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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

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

Things to Remember

 -   Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. -   CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. -   New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. -   There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): CA-522 - Humboldt County CoC

CoC Lead Agency Name: County of Humboldt

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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: Humboldt Housing and Homeless Coalition Executive Committee

Indicate the frequency of group meetings: Monthly or more

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

N/A

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

Specify "other" legal status:

N/A

**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)** 88%

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

Elected:	
Assigned:	X
Volunteer:	X

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Appointed:	
Other:	

Specify "other" process(es):

N/A

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

Members of the Humboldt Housing and Homeless Coalition (HHHC) volunteer to be on the Executive Committee. If a subpopulation, system of care, or geographic region is not well represented on the Executive Committee, the Committee recruits an appropriate party. For example, in the past the Committee recruited people from the southern region of the county, from substance use, Veterans, HIV/AIDS, and faith-based agencies, as well from the Housing Authority & the Dept. of Health and Human Services. The Exec Comm provides leadership and coordination for the larger CoC. It was formed when the community established itself as a CoC over 5 years ago.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

N/A

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):

If HUD provided sufficient administrative funds, which would be 15% of the total HHN not taken from our existing grants, the HHHC could incorporate as a nonprofit agency, and hire staff to support CoC administrative coordinating functions. As a small community (mostly rural agricultural area) we would need a separate pool of HUD resources to support this function, in addition to direct client housing and service funds. The extra duties in becoming the grantee of all programs would require extra staff to coordinate technical submissions, annual progress reports, renewal applications, pulling down funds from LOCCS, and developing contracts for HUD funds to be distributed to all sub-contractors.

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

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
HMIS Steering Committee	This group tackles any issues in the countywide HMIS, obtains unduplicated counts of homeless people in the community, and analyzes data to respond to unmet needs. The group reviews HMIS bed coverage (HUD- and non HUD-funded) and considers best practices and promising program ideas for expanding coverage. This year, the group focused on using HMIS for program performance review and client case management. This is a forum to consider integration of HMIS data or reports with mainstream systems. The group reviews and looks to improve HMIS data quality and compliance with technical standards, including by training. The group is exploring using HMIS for PIT counts and reports to HHHC at every meeting.	Monthly or more
Executive Committee	The Executive Committee (EC) coordinates an inclusive, outcome-oriented, community-wide process to implement a Continuum of Care system of housing and services. The EC plans, oversees, and implements a multi-pronged CoC and 10-year strategy to prevent and eliminate homelessness among families and individuals, including the chronically homeless, in Humboldt County. The EC coordinates Committee work, sets HHHC annual work plan and bi-monthly meeting agendas, acts to ensure that CoC agencies are performing, monitors outcomes, and represents the Collaborative in other forums. The EC coordinates project review and selection, discharge planning, and conducting the PIT count. Disaster Planning is within the EC purview.	Monthly or more
Policy Advocacy Leadership and Safety Committee	This work group focuses on coordinating homeless and housing policy and informing the community about and building support for the CoC's strategic plan and 10 year plan to address family, chronic, and other homelessness. The group meets with law enforcement leadership, elected officials, and other high-level stakeholders to advocate for the interests of persons experiencing homelessness on the local, state and federal levels. Other mandates include engaging the community's homeless population to determine their needs and inform planning efforts; education efforts like disseminating information on best practices; and promoting volunteer opportunities.	Bi-monthly

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Housing & Shelter Committee	The Housing & Shelter Committee leads community need-based housing efforts, and works on the CoC's related action steps. Responsibilities include 1) Working with other stakeholders to ensure CoC goals are integrated in the Housing Element, Con Plan, and other community plans; 2) Creating, maintaining, and building upon the community-wide inventory of housing types; 3) Identifying the full spectrum of community needs for homeless housing based on the homeless population and their specific needs; 4) Determining the appropriate mix of housing types with service levels based on this need determination; and 5) Ensuring the children who become homeless receive appropriate education assistance.	Monthly or more
Employment Benefits Services Committee	This group identifies gaps in service and implements solutions to increase access to mainstream benefits. Recent efforts include bringing all providers onto C4Yourself, an online system that allows clients to apply for 4 public benefits with one electronic application. This group also focuses on strategies to increase employment opportunities for homeless and formerly homeless individuals. The Committee focuses on employment as a case management goal, job placement and supported employment as key agency activities, job training targeted to homeless people available, and forges strong linkages to mainstream opportunity. HHHC has reached 35% of people employed at exit, from our strong focus on this area.	Monthly or more

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

N/A

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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
North Coast Resource Center ...	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Humboldt All Faith Partnership	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Humboldt Domestic Violence Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Redwood Community Action Agency	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
WISH	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Arcata House	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Humboldt County Department of Health and Human ...	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Humboldt Community Access and Resource Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Alcohol and Drug Care Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
College of the Redwoods	Public Sector	School ...	None	NONE
Consumer Credit Counseling	Private Sector	Non-pro...	None	NONE
Employment Training Division of Humboldt County...	Public Sector	Local g...	Committee/Sub-committee/Work Group, None	NONE
Eureka City Schools/Homeless Education Project	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth

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Eureka Adult Schools	Public Sector	Sch ool ...	None	NONE
Eureka Rescue Mission	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Fortuna Adventist Community Services	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Humboldt Community Switchboard	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Humboldt County Housing Authority	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Humboldt Bay Housing Development Corporation	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Changing Tides (formerly Humboldt County Child ...	Private Sector	Non-pro.. .	None	Youth
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Substan ce Abuse
Humboldt County Department of Health and Human ...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Seriousl y Me...
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	None	Youth
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Humboldt County Department of Health & Human Se...	Public Sector	Loca l g...	None	NONE
Humboldt County Department of Health and Human ...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AID S
Humboldt County Dept of Health & Human Services...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Humboldt Legal Resource Center	Private Sector	Non-pro.. .	None	NONE
Job Market	Public Sector	Loca l w...	Committee/Sub-committee/Work Group	NONE
Legal Services of Northern California	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Mobile Medical Office	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

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National Association for the Mentally Ill - Hum...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Northern California Indian Development Council....	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
North Coast Veterans Resource Center	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s
North Coast Substance Abuse Council	Private Sector	Non-pro...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
Open Door Community Health Center	Private Sector	Hos pita...	Committee/Sub-committee/Work Group	NONE
Salvation Army Relief for Energy Assistance thr...	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Yurok Tribe	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Calvary Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
City of Arcata	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Humboldt County Community Development Department	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Food For People	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Fortuna Community Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Garberville Community Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
United Way of Humboldt	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Willow Creek Community Resource Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
California Department of Corrections, Parole	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
City of Eureka	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Eureka City Council	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Arcata City Council	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Humboldt State University Youth Education Services	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE

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Humboldt County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Humboldt County Probation Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Eureka Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Public Defender	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
District Attorney	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Superior Court Judge Feeney	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
St. Vincent de Paul	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
McLean Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Humboldt Area Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Eureka Main Street	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Old Town Business Owners	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Eureka City Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Sally	Individual	Homeless	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Kelley	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Mark	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Hope Center, Dept of Health & Human Services	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...

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

Instructions:

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

Name of organization or individual: North Coast Resource Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Humboldt All Faith Partnership

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Humboldt Domestic Violence Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment

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

Instructions:

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

Name of organization or individual: Redwood Community Action Agency

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

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

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

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

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Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Healthcare, Mental health, Transportation, HIV/AIDS, Employment

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

Instructions:

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

Name of organization or individual: WISH

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

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

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

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

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Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Arcata House

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

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

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

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

Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

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

Case Management, Transportation, Rental Assistance

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

Instructions:

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

Name of organization or individual:

Humboldt County Department of Health and Human Services

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

Public Sector

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

Local government agencies

Role(s) of the organization:
(select all that apply)

Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

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

Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Mental health, Mobile Clinic, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

Instructions:

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

Name of organization or individual:

Humboldt Community Access and Resource Center

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group

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

Does the organization provide direct services to homeless people?   Yes

**Services provided to homeless persons and families:
(select all that apply)**   Life Skills, Transportation, Employment

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

Instructions:

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

Name of organization or individual: Alcohol and Drug Care Services

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Alcohol/Drug Abuse

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

Instructions:

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

Name of organization or individual: College of the Redwoods

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

Type of Organization:
(Content depends on "Type of Membership" selection)
School systems/Universities

Role(s) of the organization:
(select all that apply)
None

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

NONE

Does the organization provide direct services to homeless people?

Yes

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

Education

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

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

Name of organization or individual: Consumer Credit Counseling

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

None

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

NONE

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Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Employment Training Division of Humboldt County Dept of Health & Humans Services

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

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

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, None

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

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Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Eureka City Schools/Homeless Education Project

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

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

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

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

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Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

Name of organization or individual: Eureka Adult Schools

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

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) None

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

Does the organization provide direct services to homeless people? Yes

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

Education

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

Instructions:

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

Name of organization or individual: Eureka Rescue Mission

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group

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

NONE

Does the organization provide direct services to homeless people?

Yes

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Services provided to homeless persons and families:
(select all that apply)
Case Management, Alcohol/Drug Abuse

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

Instructions:

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

Name of organization or individual:
Fortuna Adventist Community Services

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Alcohol/Drug Abuse

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

Instructions:

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

Name of organization or individual: Humboldt Community Switchboard

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

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

Instructions:

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

Name of organization or individual: Humboldt County Housing Authority

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 28 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Humboldt Bay Housing Development Corporation

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 29 | 11/12/2010 |

Instructions:

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

Name of organization or individual:	Changing Tides (formerly Humboldt County Child Care Council)
Type of Membership: **(public, private, or individual)**	Private Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Non-profit organizations
Role(s) of the organization: **(select all that apply)**	None
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: **(select all that apply)**	Child Care

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

Exhibit 1 2010	Page 30	11/12/2010

Instructions:

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

Name of organization or individual:	Humboldt County Department of Health & Human Services Alcohol and Other Drugs Dual Recovery Programs
Type of Membership: (public, private, or individual)	Public Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Local government agencies
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Substance Abuse
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Alcohol/Drug Abuse

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

Exhibit 1 2010	Page 31	11/12/2010

Instructions:

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

Name of organization or individual: Humboldt County Department of Health and Human Services, Mental Health Branch/Street Outreach Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Mobile Clinic, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

| Exhibit 1 2010 | Page 32 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Humboldt County Department of Health & Human Services/Child Welfare Services

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

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

Role(s) of the organization:
(select all that apply) None

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 33 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Humboldt County Department of Health & Human Services/Social Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 34 | 11/12/2010 |

Instructions:

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

Name of organization or individual:	Humboldt County Department of Health & Human Services/Welfare to Work
Type of Membership: **(public, private, or individual)**	Public Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Local government agencies
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: **(select all that apply)**	Education, Case Management, Child Care, Life Skills, Transportation, Employment

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

Exhibit 1 2010	Page 35	11/12/2010

Instructions:

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

Name of organization or individual: Humboldt County Department of Health & Human Services/CalWORKS & General Relief via cash/voucher

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

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

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

| Exhibit 1 2010 | Page 36 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Humboldt County Department of Health & Human Services/Adult Protective Services

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

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

Role(s) of the organization:
(select all that apply) None

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 37 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Humboldt County Department of Health and Human Services/North Coast AIDS Project

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Case Management, Child Care, Utilities Assistance, Mortgage Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

| Exhibit 1 2010 | Page 38 | 11/12/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Humboldt County Dept of Health & Human Services, Public Health Department

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

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

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

| Exhibit 1 2010 | Page 39 | 11/12/2010 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Humboldt Legal Resource Center

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

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

Role(s) of the organization:
(select all that apply) None

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

Does the organization provide direct services to homeless people? Yes

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

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

Exhibit 1 2010 | Page 40 | 11/12/2010

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Job Market

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

Type of Organization:
(Content depends on "Type of Membership" selection)
Local workforce investment act boards

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

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

Does the organization provide direct services to homeless people?
Yes

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

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

Instructions:

Exhibit 1 2010 | Page 41 | 11/12/2010

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Legal Services of Northern California

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

Exhibit 1 2010	Page 42	11/12/2010

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mobile Medical Office

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Mobile Clinic, Alcohol/Drug Abuse

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

Exhibit 1 2010 | Page 43 | 11/12/2010

Instructions:

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

Name of organization or individual: National Association for the Mentally Ill - Humboldt

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach

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

| Exhibit 1 2010 | Page 44 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Northern California Indian Development Council. Inc.

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Exhibit 1 2010 | Page 45 | 11/12/2010

Instructions:

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

Name of organization or individual: North Coast Veterans Resource Center

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2010 | Page 46 | 11/12/2010 |

Instructions:

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

Name of organization or individual: North Coast Substance Abuse Council

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Life Skills, Transportation, Alcohol/Drug Abuse, HIV/AIDS

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

| Exhibit 1 2010 | Page 47 | 11/12/2010 |

Instructions:

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

Name of organization or individual: Open Door Community Health Center

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

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Healthcare, Prescription Assistance, Mobile Clinic

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

Instructions:

| Exhibit 1 2010 | Page 48 | 11/12/2010 |

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

Name of organization or individual: Salvation Army Relief for Energy Assistance through Community Help (REACH)

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

| Exhibit 1 2010 | Page 49 | 11/12/2010 |

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

Name of organization or individual: Yurok Tribe

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Utilities Assistance, Mobile Clinic, Rental Assistance

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

Instructions:

| Exhibit 1 2010 | Page 50 | 11/12/2010 |

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

Name of organization or individual: Calvary Church

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

Exhibit 1 2010 | Page 51 | 11/12/2010

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

Name of organization or individual: City of Arcata

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

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

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

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

Does the organization provide direct services to homeless people?
Yes

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

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

Instructions:

| Exhibit 1 2010 | Page 52 | 11/12/2010 |

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

Name of organization or individual: Humboldt County Community Development Department

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

Exhibit 1 2010 | Page 53 | 11/12/2010

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

Name of organization or individual: Food For People

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

Exhibit 1 2010 | Page 54 | 11/12/2010

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

Name of organization or individual: Fortuna Community Services

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 55 | 11/12/2010 |

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

Name of organization or individual: Garberville Community Presbyterian Church

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 56 | 11/12/2010 |

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

Name of organization or individual: United Way of Humboldt

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

Type of Organization:
(Content depends on "Type of Membership" selection) Funder advocacy group

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 57 | 11/12/2010 |

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

Name of organization or individual: Willow Creek Community Resource Center

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 58 | 11/12/2010 |

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

Name of organization or individual: California Department of Corrections, Parole

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

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

Instructions:

| Exhibit 1 2010 | Page 59 | 11/12/2010 |

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

Name of organization or individual: City of Eureka

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

| Exhibit 1 2010 | Page 60 | 11/12/2010 |

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

Name of organization or individual: Eureka City Council

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

| Exhibit 1 2010 | Page 61 | 11/12/2010 |

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

Name of organization or individual: Arcata City Council

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

| Exhibit 1 2010 | Page 62 | 11/12/2010 |

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

Name of organization or individual: Humboldt State University Youth Education Services

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

Type of Organization:
(Content depends on "Type of Membership" selection)
School systems/Universities

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

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

Does the organization provide direct services to homeless people?
Yes

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

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

Instructions:

| Exhibit 1 2010 | Page 63 | 11/12/2010 |

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

Name of organization or individual: Humboldt County Sheriff's Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

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

Instructions:

| Exhibit 1 2010 | Page 64 | 11/12/2010 |

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

Name of organization or individual: Humboldt County Probation Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

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

Instructions:

| Exhibit 1 2010 | Page 65 | 11/12/2010 |

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

Name of organization or individual: Eureka Police Department

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

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

Instructions:

| Exhibit 1 2010 | Page 66 | 11/12/2010 |

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

Name of organization or individual: Public Defender

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

| Exhibit 1 2010 | Page 67 | 11/12/2010 |

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

Name of organization or individual: District Attorney

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

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

Instructions:

| Exhibit 1 2010 | Page 68 | 11/12/2010 |

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

Name of organization or individual: Superior Court Judge Feeney

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

| Exhibit 1 2010 | Page 69 | 11/12/2010 |

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

Name of organization or individual: St. Vincent de Paul

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

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

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

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

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

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

Instructions:

| Exhibit 1 2010 | Page 70 | 11/12/2010 |

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

Name of organization or individual: McLean Foundation

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

Type of Organization:
(Content depends on "Type of Membership" selection)
Funder advocacy group

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

| Exhibit 1 2010 | Page 71 | 11/12/2010 |

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

Name of organization or individual: Humboldt Area Foundation

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

Type of Organization:
(Content depends on "Type of Membership" selection)
Funder advocacy group

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

| Exhibit 1 2010 | Page 72 | 11/12/2010 |

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

Name of organization or individual: Eureka Main Street

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 73 | 11/12/2010 |

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

Name of organization or individual: Old Town Business Owners

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Eureka City Chamber of Commerce

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

| Exhibit 1 2010 | Page 75 | 11/12/2010 |

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

Name of organization or individual: Sally

Type of Membership:
(public, private, or individual)
Individual

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

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

Name of organization or individual: Kelley

Type of Membership:
(public, private, or individual) Individual

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Mark

Type of Membership:
(public, private, or individual) Individual

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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

Name of organization or individual: Hope Center, Dept of Health & Human Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

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

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, 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, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, 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):	

N/A

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

Last year's HIC listed Humboldt All Faith Partnership as having 18 beds online. In fact, All Faith has 11 beds online with 9 under construction.

Safe Haven: Not Applicable

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

N/A

Transitional Housing: No

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

Permanent Housing: Yes

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

We coordinated efforts to fill gaps between current inventory and existing needs by successfully creating 10 new PSH beds- 5 through Apartments First! Expansion 2 and 5 though Humboldt All Faith Partnerships. We reported 3 fewer beds in the original Apartments First! program. This was not actually a loss, because that program still serves 4 households. One of the households is now a single person (chronically homeless) rather than a parent with children.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

Housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

N/A

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):

Unsheltered count, HMIS data, Housing inventory, National studies or data sources, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

N/A

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

The HHHC started with the idea that the overall need for beds equals the number of homeless people at a point-in-time minus the inventory of beds in place and under development. The group determined how many of the needed beds were for families vs individuals. Apportioning needed beds by subpopulation was done in stakeholder discussions about the varying needs of different groups (ie, DV survivors may only need short-term shelter, while chronically homeless may only benefit from PSH). In coming to a community decision, the HHHC considered all relevant objective sources (national data, the Consolidated Plan, the Housing element, California data, consumer surveys, and provider reports) and subjective sources (provider opinions).

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: (select all that apply) CA-522 - Humboldt County CoC, CA-528 - Del Norte County CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? Yes

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Not Applicable

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2008

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, Inadequate bed coverage for AHAR participation, Other, No or low participation by non-HUD funded providers, Inadequate resources

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).

N/A

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

In 2009 our software provider Domus went out of business. We used an SHP grant to purchase ServicePoint and hire a consultant to 1) configure ServicePoint; 2) train our System Administrator; 3) conduct an initial User training; 4) train our Administrator to train Users. HUD funded participating agencies have been trained and are in various stages of data entry. To more effectively understand homeless numbers and needs we need to bring non-funded agencies online. Many of our small non-profits want to participate but lack the infrastructure (computer hardware & staffing) needed. We recently purchased computers for these agencies and are working to train what few staff people are available. The Eureka Rescue Mission refuses to participate. We offered to do data entry for them. Without their beds, we cannot participate in AHAR for emergency shelters. We will continue outreaching to this agency.

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

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

Organization Name	Humboldt, County of, DBA-Dept. of Health and Human Services
Street Address 1	507 F Street
Street Address 2	
City	Eureka
State	California
Zip Code **Format: xxxxx or xxxxx-xxxx**	95501
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

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

Prefix:	Mr.
First Name	Nicholas
Middle Name/Initial	
Last Name	Vogel
Suffix	
Telephone Number: **(Format: 123-456-7890)**	707-441-4613
Extension	
Fax Number: **(Format: 123-456-7890)**	707-444-9522
E-mail Address:	nvogel@co.humboldt.ca.us
Confirm E-mail Address:	nvogel@co.humboldt.ca.us

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

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	51-64%
* 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? At least Annually

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

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Our bed coverage is below 64% for emergency shelter beds. Humboldt County is a large, mostly rural county that has, for the most part, responded to its homeless population through small community- and faith-based organizations that receive very little, if any, government funding. Most of the agencies in Humboldt County have very limited administrative capacity, very few staff, and no or old computers. We gave several agencies computers, so that they would be able to participate in HMIS. For some, there is no capacity within these agencies to add more administrative or technological functions to already burdened jobs. Inter-agency HMIS coordination is made difficult by the number (25 at the last count) of small agencies. Further, HHHC HMIS planning has faced resistance from faith based organizations who are non-governmental affiliated, maintaining strong church-state boundaries, and are thus philosophically opposed to entering data into the HMIS. The HHHC is trying to work with these organizations and offering help with every aspect of HMIS implementation, including data entry.

Over the next 12 months, we will finish the third and fourth phases of our HMIS implementation. Currently 100% of HUD-funded, non-domestic violence programs enter 100% of their beds into HMIS. During the next year, our HMIS implementation will focus on bringing non-HUD funded providers into HMIS and providing some agencies with the computer training needed to participate.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	6%
* Date of Birth	0%	8%
* Ethnicity	0%	24%
* Race	0%	16%
* Gender	0%	6%
* Veteran Status	0%	17%
* Disabling Condition	0%	18%
* Residence Prior to Program Entry	0%	6%
* Zip Code of Last Permanent Address	0%	12%
* Name	0%	0%

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

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

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

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The CoC has used the switch to ServicePoint as an opportunity to improve data quality. While still in the implementation phase, we have also leveraged the resources in Del Norte CoC to create a more robust, comprehensive system. As new users are brought on Service Point, they are trained to focus on data quality improvement including being proactive with their data collection, input, and reviewing data quality reports. The Administrator, who is available full time to assist users, started to generate bi-weekly data quality reports to help new users identify errors and problem areas. The Administrator is also working to provide training on how to create reports to address internal agency reporting needs.

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

Humboldt CoC and Del Norte CoC are working collaboratively to implement an improved HMIS. As part of the switch to ServicePoint, the HMIS Administrator is updating entry and exit protocols and training users from all HMIS agencies. As part of the existing data quality assurance procedure, supervisors in participating member organizations periodically review the data, along with the HMIS lead organization and the HMIS Committee. Now that we have converted to ServicePoint, we are more regularly generating reports that list missing and incorrect data. We have created an HMIS Users Group and are working with agencies to correct the information based on their case management records.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) None

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply) None

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010? No

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC:
05/31/2009

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

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2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

* Privacy/Ethics training	At least Quarterly
* Data Security training	At least Quarterly
* Data Quality training	At least Quarterly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Quarterly
* HMIS software training	At least Quarterly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

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

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

Emergency Shelter: 100%
Transitional Housing: 100%

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

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We had an increase of 30 people in our sheltered PIT count from 2007 to 2009. This is the result of 65 additional beds we have added to our emergency and transitional housing inventories in the past 2 years.

In addition to the increase in beds, the comprehensiveness of the count contributed to the increased number of sheltered persons counted. The HHHC believes that this is the most accurate count of homeless people completed in Humboldt County. Many local volunteers helped with the count. Local media helped with publicity and increased public awareness. The count utilized volunteers from 55 agencies, organizations, tribes, and community and family resource centers. The survey was conducted in dozens of communities throughout Humboldt County, including the three largest incorporated cities and remote rural areas.

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

Instructions:

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

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

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

Survey Providers:	
HMIS:	
Extrapolation:	
Other:	X

If Other, specify:

The Humboldt CoC surveyed all consumers at emergency shelter, transitional housing, service sites, and in outdoor locations where homeless people are known to congregate.

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

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The point-in-time shelter count was completed by surveying homeless people throughout the county, gathering information about these individuals including sex, race, age, ethnicity, education, length of time homeless, length of time in Humboldt County, where they sleep at night, and whether or not they were alone or in a family group. The survey was administered to count all adults, children, and unaccompanied youth residing in emergency shelters and transitional housing.

Volunteers from member agencies and the community used a questionnaire that was created by the Point-in-Time Count Sub-Committee of the HHHC in consultation with Jane Holschuh, PhD. of the Humboldt State Univ. Social Work Department to ensure that the questions were an effective means of gathering the needed information. Volunteers interviewed adults who agreed to be interviewed. Each respondent was offered a pair of new socks in appreciation of their participation in the interview.

Volunteers interviewed people at program facilities such as meal programs, shelters, and transitional houses. The count utilized volunteers from 55 agencies, organizations, tribes, and community and family resource centers. The survey was conducted in dozens of communities throughout Humboldt County, including the three largest incorporated cities and remote rural areas.

The HSU sociology department arranged for a graduate student to complete the data entry and compile reports.

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

Instructions:

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

 In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

 CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

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

If Other, specify:

 N/A

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

The survey that was administered to homeless people asked questions regarding each subpopulation listed on the Homeless Subpopulations Chart. The survey was conducted in dozens of communities throughout Humboldt County, including the three largest incorporated cities and remote rural areas. Surveys were completed at all known emergency and transitional housing programs in the county as well as soup kitchens, day centers and outdoor public areas where many homeless people congregate during the day.

The subpopulation data from the completed surveys was analyzed using SPSS (Statistical Package for Social Sciences). In 2011, we will be using HMIS to collect all survey responses and cross-compare bed usage.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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

For the point-in-time sheltered homeless count, homeless people were surveyed at all known emergency and transitional housing programs throughout the county. In an effort to ensure that our figures accurately capture the breadth of homelessness so that we can effectively meet the need, each respondent was given a unique identifier, which consisted of the first two letters of his/her last name and the date of birth.

In 2011, we will input this data into HMIS.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

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

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

If Other, specify:

 N/A

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

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

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

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

If Other, specify:

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

Recognizing the importance of good data for effective strategic planning and advocacy, our 2009 PIT was very comprehensive. For the point-in-time unsheltered homeless count, homeless people were surveyed at soup kitchens and day centers where many unsheltered homeless people congregate during the day, as well as outdoor public areas of Eureka and Arcata where homeless people are known to congregate. The survey tool helped us to identify housing and service needs as well as gaps in accessing our existing resources. In an effort to ensure that our figures were not duplicated, each respondent was given a unique identifier, which consisted of the first two letters of his/her last name and the date of birth.

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

There is a CoC-wide effort to reduce the number of homeless families with children by providing prevention services, short-term, transitional and permanent housing. The Multiple Assistance Center (MAC) is a transitional housing program that serves 75 families a year, and Arcata House Transitional Housing serves 20 families a year. In addition, the Homeless Prevention and Rapid Re-housing Program (HPRP) will ultimately serve 383 unduplicated families over the course of 3 years.

There are many ways that we outreach to unsheltered homeless households with dependent children. We have a very active McKinney Homeless Education Liaison who works with homeless families with children who are school-age. County Social Services distributes homeless service information to anyone who may need housing or services. The Mobile Medical Office outreach staff connect with households who are unsheltered and provides them basic services as well as connecting them to housing and services. In Southern Humboldt, WISH outreaches to homeless families, providing them with FESG-funded motel vouchers. Homeless Connect day and Sister's of St. Joseph's of Orange Drop-in Center also act as outreach to homeless families.

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

In order to effectively make contact with members of the homeless population, several service providers in the community provide outreach to homeless persons on the streets or in homeless encampments. Mobile Medical Office, Humboldt Social Services, and North Coast Veterans Resource Center all have outreach staff that engage homeless and chronically homeless people, provide basic services, and encourage access to other services and housing. In addition, Humboldt County Mental Health Branch Street Outreach Services program outreaches to and serves chronically homeless individuals in the remote areas of Humboldt County. Humboldt is a college community with many homeless youth. RCAAs Raven Project outreaches to homeless street youth ages 14-21. The County AIDS program has 2 mobile outreach vans staffed by community health workers who connect homeless individuals to resources, benefits, food, housing and conduct health education. A new outreach program, New Directions is a non-adversarial and harm reduction approach to individuals living in encampments, offering resources and engaging people where they are. In addition, the St. Joe's Drop-in Center, Homeless Connect Day, and the Veteran's Stand Down all act as outreach to persons sleeping on the streets.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

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

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

Each year the HHHC works through the Housing & Shelter Committee to 1) identify a project sponsor to apply for Bonus Funding for CH beds and 2) assist the sponsor with site control, leverage, and community support at the BoS and other planning meetings. The Committee is working with Michael Weiss from the HART Project, which supports HIV/AIDS positive individuals, to create 5 new CH units. The Committee is also coordinating with the Dept. of Health & Human Services to bring an additional 5 CH beds and keep 12 beds online, all funded through Mental Health Services Act. These beds have been threatened due to local services funding cuts, but the Committee has advocated at local hearings to ensure sustainability. As in the past, if a new proposal encounters barriers, the Committee works to address the issue or, if needed, with another HHHC member to subsume the project/grant.

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

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The Housing & Shelter Committee has worked strategically to ensure that the housing needs of chronically homeless households are sufficiently accounted for in the Housing Element, the Con Plan, and other community plans. The Committee monitors grant availability, such as Bonus Funding, THP+, MHSA, HUD-VASH, and SAMSHA opportunities. The Committee supports HHHC members to apply for such grants by coordinating local approvals, finding and providing leverage, and reviewing proposals before submittal. The Committee is working with smaller non-profits who would like to build housing but currently lack capacity, such as Humboldt All Faith Partnership. The Committee has partnered with the McLean and Humboldt Bay Area Foundations to provide technical assistance, staff training, and financial support to these smaller non-profits which will allow such agencies to develop a stronger infrastructure and more effectively compete for state and federal grants.

How many permanent housing beds do you currently have in place for chronically homeless persons? 35

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 40

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 55

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 80

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

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

Instructions:

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

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

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

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

The CoC achieved 100% but one client was housed for only 5 months at APR submittal. Arcata House, our only HUD-funded PH provider, attributes this success to working closely with landlords to mitigate problems quickly and by connecting clients to the intensive supports needed for them to remain stable. Arcata House will continue to provide access to medical, educational, social, vocational, and rehabilitative services. MHSA Personal Services Coordinators provide services to clients where they live, decreasing the number of people who lose housing because of a health crisis by using telemedicine for people in rural areas of the county who cannot easily get to the County Mental Health Branch for services. Housing retention is also supported in remote communities by providing mental health services through the Rural Outreach Services Enterprise (ROSE), which travels by RV to rural areas helping people access services including MH services, case management, and benefits assistance.

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

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In the last year, the HHHC Exec Committee successfully reached out to the Housing Authority with the goal of increasing coordination, including moving SHP clients onto to Section 8 once service needs decrease. The Housing Authority, collaborating with the Housing & Shelter Committee, is now taking a greater lead with implementing the HHHC's long-term strategies including: 1) connecting people to community-based mainstream services to meet long term service needs; 2) using HPRP funds and future ESG funds to support an attorney focused on eviction prevention and landlord/tenant relationships; and 3) supporting people with mental health issues through a peer recovery center. Our PH providers, including Arcata House and the DHHS (which maintains PH units under different funding streams), focus on an individualized, client-driven service plan, housing, income and service needs as part of a coordinated package of care, thereby enhancing long term housing stability.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 90

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 95

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 95

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 95

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

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

Instructions:

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

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

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

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

Diana Livingston, the ED of North Coast Substance Abuse Council, plans to restructure the Crossroads program to better meet HUD's goal. Currently, this AOD program sends most clients to other treatment programs within its agency rather than to permanent housing. Moving forward, Crossroads will help transitional housing clients connect to permanent housing. Additionally, over the next year the Employment Benefits & Services Committee will work closely with Crossroads, Launch Pad, and the MAC to 1) improve client access to mainstream resources by using the new C4Yourself online application to Food Stamp and other benefits; 2) provide more individualized case plans using the new self-sufficiency calculator; 3) provide more consumer credit counseling and credit repair services; and 4) increase outreach to landlords in the community. This increased self-sufficiency will help clients obtain and sustain market rate housing after TH.

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

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To increase our percent of persons moving from TH to PH, the Housing &
Shelter Committee of the HHHC will build on the success of our rapid re-
housing program, potentially retooling some traditional transitional housing
programs to a transition in place model. Arcata House is working with TH
providers to increase connection to landlords, making this model more feasible.
In addition, DHHS is actively working with the Housing Authorities of the City of
Eureka and Humboldt County to move chronically homeless individuals with
serious mental illness into either HA owned housing or into privately owned
apartments using Section 8 vouchers. The staff of the DHHS Mental Health
Branch and the staff and volunteers of Hope Center will provide supportive
services to these clients to help them be successful after leaving transitional
housing into their own apartments.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 50

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 65

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 70

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75

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

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

Instructions:

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

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

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

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

Our CoC currently has 34% of people employed at exit. Work on this issue is coordinated by the Employment & Benefits Services Committee, which will focus on the following strategies over the next year: 1) Continue to make bus passes and other transportation available for working; 2) Sustain childcare services through Changing Tides and North Coast Child Services (currently funding is threatened); 3) Maintain partnership with the Department of Rehab and the Job Market, to ensure that homeless people participate in countywide opportunities; 4) Increase access the Labor Board certified Employment Ready training program at North Coast Resource Center, the Opportunity Center.

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

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Even though we currently exceed HUD's 20% employment goal, over the long term we would like to increase this number significantly. The Employment & Benefit Services Committee will work to sustain and expand current efforts, including: 1) Ensure that homeless people have access to supports to facilitate their success at employment: education, training and job search assistance; 2) Enhance linkages between employment programs, such as Employment Ready, and the overall service system so as to increase homeless people's opportunities for employment; 3) Designate affordable child care slots, through Changing Tides and North Coast Child Services, for homeless people engaged in education and employment activities; and 4) Provide reduced cost transit passes for homeless people engaged in education and employment activities.

What is the current percentage of participants in all CoC funded projects that are employed at program exit?   34

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?   35

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?   40

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?   50

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

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

Instructions:

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

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

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

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

Over the next 2 years, the HPRP Coordinating Group anticipates serving over 380 households, primarily families, through ARRA-funded HPRP. The HPRP Coordinating Group is already exploring alternative funding streams, such as the McLean Foundation, the Humboldt Bay Area Foundation, and DHHS, to continue HPRP and is preparing to successfully transition to ESG under the new HEARTH Amendment. Additionally, the MAC and Aracata House are ramping up collaborative efforts with the Family Resource Centers to better identify families who are at-risk of or currently homeless in order to connect them to appropriate housing and services. Similarly, these agencies as well as Launch Pad, which serves youth, will continue to work closely with the McKinney Homeless Education Coordinator to assist homeless families with school-age children.

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

Over the long term, RCAA, Arcata House, and our HPRP providers will be building on several successful programs targeted at housing families with children, including the Rapid Re-housing and the Apartments First! programs. The HPRP Coordinating Group is already working to improve and sustain these programs, including community planning sessions on implementing best practice models for rural communities and effectively accessing the re-envisioned ESG under the HEARTH Amendment. The Employment and Benefits Services Committee will engage county benefits offices to better coordinate TANF and other mainstream benefits with the Family Resource Centers (i.e. ensure that FRCs use C4Yourself and have streamlined access to CashAid). The Housing & Shelter Committee will continue to coordinate creating affordable housing in Humboldt County as well as increasing access to education, job skills training, and employment opportunities for families with children.

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What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 224

In 12-months, what will be the total number of homeless households with children? 214

In 5-years, what will be the total number of homeless households with children? 164

In 10-years, what will be the total number of homeless households with children? 114

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

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

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

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

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

Foster Care (Youth Aging Out):

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The CoC and County Social Services signed a formal policy for youth; as part of this agreement the County contracts with Remi Vista and RCAA to provide 14 TH units plus services for recently emancipated youth. Youth are connected via the Independent Living Skills program. The ILP includes workshops that prepare youth for emancipation: money management, education, computer skills, home management, social skills, employment assistance, and housing placement and retention services, in order to prevent homelessness among former foster youth. In addition to the ILP, Humboldt DSS provides each individual with a case manager that works with the youth on individual discharge plans. This includes trips to apartment complexes, employment sites, the Employment Department, and colleges as well as participation in job training programs. Humboldt runs state-funded THP-Plus transitional housing, a community care licensed placement opportunity which helps participants emancipate successfully by providing a safe environment for youth to practice the skills learned in ILP. Participants may live alone or with roommates in apartments and single-family dwellings with regular support and supervision provided by agency staff, county social workers, and ILP coordinators. Support services include regular visits to participants' residences; educational guidance, employment counseling; and assistance implementing independent living plans.

Health Care:

The Policy & Advocacy Committe has been meeting with local hospitals to create and implement improved discharge planning practices. The 2 largest hospitals in the county are reluctant to sign a formal agreement but continue to meet with the Committee to ensure that patients are discharged with a plan to avoid homelessness. Currently, St. Joseph's Hospital pays for 5 beds as respite care for patients who need some place to stay after being in the hospital. A nurse case manager from the Mobile Medical Office decides who is appropriate for these beds. The hospital pays to operate the beds and for the food for the patients. At St. Joseph's Hospital, discharge plans are considered early in a patient's stay. There are weekly team meetings aimed at discussing discharge options. The Case Managers may look to such options as independent living facilities or more skilled care facilities. Additionally, we have increased collaboration with Open Door Community Health Centers.

Mental Health:

Using funding from California's Mental Health Services Act, DHHS recently contracted with Humboldt Bay Housing Corporation to develop new permanent supportive housing for homeless persons with mental illness. The housing will be completed and ready for occupancy in 2011. This housing will be a primary resource for homeless persons being discharged from mental health care.

Psychiatric hospitals work closely with the ROSE program to assist patients with connecting to housing prior to discharge. Discharge options are provided in stepped-down levels of care: from State Hospitals, Institutes for Mental Disease (IMD)/Skilled Nursing Facilities (SNF), Acute Inpatient Facilities (AIF) and Crisis Residential/Transitional Residential Services (CR/TRS). Dischargees from 1) State Hospitals are placed in IMD/SNF; 2) IMDs/SNFs are placed in a CR/TRS; 3) AIF are released to appropriate settings, not to the streets, and only to a shelter if the individual refuses all placement options; and 4) CR/TRS are discharged to independent, shared, or supported housing. The CoC and DHHS have agreed to this procedure and meet regularly to discuss problem cases.

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Corrections:

State and local corrections (CA Department of Corrections and County Sheriff), as well as the HHHC, have agreed to the following protocols and agree to intervene to prevent homelessness as needed for those leaving custody.

State: Currently parolees attend a mandatory orientation meeting when they are released. The meetings instruct new parolees on resources that ex-offenders can use to help them stay off the streets and move toward a stable life. Currently parole case managers ensure that discharged persons have a place to stay either by helping contact friends or family, arranging a spot at a local shelter or a non-McKinney-Vento funded housing facility, or providing them with a motel voucher as a last resort.

Local: The jail discharge planner participates in CoC meetings. DHHS, SOS, Humboldt NAMI, and RCAA all coordinate with jail discharge planners to ensure that housing and supportive services are in place for persons being discharged and then work with the dischargees to ensure that they connect with housing and community services that they need. The focus is always on non-HUD McKinney-Vento funded housing and services, in favor of private market rental housing. Occasionally, some discharged will have to spend a few nights in a subsidized bed.

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3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

1) Prevention of homelessness must begin at the earliest possible age and at the earliest moment that a person or family is assessed as being at risk.

2) Housing is the linchpin to holding together a prevention and intervention plan.

3) It is important to identify the major barriers, issues, and needs impacting alcohol and other drug (AOD) clients who are homeless

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 2009 Action Plan (1500 character limit):

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When the HPRP opportunity was announced, the HHHC created an HPRP Committee to coordinate the community's response. The Committee was able to identify partners throughout the county to create a comprehensive HPRP program. Redwood Community Action Agency (RCAA) is the lead agency for HPRP activities in Humboldt County. RCAA and its partner agencies received $1.6 million from the State of California to implement the program throughout the CoC. RCAA is co-located with DHHS ARRA-funded programs. Partner agencies include most of the agencies and organizations that provide services to persons experiencing homelessness or at risk of becoming homeless in Humboldt County. All of these organizations are also part of Humboldt County's CoC Organization, the HHHC.

HPRP outreach efforts are focused on two large groups: first, households already identified by agencies involved in HHHC in need of housing assistance and second, households in need of assistance but not engaged in receiving services from any of the partners in HHHC. The HHHC includes all organizations in Humboldt County that provide shelter and other services to persons without housing or at risk of homelessness. These households are evaluated for assistance using the HUD risk factors. Case managers of the partner and vendor agencies provide screening and application assistance for households identified by their agency.

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

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The HHHC has worked with the following entities in their efforts to secure the resources described below. HHHC members are working to assure that 1) all HHHC members are aware of new opportunity for consumers, and of eligibility and admissions procedures; 2) each of these opportunities unfolds as a component of the CoC; and 3) CoC resources are used to create joint programs, on-site service opportunity, and mutually informative analysis about needs and solutions.

1) Humboldt is a small rural community that was not eligible for NSP and was not initially allocated any HUD VASH vouchers; however, the North Coast Veteran's Resource Center (CoC member) successfully worked with the San Francisco regional VA office to bring one VASH voucher online this past month (about $13,000 per year). The Resource Center continues to work with the SF regional office to access additional vouchers.

2) The City of Eureka Housing Authority (CoC member) received $474,836 in Public Housing Capital Stimulus Funds to rehabilitate public housing units.

3) Mobile Medical Office (CoC member) and Open Door Community Health Centers (CoC member) received $121,744 and $535,792 respectively to increase health services.

4) Humboldt County Dept. of Health and Human Services (CoC member) received $147,992 in TANF Emergency Contingency Funds (ECF) to create programs for needy families. HPRP is co-located with DHHS and clients are screened for either program simultaneously. TANF ECF funds were used for Rapid Re-housing, initial housing assistance, rental assistance, subsidized employment, and food.

5) RCAA (CoC member) received $381,347 of ARRA-CSBG funds to support employment related services.

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

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

Housing and service providers are required to post notice of students¿ rights under the McKinney-Vento Act. They must also explain those rights to families and youth upon intake, and assist families and students in exercising those rights. Agencies are encouraged to keep track of the enrollment and attendance of students in their care. Agencies are encouraged to collaborate with local schools. Organizations that serve youth are encouraged to gather students¿ report cards and grading information, truancy and suspension notices, and other communications with school staff. Service providers are encouraged to aid parents by helping them obtain school records, health records, and other documentation.

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

The Family Resource Centers are co-located on school grounds and staff regularly meet with school administrators, including the Education Liaison, to identify families who may be experiencing or at risk of homelessness. CoC members, particularly staff from the MAC (a CoC member and HUD grantee), go to the Resource Centers weekly to coordinate cases with teachers, the County Office of Education, and other appropriate stakeholders, such as housing and benefits counselors. Households identified by teachers or other educational staff as needing prevention or housing assistance are referred directly to the MAC. Providers report that in school AOD education is an effective venue for identifying children who need assistance.

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

Case managers at the emergency shelter and transitional housing sites work with families to keep children at their school of origin as appropriate (i.e. no domestic violence circumstances that warrant moving a child). Students receive an Individualized Education Plan (IEP), which is created in conjunction with the case manager, teacher, and parents. The case manager attends quarterly meetings with the teacher of homeless children to ensure that students are well-supported, attending classes, and able to keep up with their IEP. Additionally, the Retired School Teachers Association goes to family focused programs bi-weekly to provide tutoring, homework assistance, and other education support.

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

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The North Coast Veteran's Resource Center sits on the HHHC Executive Committee ensuring that the needs of vets are addressed in all aspects of CoC planning. The Resource Center organizes an annual Stand Down event which all CoC agencies support with staff and resources. Recently, the Resource Center brought one new VASH voucher online and is working with the SF Regional VA to secure more. The Resource Center is also completing a new transitional housing program specifically for homeless vets which is centrally located in the County. Humboldt DHHS is a PATH grantee which targets 100% of those resources to vets. In terms of identifying vets throughout the community, the County hosted a Vet 101 cultural competency training to teach all agencies about military culture and effective strategies for reaching out to vets. All CoC agencies participated in the training and screen for veteran status (and benefits) at intake.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

 The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

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

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4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

 In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

 CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

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

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	29	**Beds**	35	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	93	**%**	90	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	**%**	50	**%**
Increase percentage of homeless persons employed at exit to at least 20%	29	**%**	35	**%**
Decrease the number of homeless households with children.	214	**Households**	224	**Households**

Did CoC submit an Exhibit 1 application in 2009? Yes

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If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

For "Increase the percentage of homeless persons staying in permanent housing over 6 months," we actually achieved 100%, up from last year's 93% success rate. However, one client was only in the housing program for 5 months when the program submitted its APR. That client remained housed over 6 months, but that data is not reflected here due to the timing of the Apartments First's program year with HUD.

Our programs moved 50% of participants from transitional to permanent housing. Crossroads, which targets people with substance abuse issues, has traditionally structured their program such that clients stay for only 90 days then transition to other AOD treatment within the same agency. The agency is restructuring its program to better meet and track HUD's outcome goals. Another TH provider has better outcomes but only serves 7 clients.

We had targeted decreasing the number of family households to 214. We did not conduct a PIT this year. We believe that we likely achieved our 214 goal through HPRP, but we do not yet have data to confirm our outcomes.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	219	22
2009	427	24
2010	427	35

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.   11

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, 2009 and January 31, 2010.

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Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$10,000	$0	$0	$0	$56,000
Total	$10,000	$0	$0	$0	$56,000

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

We had an increase in the number of CH counted in the 2009 PIT. The increase is due to the comprehensiveness of the 2009 count. The HHHC believes this is the most accurate count of homelessness completed in Humboldt. Outreach to known encampments underscored the importance of community wide outreach teams with an expertise in locating homeless individuals. The opinion of consumers, providers and stakeholders is that there has been no real change in the presence of homeless people over the past 3 years; there is a significant improvement in the data available on the population and their characteristics, which substantiates HHHC experience. For 2011 PIT we expect an equally robust count but a decrease in the number of CH.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	1
b. Number of participants who did not leave the project(s)	20
c. Number of participants who exited after staying 6 months or longer	1
d. Number of participants who did not exit after staying 6 months or longer	18
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	90

Instructions:

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

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	129
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	65
TOTAL TH (%)	50

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

Instructions:

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

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

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

Total Number of Exiting Adults: 131

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	8	6	%
SSDI	3	2	%
Social Security	0	0	%
General Public Assistance	3	2	%
TANF	65	50	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	44	34	%
Unemployment Benefits	0	0	%
Veterans Health Care	1	1	%
Medicaid	2	2	%
Food Stamps	70	53	%
Other (Please specify below)	0	0	%
No Financial Resources	30	23	%

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

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**Does the CoC have any non-HMIS projects for   Yes
 which an APR was required to be submitted?**

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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

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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.

During the NOFA planning process, two committees of the CoC (Executive Committee and Review and Rank) review APR data to identify gaps in services. Based on this review, the primary planning group selects areas on which to focus information sessions at the larger HHHC meetings during the upcoming year. Approximately once per quarter the full HHHC meeting focuses on a mainstream benefit. This past year, HHHC successfully brought on C4Yourself, an electronic system that allows households to apply for 4 benefits at once online.

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.

In 2010, 25 Jan, 8 & 22 Feb, 15 & 29 March, 12 & 26 April, 10 & 24 May, 14 & 28 June, 12 & 26 July, 16 & 30 August, 20 Sept, 4 & 18 Oct, 1 & 15Nov.

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 Both

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

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

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

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

N/A

Has the CoC participated in SOAR training? No

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

N/A

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	82%
Staff at each agency in the continuum complete an intake form on new clients. This intake asks the client for information regarding all of the mainstream benefits that they may already be participating in as well as those benefits that they may be eligible for. Many agencies use the Self-Sufficiency Calculator which, by using a simple question-and-answer interface, can estimate a working family's eligibility and benefit amount for twelve state and federal work supports and tax burdens. After this assessment, staff then assist clients in applying for any mainstream benefits that the individual/family may be entitled to but is not yet receiving. Assistance may include calling the mainstream benefit office to set up an appointment, providing the client with transportation and reminders for appointments, staff accompanying the clients to the appointments, staff supporting homeless individuals in completing the applications, and staff calling the mainstream benefit provider after the appointment to follow-up.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	73%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
Food Stamp, CalWorks, CMSP, MediCal	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	45%
4a. Describe the follow-up process:	
Staff use the case planning process as a way of following up. This is done through weekly case conferences, individual weekly supervision, and a variety of tracking forms that are program specific. This provides a way for the staff to review what benefits have been received. If a client has not received benefits, the case manager may then directly contact the mainstream agency to advocate on the clients behalf, write letters, or take the client to meetings with the mainstream agency staff. Case managers generally support clients in problem solving if a difficulty arises in the application process.	

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Continuum of Care (CoC) Project Listing

Instructions:

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

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field   List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Apartments First ...	2010-11-03 22:27:...	1 Year	Arcata House	27,562	Renewal Project	SHP	SSO	F
Humboldt County HMIS	2010-10-22 17:02:...	1 Year	Humboldt County	82,353	Renewal Project	SHP	HMIS	F
Apartments First ...	2010-11-03 22:21:...	1 Year	Arcata House	60,714	Renewal Project	SHP	PH	F
Multiple Assistan...	2010-11-05 17:17:...	1 Year	Redwood Community...	118,074	Renewal Project	SHP	TH	F
Apartments First ...	2010-11-03 22:25:...	1 Year	Arcata House	108,844	Renewal Project	SHP	PH	F
Crossing Bridges	2010-11-03 16:25:...	2 Years	Humboldt Bay Hous...	56,598	New Project	SHP	PH	P1
Launch Pad	2010-10-28 19:16:...	1 Year	Redwood Community...	38,359	Renewal Project	SHP	TH	F
Apartments First ...	2010-11-03 22:23:...	1 Year	Arcata House	37,606	Renewal Project	SHP	PH	F
Crossroads	2010-11-03 17:46:...	1 Year	North Coast Subst...	109,727	Renewal Project	SHP	TH	F

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Budget Summary

FPRN	$583,239
Permanent Housing Bonus	$56,598
SPC Renewal	$0
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	CA522 Cert w Con ...	11/01/2010

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Attachment Details

Document Description: CA522 Cert w Con Plan 2010

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