

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):** CA-607 - Pasadena CoC

**CoC Lead Organization Name:** Pasadena Community Development Commission

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

### Instructions:

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

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

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

**Name of primary decision-making group:** Pasadena Housing & Homeless Network

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

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

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 65%

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

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

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

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

All group members are either appointed by, assigned by, or volunteer to represent their respective agencies.

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

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

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

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

Yes. The primary decision body is the Pasadena Housing and Homeless Network which would designate the Pasadena Community Development Commission as the agency responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring. This is the entity that currently acts as the CoC Applicant.

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

**Instructions:**

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

**Committees and Frequency**

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Housing Committee	The committee a) implements strategies that remove barriers & increase rehab & production of housing, including permanent supportive housing for very low, low, & moderate	Monthly or more
Continuum of Care Committee	The committee a) improves CoC-wide participation in mainstream resources and programs; b) assists the	Monthly or more
HMIS and Homeless Research Committee	The Committee a) gathers data and provides analysis of research projects including homeless	Monthly or more
10-Year Strategy Implementation Committee	The Committee implements and evaluates the action steps outlined in the 10-Year Strategy to End Homelessness.	Monthly or more
Grants Review Committee	The Committee coordinates year-round efforts to complete activities related to project review and selection process of Exhibit 1 application. Such efforts include a) rating and performance measures, including APR performance; b) open solicitation methods; and c) voting and decision-making methods. The committee also reviews and responds to written complaints received by the CoC.	Monthly or more

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

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

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
California Senate District 21	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
California Assembly District 44	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Pasadena Public Health Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Pasadena Department of Planning and Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Pasadena Human Services, Recreation, and Neighb...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Los Angeles County Department of Mental Health	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Pasadena Community Development Commission	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Pasadena Unified School District	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Pasadena Police Department	Public Sector	Law enf...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Foothill Workforce Investment Board	Public Sector	Local w...	Primary Decision Making Group, Attend 10-year planning me...	NONE
California Department of Rehabilitation	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Department of Public Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Social Security Administration	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Pasadena Neighborhood Connections	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Ecumenical Council of the Pasadena Area Churches	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Grandview Foundation, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
Pacific Clinics	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...

Serra Project	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	HIV/AIDS
Union Station Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
URDC Human Services Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Hillsides/Youth Moving On	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Haven House, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Elizabeth House, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Salvation Army Pasadena Corp	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Fuller Theological Seminary	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Lake Avenue Community Foundation	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Door of Hope, Inc.	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Pasadena Covenant Church	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Agape Christian Fellowship Corporation	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Corporation for Supportive Housing	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Housing Rights Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Pasadena Playhouse District	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Huntington Hospital	Private Sector	Hospita..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Clarence Pullium	Individual	Homeles..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Institute for Urban Initiatives	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Department of Veteran's Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans

Affordable Housing Services	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Beacon Housing	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Prototypes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
AIDS Service Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Heritage Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Community Health Alliance of Pasadena	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS

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

## Instructions:

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

### Open Solicitation Methods: (select all that apply)

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

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

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

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

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

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

No

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

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

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

**Emergency Shelter:** Yes

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

Family Hope Inc's Elizabeth house reclassified themselves as transitional housing to better reflect the length of stay and types of services provided to clients.

**Safe Haven:** No

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

N/A

**Transitional Housing:** Yes

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

Family Hope Inc's Elizabeth house reclassified themselves as transitional housing to better reflect the length of stay and types of services provided to clients.

**Permanent Housing:** Yes

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

Six Permanent Housing beds were added. Of these, four new tenant-based Shelter Plus Care beds were for four chronically homeless individuals.

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

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

**Instructions:**

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	E-HIC	11/23/2009

## Attachment Details

**Document Description:** E-HIC

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

**Instructions:**

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

**Indicate the date on which the housing inventory count was completed:** 01/28/2009  
(mm/dd/yyyy)

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

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

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** HUD unmet need formula, Local studies or non-HMIS data sources, Stakeholder discussion  
(select all that apply)

**Specify "other" data types:**

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

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

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

### Intructions:

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

**Select the HMIS implementation type:** Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:** CA-600 - Los Angeles City & County CoC, CA-612 - Glendale CoC, CA-602 - Santa Ana/Anaheim/Orange County CoC, CA-607 - Pasadena CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

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

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** Aesengenuity

**What is the name of the HMIS software company?** Adsystem

**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):** 04/01/2005  
(format mm/dd/yyyy)

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

**Indicate the challenges and barriers impacting the HMIS implementation:** Inadequate staffing, HMIS unable to generate APR data  
(select all the apply):

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

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

The CoC is currently working with the the Ecumenical Council of Pasadena Area Churches, which is having difficulty entering data in a timely fashion because of inadequate staffing. The Housing Department, which is the HMIS lead agency, is providing ongoing one-on-one technical assistance until the problem is resolved, and continues to explore technological enhancements, eg swipe cards and quick intake, that will ease the data entry process. The Housing Department is working with the Southern California Regional HMIS Collaborative and with the software provider to resolve outstanding APR issues. Improvements to the software have resolved many of the APR issues, but a few, particularly in regards in regards to outcome tracking, remain.

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

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

**Organization Name** Pasadena Community Development Commission

**Street Address 1** 649 N. Fair Oaks Ave., Suite 202

**Street Address 2**

**City** Pasadena

**State** California

**Zip Code** 91103

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

If "Other" please specify

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

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

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

**Prefix:** Ms.

**First Name** Anne

**Middle Name/Initial**

**Last Name** Lansing

**Suffix**

**Telephone Number:** 626-744-6701  
(Format: 123-456-7890)

**Extension**

**Fax Number:** 626-396-7873  
(Format: 123-456-7890)

**E-mail Address:** alansing@cityofpasadena.net

**Confirm E-mail Address:** alansing@cityofpasadena.net

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

**Instructions:**

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

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

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

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Monthly

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

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	6%	12%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	2%
* Disabling Condition	0%	3%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	11%	44%
* Name	0%	0%

**Instructions:**

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

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

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

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

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

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

In order to improve data quality for participating agencies, the HMIS administrator runs discrepancy reports to identify agencies with poor data quality. We also run ongoing internal program setup reports to ensure that the funding requirements are tied to the program in order to generate accurate reports. We also contact agencies and remind them to enter client data for upcoming reports that are due. In addition, we work with agencies on identifying their agency workflow to better adjust our trainings to their program. We offer email, phone, in class training, onsite training, and remote assistance.

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

In HMIS, the program entry date defaults to the date the client is enrolled in the program and users also have the ability to back date the entry date. Program managers can run reports displaying their clients' program entry and exit dates. The system also forces the exit date to be greater than the entry date. In addition the HMIS team runs audit reports for programs that have upcoming reports due, and provides technical assistance to resolve any issues pertaining to data quality.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

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

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

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

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

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

**Instructions:**

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

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

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

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

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Monthly

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

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

**If 'Yes' indicate date of last review or update by CoC:** 11/02/2009

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

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

### Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

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

**Instructions:**

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

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

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/28/2009

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	32	32	29	93
<b>Number of Persons (adults and children)</b>	67	86	73	226
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	97	141	656	894
<b>Number of Persons (adults and unaccompanied youth)</b>	97	153	668	918
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	129	173	685	987
<b>Total Persons</b>	164	239	741	1,144

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

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	27	254	281
* Severely Mentally Ill	151	171	322
* Chronic Substance Abuse	193	134	327
* Veterans	10	81	91
* Persons with HIV/AIDS	27	0	27
* Victims of Domestic Violence	207	77	284
* Unaccompanied Youth (under 18)	0	0	0

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

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

**How frequently does the CoC conduct a point-in-time count?** Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/27/2010

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

**Emergency shelter providers:** 100%

**Transitional housing providers:** 100%

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

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

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

The HMIS Administrator generates a report based on program entry data from those facilities that are part of the HMIS on the day the Homeless Count is administered. This is in addition to surveys given to facility providers who are not in the HMIS who use the survey to count the total of clients residing in their programs during the day the Homeless Count is administered and to answer questions that relate to identifying sub-population criteria. The HMIS data and the survey data is totaled and analyzed.

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

There was a slight increase over the previous annual count due to a slightly smaller vacancy rate. Please note that there were no new shelter or transitional housing beds added to the CoC during the past year. Elizabeth House reclassified their shelter beds from emergency to transitional, but there was no addition or subtraction of beds.

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

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

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

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

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

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	X
<b>Sample strategy:</b>	Random Sample
<b>Provider expertise:</b>	
<b>Non-HMIS client level information:</b>	
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

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

A 100+ question survey was administered by trained surveyors to nearly all (84%) of sheltered homeless persons. The survey included questions that clearly identified persons that fell within each of the subpopulations. Answers to these questions enabled the CoC to determine the number and needs of the subpopulations who use the shelter system.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

There were only two sub-populations that had a variance of 3% or greater between the 2008 and 2009 homeless counts. A variance is defined as a difference in the total number of persons within each sub-population. They were variances of 3% or greater among the Chronically homeless and victims of domestic violence. In 2008 there were 282 persons or 36.4% of persons counted were chronically homeless. In 2009 there were 301 persons or 33.1% of persons were chronically homeless. In 2008 18.7% or 145 persons were victims of domestic violence and in 2009 31.2% or 284 persons were victims of domestic violence. The CoC believes that the reason for these differences is because members of families made up a greater percent of the homeless population in 2009 when compared to 2008.

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

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

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

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

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

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

**If Other, specify:**

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

The methodology used during the enumeration process helped create an identifier that prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code. However, this person would only be counted once in the final tally.

The information for every person encountered every time was loaded into a data base. The information was then used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", his last name began with "T", he was male "M", he was White "W", born in 1957, and born in California.

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

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

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

For more information on any of these methods, see *A Guide to Counting Unsheltered Homeless People* at: [http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

If Other, specify:

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

### Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Complete Coverage and Known Locations

**If Other, specify:**

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

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

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

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

If Other, specify:

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

The count instrument that was used collected the following information concerning every homeless person counted: first initial of first name, first initial of last name, gender, ethnicity, year born, and state born as noted below. The methodology used during the enumeration process helped create an identifier that prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code. However, this person would only be counted once in the final tally.

The information for every person every time was loaded into a data base. The information was then used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", his last name began with "T", he was male "M", he was White "W", born in 1957, and born in California. If this code appeared more than once, the person would only be counted once in the final tally.

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

The CoC provides referrals and when necessary transportation to shelters for households with dependent children throughout the year so that they receive the necessary services so that they do not return to the streets. During the homeless count, the CoC provides these referrals and when necessary transportation to shelters including the winter shelter for unsheltered households with dependent children for the same purposes. Additionally, the CoC has in place a Homeless Prevention Program which provides resources to at-risk-to-homelessness households, including those with children, to prevent them from becoming homeless, and has implemented a Rapid Re-housing Program with HPRP funding to quickly move those who have become homeless back into housing, and divert them from the shelter system whenever possible.

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

The CoC relies on the following groups of persons to identify and engage homeless persons particularly those who routinely sleep on the streets and other places not meant for human habitation: 1) homeless street outreach staff; 2) current and formerly homeless persons; 3) homeless service provider staff; and 4) community volunteers particularly from community service groups and faith-based organizations. Count teams are formed and each team has at least one current or formerly homeless individual, one homeless service provider staff, and one community volunteer. Because of the limited number of street outreach workers, they are assigned to teams who will visit known encampments in remote areas and/or large encampments. Those teams that will be visiting larger service-based programs (e.g. winter shelters) have additional street outreach and service provider members.

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

One of the reasons why there was an increase in the unsheltered population is because members of families made up a larger percent of the unsheltered population. In 2008 28.4% of the unsheltered population were members of families and 30.3% in 2009. Most notably is that two parent families dramatically increased. In 2008 28.9% of unsheltered families had two parents whereas in 2009 48.3% of unsheltered families had two parents.

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

#### **Objective 1: Create new permanent housing beds for chronically homeless individuals.**

**Instructions:**

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?**

The Pasadena Community Development Commission will be applying for two Shelter Plus Care certificates for chronically homeless as part of the 2009 CoC Application. In addition, the PCDC will be working with a non-profit provider to provide 12 units of permanent supportive housing for homeless individuals.

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

The Pasadena City Council adopted the Pasadena 10-Year Strategy to End Homelessness a few years ago. The strategy outlined recommendations to create more permanent supportive housing beds for chronically homeless individuals which included: 1) adopting a "housing first approach" for chronically homeless individuals and 2) creating permanent supportive housing units by converting existing residential units including SRO units. As a result, the CoC is in the midst of converting an existing 144 unit SRO into permanent supportive housing, of which 1/3 of the units will serve chronically homeless individuals.

**How many permanent housing beds do you currently have in place for chronically homeless persons?** 32

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

**How many permanent housing beds do you plan to create in the next 5-years?** 144

**How many permanent housing beds do you plan to create in the next 10-years?** 200

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

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

**Instructions:**

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

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

The CoC will 1) continue to work Hestia House to improve housing retention among its residents; 2) provide eviction prevention and personal finance training to all persons in PH; and 3) implement APR Tracking of all PH projects and monitor results quarterly.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

CoC will continue to implement the steps noted above. The CoC will meet with low-performing agencies in order to identify causes for low retention rates. CoC will also meet with high-performing agencies in order to identify reasons for higher retention rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve placement outcomes for clients.

<b>What percentage of homeless persons in permanent housing have remained for at least six months?</b>	85
<b>In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?</b>	86
<b>In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?</b>	88
<b>In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?</b>	90

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

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

**Instructions:**

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

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

The CoC has exceeded the threshold of 65% and will exceed or maintain its current percentage (78%) of homeless persons remaining in permanent housing for at least six months by: 1) 1) implementing APR tracking of all TH projects and monitor results quarterly; 2) ensuring that TH and PH providers will meet on an on-going basis to ensure that TH residents are given access to PH vacancies and other housing resources throughout the continuum; and 3) meeting with TH and PH providers at least semi-annually to provide Technical assistance to help move homeless persons from TH to PH.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

CoC will continue to implement the steps noted above. The CoC will meet with low-performing agencies in order to identify causes for low placement rates. CoC will also meet with high-performing agencies in order to identify reasons for higher placement rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve placement outcomes for clients.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 78

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 79

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 80

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 85

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

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

**Instructions:**

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

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

CoC will 1) link SSO, ES, TH, & PH clients to City of Pasadena First Source Hiring Program; 2) work with all PH, TH, and SS projects to identify barriers to employment and make projects aware of all employment services including First Source Hiring Program and the stimulus-funded Foothill Employment & Training Connection to meet the goal of increasing employment; and 3) continue APR tracking of all PH, Th, and SSO projects and monitor results quarterly.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

CoC will review the APR employment outcomes on a quarterly basis. CoC will meet with low-performing agencies in order to identify causes for low employment rates. CoC will also meet with high-performing agencies in order to identify reasons for higher employment rates. CoC will share high-performing agency findings with lower performing agencies in order to help them improve employment outcomes for clients. One ongoing barrier concerns Passageways, an intake and multi-service center, which provides short-term services to clients before they are placed in housing programs. This short term before program exit hampers the ability of program staff to link clients with employment.

**What percentage of persons are employed at program exit?** 10

**In 12-months, what percentage of persons will be employed at program exit?** 20

**In 5-years, what percentage of persons will be employed at program exit?** 25

**In 10-years, what percentage of persons will be employed at program exit?** 30

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

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

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

The CoC will continue to operate its Pasadena Homeless Prevention Program which consists of three components: 1) Prevention Assistance; 2) Rapid Re-housing Assistance; and 3) Supplemental Resource Assistance. Prevention assistance is provided by HPRP funding and will prevent households with children from becoming homeless. Rapid Re-housing assistance is provided by HPRP funding and will rapidly re-house homeless households with children; and supplemental resource assistance will provide supplemental resources such as rental and utility assistance to prevent households with children from becoming homeless.

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

Pasadena City Council adopted the 10-Year Strategy to End Homelessness which has recommendations to decrease the number of homeless households with children. The recommendations focus on continuing the operation of the three components of the Pasadena Homeless Prevention Program that are noted above.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 93
- In 12-months, what will be the total number of homeless households with children?** 80
- In 5-years, what will be the total number of homeless households with children?** 75
- In 10-years, what will be the total number of homeless households with children?** 65

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

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

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

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

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

#### Foster Care:

County of Los Angeles Department of Children and Family Services provides discharge planning and placement assistance to youth leaving foster care. Planning and assistance is provided through a Transitional Independent Living Plan that is developed when youth turn 15 ½ years of age. The plan focuses on housing options, employment options, and development of live skills such as budgeting, shopping, meal planning, conflict management, etc. A Transitional Housing Program is available for youth ages 16 to 18 to prepare them to be self-sufficient. Requirements include completing high school, obtaining a part-time job, attend support meetings, and follow rules of the program. Additionally, some youths are placed with family & friends or in group homes.

#### Health Care:

Persons who are admitted to Huntington Hospital (Pasadena's only hospital) and are identified as homeless, unfunded, or chemically dependent, are assigned immediately to a social worker. The social worker is provided with a current list of service provider agencies throughout the City and County. These lists are updated on a regular basis. Prior to the patients release social workers coordinate with non-profit service providers to locate a safe environment and the appropriate services for their patient. Upon discharge, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities. Social Workers contact Passageways' street outreach team prior to the release of any patient identified as homeless and for whom housing has not been identified prior to release.

**Mental Health:**

Della Martin is the psychiatric wing of Huntington Hospital which is funded in part by the County Department of Mental Health. Los Angeles County-funded facilities adhere to the Discharge Planning Protocol adopted by the Los Angeles County Board of Supervisors. Upon discharge, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities. Social Workers contact Passageways' street outreach team prior to the release of any patient identified as homeless and for whom housing has not been identified prior to release.

**Corrections:**

The Pasadena Police Department contacts the HOPE Team when someone is identified as homeless. The HOPE Team works closely with the identified person to identify and provide appropriate residential and non-residential services for homeless persons. Upon release, these persons find housing with family & friends, group homes, sober living homes, and board and care facilities. During winter months, persons for whom housing has not been identified are referred to the Winter Shelter Program.

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

**Instructions:**

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

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

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

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

The latest Consolidated Plan was completed after the 10-year plan was adopted by the City Council and goals are the same which include the following:  
1. establish an additional street outreach team consisting of a Street Outreach Worker and Health Care Outreach Worker that would provide services primarily to the chronically homeless;  
2. increase the number of permanent supportive housing beds for the chronically homeless;  
3. implement a homeless prevention program that would focus on providing resources to households at risk of becoming homeless in order to maintain their housing;  
4. increase the participation of non-Hud funded residential programs in HMIS;  
5. provide homeless prevention resources.

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

The Pasadena Housing & Homeless Network is the principal planning entity for the City's Continuum of Care. Mainstream resource providers, including representatives from the Social Security Administration and the Los Angeles County Department of Public Social Services, which administers Temporary Aid to Needy Families, are members of the Network. The plan for allocating the HPRP funding was agendized and discussed at the March 5 and April 2, 2009 Network meetings. The Network supported the City's plan for allocating the funding and the estimated budget summary. It is expected that providers who participate in the City's Continuum of Care and who are currently providing Rapid Re-housing and Homeless Prevention services will apply for HPRP funding through the RFP process. Outreach to eligible households will be done through Continuum of Care agencies and mainstream resource providers. Services provided to eligible households assisted with HPRP funds will include services provided through the City's Continuum of Care, including participation in Sources job preparation program; access to case management; and transitional and permanent supportive housing. HPRP participants will also be referred to mainstream resources, including food stamps, cash aid, Social Security benefits, and unemployment benefits.

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

The City of Pasadena is receiving CDBG-R funding. The CoC is coordinating with CDBG-R funded agencies, including Door of Hope which is receiving CDBG-R funds to assist homeless clients to find employment, save money, pay off debts, attend counseling, access affordable child care and locate permanent, affordable housing, and the Community Health Alliance of Pasadena, which is receiving CDBG-R funding to provide health and dental care that is needed in order for homeless clients to become employed. Additionally, the CoC is coordinating a referral process for homeless veterans in Pasadena to allow them to access VASH vouchers that have been allocated to the Housing Authority of the County of Los Angeles. This referral process includes ongoing outreach by Veteran's Administration outreach staff to homeless service agencies and homeless individuals in Pasadena to ensure that veterans are identified and are aware of services and housing available through the VA, especially VASH.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	3	Beds	4	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	%	85	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	88	%	78	%
Increase percentage of homeless persons employed at exit to at least 19%	19	%	10	%
Decrease the number of homeless households with children.	10	Households	12	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

The Coc did not meet its' proposed 12-month acheivement for homeless persons staying in permanent supportive housing primarily because we have chosen to serve chronically homeless individuals in our permanent housing projects. Though we provide a high level of appropriate services, the population has multiple barriers to retaining permanent housing. The CoC is committed to continuing to serve this population, and regularly reassesses the type and scale of services provided in order to increase this percentage. The CoC did not meet our proposed objective for transitional housing, though we remain well above the national average, because of a typographically error in the 2008 application. The CoC had intended to set our goal at 68%, which we exceeded. The Actual 12-Month Achieiment for 2008 was 65%, which we had intended to increase by 3%. In fact, we increased this numeric achievement by 13%. The percentage of persons employed at exit continues to be affected by the short-term nature of our multi-service center, Passageways, which is the principal entry-point into our CoC and accounted for 91% of the exits. Without Passageways' exit numbers factored in, the employment rate at exit was 30%.

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

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	289	17
2008	279	28
2009	281	32

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 4

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$113,760			\$113,760	
Total	\$113,760	\$0	\$0	\$113,760	\$0

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

The number of chronically homeless persons did not increase and the number of permanent beds designated for the chronically homeless did not decrease.

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

### Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	26
b. Number of participants who did not leave the project(s)	71
c. Number of participants who exited after staying 6 months or longer	16
d. Number of participants who did not exit after staying 6 months or longer	66
e. Number of participants who did not exit and were enrolled for less than 6 months	0
<b>TOTAL PH (%)</b>	<b>85</b>

### Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	73
b. Number of participants who moved to PH	57
<b>TOTAL TH (%)</b>	<b>78</b>

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

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 1,035**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	176	17	%
SSDI	61	6	%
Social Security	46	4	%
General Public Assistance	243	23	%
TANF	90	9	%
SCHIP	15	1	%
Veterans Benefits	8	1	%
Employment Income	104	10	%
Unemployment Benefits	22	2	%
Veterans Health Care	2	0	%
Medicaid	2	0	%
Food Stamps	355	34	%
Other (Please specify below)	2	0	%
No Financial Resources	555	54	%

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

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

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

### Instructions:

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

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

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

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

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

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

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

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

The CoC systematically analyzes the APRs for its projects before they are submitted to the HUD field office for final approval. Concerning assessing and improving access to mainstream programs, the CoC compares the Income Sources at Entry with the Income Sources at Exit & reviews the type of supportive services that participants receive. If there is a decrease in income at Exit and/or participants are not receiving available mainstream programs and related supportive services as noted in the APR, the issue(s) is addressed during scheduled monitoring visits which occur at least once a year or more frequently as needed. Any barriers are noted during monitoring visits and appropriate actions are developed to overcome these obstacles.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

The CoC has an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs. This committee took the form of special quarterly meetings of the monthly meeting of the Supportive Services committee, attended by the Social Security Administration and Department of Public Social Services. In the last 12 months, these meeting occurred on December 6, 2007, March 6, 2008, June 18, 2008, and August 20, 2008.

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** Monthly or more

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

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

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

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

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

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

Activity	Percentage
<p><b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b>  <b>1a. Describe how service is generally provided:</b></p>	90%
<p>Case managers systematically assist clients in completing applications for mainstream benefits by helping clients complete the written application--either by following up with staff of the mainstream resource program or assisting the client with filling out the written application be it at the case managers program site or on-site at the mainstream resource program. To this end, case managers make sure that 1) clients make an appointment by encouraging clients to call for an appointment while they are present; 2) client remembers the appointment and shows up; 3) clients have transportation case managers will provide bus tokens, bus passes or transportation by staff if necessary; and 4) clients bring all of the proper documentation needed (case managers will help clients obtain necessary documentation beforehand if needed).</p>	
<p><b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b></p>	80%
<p><b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b>  <b>3.a Indicate for which mainstream programs the form applies:</b></p>	100%
<p>Homeless assistance providers use a single application form for the following mainstream programs 1) CalWORKs (TANF); 2) Food Stamps; 3) General Relief (General Public assistance); and 4) Medi-Cal (Medicaid).</p>	
<p><b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b></p>	90%
<p><b>4a. Describe the follow-up process:</b></p>	
<p>Homeless assistance provider staff systematically follows-up to ensure mainstream benefits are received by continuing to meet and work with clients and mainstream resource providers to provide additional information, provide transportation, and inquire if there is a denial of claims or delay in receipt of benefits.</p>	



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

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

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

## Part A - Page 2

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

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
HMIS-Pasadena	2009-11-19 17:13:...	1 Year	Pasadena Communit. ..	137,754	Renewal Project	SHP	HMIS	F
Union Station Tra...	2009-11-19 15:32:...	1 Year	Pasadena Communit. ..	122,097	Renewal Project	SHP	TH	F
Casa Maria 2009	2009-11-19 19:02:...	1 Year	Pasadena Communit. ..	155,416	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-19 14:29:...	5 Years	Pasadena Communit. ..	108,480	New Project	S+C	TRA	P1
Navarro House 2009	2009-11-19 14:48:...	1 Year	Pasadena Communit. ..	43,724	Renewal Project	SHP	PH	F
CHOISS 1 2009	2009-11-19 19:31:...	1 Year	Pasadena Communit. ..	106,095	Renewal Project	SHP	PH	F
Euclid Villa 2009	2009-11-05 20:30:...	1 Year	Pasadena Communit. ..	163,700	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-19 15:16:...	1 Year	Pasadena Communit. ..	681,816	Renewal Project	S+C	TRA	U
Passageways 2009	2009-10-21 17:05:...	1 Year	Pacific Clinics	960,122	Renewal Project	SHP	SSO	F
Hestia House 2009	2009-11-19 20:23:...	1 Year	Pasadena Communit. ..	235,695	Renewal Project	SHP	PH	F
CHOISS Program 2 ...	2009-11-19 19:49:...	1 Year	Pasadena Communit. ..	121,404	Renewal Project	SHP	PH	F

## Budget Summary

<b>FPRN</b>	\$2,046,007
<b>Permanent Housing Bonus</b>	\$108,480
<b>SPC Renewal</b>	\$681,816
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	11/23/2009

## Attachment Details

**Document Description:** Con Plan Certification