayor will appoint four members from the afore mentioned groups. The Controller shall appoint one member from the same constituencies. Members shall not be from public entities.

Section 3. Attendance

Members are required to attend all Local Board meetings unless excused by the Co-Chairs for good reason. Three unexcused absences in one year are grounds for removal. Attendance will be kept and recorded by the staff member of the Local Board.

Section 4: Alternates

Members may not send another individual to a meeting to vote in their place.

Section 5: Terms of Office

Pursuant to BOS resolution 209-05 the members of the Local Board shall serve four-year terms at the pleasure of their appointing officer. To stagger the terms, four members shall serve an initial term of two years and five members shall serve an initial term of five years. The Co-Chairs shall each serve a term of one year; these terms shall also be staggered.

Section 6: Co-Chairs

The Local Board shall elect two co-chairpersons annually, by a majority vote. The Local Board

may designate alternate acting co-chair persons to preside over meetings during the absence of the elected co-chair.

Section 7: Leaves of Absence

Leaves of absence are submitted by written notice to the co-chairs and granted by the same. A leave of absence may not exceed three months. Persons not returning by the end of the three month period will be considered to have resigned. Members who are granted a leave of absence may formally designate a representative who can formally participate and vote.

Section 8: Conflict of Interest

A board member must disclose personal, professional, and business relationships when making governmental decisions. If there is a conflict of interest, the member must reclude herself or himself from the role.

Section 9: Dismissal

Members may be dismissed from the Local Board for more than three unexcused absences. Excused absences include, but are not limited to, illness, vacation, and employment obligation. Members can only be officially dismissed by the appointing body (Board of Supervisors, Mayor, the Controller). Discussion and possible action on the dismissal of any member must be properly noticed on an agenda. If a member wishes to resign from his or her seat, she or he must submit a letter of resignation to the appointment agency and the full board.

Section 10: Roles and Responsibilities

Local Board members responsibilities include:

- (a) Attendance to all governing board meetings
- (b) Participation (co-chair) in a minimum of one Board meeting committee or task group
- (c) Oversee the HUD McKinney process
- (d) Review and comment on local homeless legislation
- (e) Monitor the implementation of the Continuum of Care and the Ten Year Plan to End Chronic Homelessness
- (f) Gather community input on homelessness

Section 11: Compensation

The Local Board shall serve without pay, but the Local Board may authorize and recommend the payment of reasonable and necessary expenses incurred by the members of the Board in the performance of their duties.

Article IV: Meetings

Section 1: Regular Meetings

Regular meetings should be publicly noticed and in full accordance of the Sunshine Ordinance. The regular meeting day, time, and place is the first Monday of the month, at 3pm. The location will be at 170 Otis, Born Auditorium, San Francisco. Location, time, and date are subject to change per the schedules of Board members. All changes will be noticed to the public under the requirements of the Sunshine Ordinance.

Extension of meeting times or additional meetings should be scheduled as needed.

Section 2: Quorum

A quorum of fifty percent plus one member of the Local Board, five members, shall be present at any regular or specially scheduled meeting in order for the Local Board to engage in formal decision making. The same quorum must be present at a committee meeting if action is going to be taken.

Section 3: Proceedings

3.1: All Local Board meetings shall be open to the public, in full accordance with the Sunshine Ordinance.

3.2: All agendas will be created and posted by the Local Board staff member at least 72 hours prior to the meetings, in full accordance with the Sunshine Ordinance.

3.3: Local Board staff member will keep minutes for all Local Board meetings, including committee meetings. Minutes will be made available for public review, in full accordance with the Sunshine Ordinance.

Section 4: Procedure

The rules of parliamentary Practice, as set forth in Robert's Rules of Order, shall govern all meetings of the Local Board and its committees.

Section 5: Special Meetings:

Special meetings may be called or scheduled by the co-chairs or three or more members. The agenda, place, and time of such meetings shall be set forth in the meeting notice at least 24 hours before the time of such a meeting.

Section 6: Voting

While the Local Board will strive to achieve consensus, the affirmative vote of a majority of members shall be required for the approval of any matter. Except, a majority present may approve matters of procedure as long as members constitute a quorum.

Absentee votes shall not be permitted.

Article V: Committees

Section 1: Standing Committees and Membership

The Local Board may have some or all of the following committees: Funding Committee, Strategic Planning Committee, Policy and Legislation Committee. Members of the Local Board will be the designated chairs of each committee. The majority of the committee members will be made up of the public.

Section 2: Voting

The members of the committee cannot vote to take action on items. The role of the committees is to partake in discussion and make recommendation to the Full Board for vote.

Section 3: Funding Committee

The Funding Committee shall:

- (a) Coordinate and manage the McKinney-Vento application process
- (b) Explore new revenue streams for existing programs that may be phased out of the McKinney-Vento funding stream
- (c) Make recommendations regarding the budget process to the City
- (d) Establish working relationships regionally and inter-county in order to review regional approaches to homelessness

Section 4: Strategic Planning Committee

The Strategic Planning Committee shall:

- (a) Develop a unified strategy involving the Ten Year Plan to End Chronic Homelessness and the Five Year Continuum of Care Plan
- (b) Develop a third Continuum of Care Five Year Plan

- (c) Monitor and evaluate the Continuum of Care Plan; including implementation of CoC Plan timeline, monitoring implementation of CoC action steps, and assurance that homeless services are in compliance with CoC plan

Section 5: Policy and Legislation Committee

The Policy and Legislation Committee shall

- (a) Review all local homeless initiatives
- (b) Advise the Mayor and Board of Supervisors before any new measure is adopted
- (c) Develop macro level policy statements on homelessness in San Francisco
- (d) Respond to policy issues that are brought forth by community members

Section 6: Ad Hoc

The Chair of the Board and/or the majority of the Board members may form a special committee. Ad Hoc committees are formed for a specific purpose and cease to exist after completion of a designated task.

Article VI: Personal Liability

Section 1:

The members of the Local Board shall not be personally liable for any debt, liability, or obligation of the Local Board. All persons, corporations, or other entities extending credit to, contracting with, or having any claim against the Local Board may look only to the funds and property of the Local Board for payment of such contract or claim or for payment of any debt, damages, judgment or decree, or of any money that may otherwise become due or payable to them from the Local Board.

Article VII: Anti-Discrimination

Section 1:

The Local Board shall not discriminate in any regard to race, creed, color, gender, sexual orientation, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or physical or mental disability.

Article VIII: Amendment of Bylaws

Section 1:

The bylaws of the Local Homeless Coordinating Board may be amended after presentation of proposed amendments as a scheduled agenda item in a regular meeting of the Local Board. Both one full month's notification of proposed amendments and passage by majority membership vote at the following month's regular meeting are prerequisite to amendment of bylaws.

**Memorandum of Understanding (MOU) between the San Francisco Human
Services Agency and San Francisco Continuum of Care**

For the Homeless Management Information System (HMIS)

HMIS is a client information system that captures universal and program data elements required by the U.S. Department of Housing and Urban Development for recipients of McKinney-Vento Act funding. San Francisco's HMIS is a web-based database administered by the San Francisco Human Services Agency ("Agency") on behalf of the San Francisco Continuum of Care ("CoC").

I. Confidentiality

- A. The Agency shall uphold relevant federal and state confidentiality regulations and laws that protect Client records and the Agency shall only release client records with consent by the client, unless otherwise provided for in the regulations.
- B. The Agency shall abide specially by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- C. The Agency agrees not to release any confidential information received from the HMIS database to any organization or individual without proper written Client consent.
- D. The Agency shall ensure that all staff and other persons issued a User ID and password for HMIS receives basic confidentiality training.
- E. The Agency does not require or imply that services must be contingent upon Client's participation in the HMIS database. Services should be provided to Clients regardless of HMIS participation provided the Clients would otherwise be eligible for the services.

II. HMIS Use and Data Entry Agency Responsibilities

- A. Agency will be responsible for maintaining and securing the client database for HMIS records.
- B. Agency will assign and maintain user names and passwords and monitor use of all who access the client database.
- C. Agency will provide training and technical assistance to all agencies participating in SFHMIS.
- D. Agency will prepare and submit Annual Homeless Assessment Reports (AHAR) to HUD.
- E. The Agency shall work with participating agencies serving homeless clients and assist them with the process of entering information into the HMIS database. and will strive for real-time, or close to real-time data entry.
- F. The Agency shall not use the HMIS database with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- G. The Agency will be responsible for providing initial and on-going HMIS training to all participating agencies entering data to the HMIS database.

III. Reports

- A. The Agency shall retain access to identifying and statistical data on the Clients it serves.
- B. The Agency's access to data on Clients it does not serve shall be limited to non-identifying and statistical data.
- C. The Agency may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify individual Clients. The Agency will provide reports using aggregate data to CoC upon request.
- D. The Agency will use only unidentified, aggregate HMIS data for homeless policy and planning decisions, in preparing federal, state or local applications for homeless funding, to demonstrate the need for and effectiveness of programs and to obtain a system-wide view of program utilization in the state.

IV. Proprietary Rights of DOMUS Software

- A. The Agency **shall not** give or share assigned passwords and access codes of the HMIS database within any other Agency, business or individual.
- B. The Agency **shall not** cause in any manner, or way, corruption of the HMIS database in any manner.

V. Terms and Conditions

This Agreement shall be in-force until revoked in writing by either party provided funding is available.

San Francisco Continuum of Care:

J. John Bordin
Co-Chair

Date: 9-8-2008

Roderick
Co-Chair

Date: 9-8-2008

San Francisco Human Services Agency:

Jane
Director, Housing and Homeless Programs

Date: 9/8/2008