

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): CA-604 - Bakersfield/Kern County CoC

CoC Lead Organization Name: Kern County Homeless Collaborative

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

Instructions:

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

Name of primary decision-making group: Kern County Homeless Collaborative Steering Committee

Indicate the frequency of group meetings: Monthly or more

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 70%

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

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

Specify "other" process(es):

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

The Steering Committee is the primary decision making body of the Bakersfield/Kern County Continuum of Care (Kern County Homeless Collaborative). The Steering Committee is composed of three groups: 1) the chairs of the Collaborative committees, 2) three elected officers (Chair, Co-Chair, and Secretary) and 3) one ex-officio officer (the President of United Way, the Fiscal Agent).

Representatives of CoC Agencies/Organizations volunteer to serve on and chair various committees; the chairs of these committees have a vote on Steering Committee business. Committee chairs are typically elected by consensus of the particular committee, subject to approval of the Steering Committee. Should more than one individual volunteer to chair a committee, a committee election is held.

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

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

Specify "other" process(es):

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

The Kern County Homeless Collaborative (Bakersfield/Kern County CoC) currently operates as a formal committee structure organized under bylaws. The United Way of Kern County acts as the organizations Fiscal Agent, at the Collaboratives request. The United Way of Kern County has sought and received limited funds for basic administrative functions of the Collaborative. The Homeless Collaborative currently submits an Associated Application; therefore, the HUD Los Angeles Field Office is responsible for monitoring individual agency projects and outcomes, not the Collaborative.

The Kern County Homeless Collaborative would need to complete a thorough due diligence process to assess our readiness and the requisite capacity to facilitate a shift to a Consolidated Application. Preliminarily, the Collaborative believes it would need additional administrative funds (above and beyond the 5% per project) in order to build the requisite capacity and expertise to serve as the grantee and provide oversight, monitoring and technical assistance. This would involve identifying a non-profit willing to assume these responsibilities or incorporating the Collaborative itself as a non-profit organization.

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

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

| Name | Meeting Frequency |
|----------------------|-------------------|
| HMIS | Monthly or more |
| Housing Committee | Monthly or more |
| CoC Committee | Monthly or more |
| Service Providers... | Monthly or more |
| Census Committee | Monthly or more |
| Discharge Plannin... | Quarterly |
| Consumers Committee | Monthly or more |
| Performance Data ... | Monthly or more |
| 10-Year Plan Comm... | Monthly or more |
| General Collabora... | Semi-annually |
| Homeless Court | Monthly or more |
| Government Relati... | Quarterly |

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

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

Name of Committee/Sub-Committee/Work Group: HMIS

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The HMIS Committee conducts self-assessment of HMIS implementation, serves as a forum for prioritizing software related issues especially those requiring allocation of limited resources to fix, incubating and broadcasting system solutions, facilitating training, and negotiating non-software related HMIS issues.

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

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

Name of Committee/Sub-Committee/Work Group: Housing Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Housing Committee is charged with setting ten year goals and benchmarks for the development of permanent housing. The committee also encourages and incubates the development of permanent housing.

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

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

Name of Committee/Sub-Committee/Work Group: CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Continuum of Care (CoC) Committee advises the Steering Committee regarding local CoC policy and process. The CoC Committee annually reviews, revises and recommends local policies and procedures for grant application submission, threshold criteria, ranking and rating criteria and process. The CoC Committee aligns the local CoC calendar with HUD's calendar. The CoC Committee holds orientation meetings with new and renewing applicants, distributes and explains the local CoC calendar, application policies and procedures, and local ranking/rating criteria.

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

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

Name of Committee/Sub-Committee/Work Group: Service Providers Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Ensure service providers have an opportunity to receive training, obtain assistance with difficult cases and encourage linkage between service providers. Ensure linkage to mainstream service providers. Ensure that homeless and chronically homeless persons are being linked to or placed in employment. Explore establishment of a Homeless Court in Eastern Kern County. Outreach and engage homeless veterans.

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

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

Name of Committee/Sub-Committee/Work Group: Census Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Plans, builds capacity for, and trains volunteers to implement the point-in-time census. Conduct a county-wide point-in-time enumeration of sheltered and non-sheltered homeless every 2 years.

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

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

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

The Committee works with hospitals and institutions to streamline discharge planning processes countywide, and ensure individuals discharged are linked to housing and services. The Committee also works with the Department of Human Services to facilitate the HUD desired discharge policies for Transitional Age Youth from their Independent Living Program. The Committee also works with the Department of Mental Health and the Department of Corrections to ensure those individuals discharged from their respective programs are provided with housing and services.

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

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

Name of Committee/Sub-Committee/Work Group: Consumers Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Consumer Committee serves as a venue for consumer participation and input into the Homeless Collaborative, and keeps the collaborative abreast of any issues of concern for homeless consumers/clients.

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

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

Name of Committee/Sub-Committee/Work Group: Performance Data Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Ensures that the data collection processes and data reports are consistent within and between agencies and are the best reflection of the successes achieved by persons leaving homelessness. The Data Performance Committee achieves this objective by reviewing, analyzing and comparing CoC and program level data and data collection processes to HUD standards and data objectives; providing guidance and assistance to CoC program staff on best practices for data collection and reporting as well as ways to remediate data quality issues and challenges. Makes recommendations to the HMIS Committee to ensure resolution of HMIS software related data quality issues.

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

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

Name of Committee/Sub-Committee/Work Group: 10-Year Plan Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversee the development of a Ten Year Plan to end chronic homelessness. Upon completion of the Ten Year Plan, oversee implementation and follow-through.

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

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

Name of Committee/Sub-Committee/Work Group: General Collaborative Meeting

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

General meeting for homeless collaborative and the general public for the sharing of information and best practices.

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

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

Name of Committee/Sub-Committee/Work Group: Homeless Court

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Homeless Court Committee ensures referrals, collaborates with and supports the Kern County Superior Court Homeless Court Program to adjudicate minor offenses of homeless persons in order to provide them with eligibility and access to benefits, employment, and housing.

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

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

Name of Committee/Sub-Committee/Work Group: Government Relations Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Ensures that public entities continue to support the KCHC through allocation of staff time, agency resources and technical assistance. Seeks to educate the public on issues related to homelessness.

1D. Continuum of Care (CoC) Member Organizations

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

| Organization Name | Membership Type | Organization Type | Organization Role | Subpopulations |
|--|-----------------|-------------------|--|-----------------|
| California Partnership for the San Joaquin Valley | Public Sector | State g... | None | NONE |
| Office of Assemblywoman Nicole Parra | Public Sector | Other | Attend 10-year planning meetings during past 12 months | NONE |
| California Employment Development Department | Public Sector | State g... | Committee/Sub-committee/Work Group | NONE |
| Bakersfield City Economic & Community Developme... | Public Sector | Local g... | Committee/Sub-committee/Work Group, Authoring agency for ... | NONE |
| Hon. Chip Holloway, Mayor, City of Ridgecrest | Public Sector | Local g... | None | NONE |
| Hon. David Couch, City Councilmember, City of B... | Public Sector | Local g... | None | NONE |
| Hon. Harvey L. Hall, Mayor, City of Bakersfield | Public Sector | Local g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Hon. Michael Rubio, Supervisor, County of Kern | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months | NONE |
| Hon. Ray Watson, Supervisor, County of Kern | Public Sector | Local g... | None | NONE |
| Hon. Mike Maggard, Supervisor, County of Kern | Public Sector | Local g... | Attend 10-year planning meetings during past 12 months | NONE |
| Hon. Jim Costa, Congressman, 20th Congressional... | Public Sector | Other | Attend 10-year planning meetings during past 12 months | NONE |
| Hon. Sue Benham, City Councilmember, City of Ba... | Public Sector | Local g... | None | NONE |
| Kern County Behavioral Health Board, Housing Co... | Public Sector | Local g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |
| Kern County Community & Economic Development | Public Sector | Local g... | Committee/Sub-committee/Work Group, Authoring agency for ... | NONE |
| Kern County Department of Human Services | Public Sector | Local g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Youth |
| Kern County Department of Mental Health | Public Sector | Local g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |
| Kern County Department of Public Health | Public Sector | Local g... | None | HIV/AIDS |
| Kern County Child Support Services | Public Sector | Local g... | Committee/Sub-committee/Work Group | NONE |
| Kern County Veterans Services Department | Public Sector | Local g... | Committee/Sub-committee/Work Group | Veterans |
| Housing Authority of the County of Kern | Public Sector | Publi c ... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |

| Bakersfield/Kern County CoC | | | COC_REG_v10_000033 | |
|---|----------------|--------------------|---|---------------------|
| Wasco Housing Authority | Public Sector | Publi c ... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Bakersfield City School District | Public Sector | Sch ool ... | None | NONE |
| California State University, Bakersfield | Public Sector | Sch ool ... | Attend 10-year planning meetings during past 12 months, C... | NONE |
| Kern County Superintendent of Schools - Kern Co... | Public Sector | Sch ool ... | Committee/Sub-committee/Work Group | Youth |
| Bakersfield Police Department | Public Sector | Law enf... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Kern County Public Defender | Public Sector | Law enf... | Committee/Sub-committee/Work Group | Domesti c Vio... |
| Kern County District Attorney's Office | Public Sector | Law enf... | Committee/Sub-committee/Work Group | NONE |
| Kern County Sheriff's Department | Public Sector | Law enf... | Committee/Sub-committee/Work Group | NONE |
| Kern County Superior Court | Public Sector | Law enf... | Committee/Sub-committee/Work Group | NONE |
| Employers Training Resource | Public Sector | Loca l w... | Committee/Sub-committee/Work Group | NONE |
| Kern County Office of Emergency Services | Public Sector | Loca l g... | Committee/Sub-committee/Work Group | NONE |
| Alliance Against Family Violence & Sexual Assault | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | Domesti c Vio... |
| Bakersfield AIDS Project | Private Sector | Non- pro.. . | None | HIV/AID S |
| Bakersfield Homeless Center | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| California Veteran's Assistance Foundation | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | Veteran s |
| Clinica Sierra Vista | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | Veteran s, HI... |
| Catholic Charities | Private Sector | Faith -b... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Community Action Partnership of Kern | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Golden Empire Affordable Housing | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriousl y Me... |
| Golden Empire Gleaners | Private Sector | Non- pro.. . | None | NONE |
| Golden Empire Habitat for Humanity | Private Sector | Non- pro.. . | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |

| Bakersfield/Kern County CoC | | | COC_REG_v10_000033 | |
|--|----------------|------------|--|-----------------|
| Greater Bakersfield Legal Assistance, Inc. | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Independent Living Center of Kern County | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |
| National Alliance on Mental Illness (NAMI) - Ri... | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | Seriously Me... |
| New Life Recovery & Treatment Center | Private Sector | Non-pro.. | None, Attend 10-year planning meetings during past 12 months | Substance Ab... |
| N.E.E.D.S. Center Taft | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | NONE |
| Wome's Center High Desert | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group, Primary Decision Maki... | Domestic Vio... |
| Bakersfield Rescue Mission | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Substance Abuse |
| City of Delano, Community Development Department | Public Sector | Local g... | Committee/Sub-committee/Work Group, Primary Decision Maki... | NONE |
| Jesus Shack | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | Substance Abuse |
| Flood Ministries | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Substance Ab... |
| New Life Church of God in Christ | Private Sector | Faith-b... | None | NONE |
| St. Joseph's Church | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| St. Paul's Episcopal Church | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Tabitha House Ministries, Inc. | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Substance Abuse |
| Teen Challenge | Private Sector | Faith-b... | None | Substance Abuse |
| Blue Cross Foundation | Private Sector | Funder... | None | NONE |
| Catholic Healthcare West | Private Sector | Faith-b... | None | NONE |
| Friends of Mercy Foundation | Private Sector | Funder... | None | NONE |
| ALPHA House Taft | Private Sector | Non-pro.. | Primary Decision Making Group | Domestic Vio... |
| Homeless Quarters | Private Sector | Funder... | Committee/Sub-committee/Work Group | NONE |

| Bakersfield/Kern County CoC | | | COC_REG_v10_000033 | |
|--|----------------|----------------|---|-----------------|
| United Way of Kern County | Private Sector | Funder ... | Committee/Sub-committee/Work Group, Lead agency for 10-ye... | NONE |
| Bakersfield Downtown Business Association | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Bonita F. Steele Professional Research and Gran... | Private Sector | Businesses | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Chamber's Group, Inc. | Private Sector | Businesses | None | NONE |
| Childress Construction | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Corporation for Better Housing | Private Sector | Businesses | None, Committee/Sub-committee/Work Group | NONE |
| Greater Bakersfield Chamber of Commerce | Private Sector | Businesses | None | NONE |
| Hall Ambulance | Private Sector | Businesses | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Kern County Hispanic Chamber of Commerce | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Mark Smith, Planning Consultant | Private Sector | Businesses | Committee/Sub-committee/Work Group | NONE |
| Occidental Petroleum Elk Hills | Private Sector | Businesses | None | NONE |
| Saint Amand & Associates | Private Sector | Businesses | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |
| Union Bank of California | Private Sector | Businesses | Attend 10-year planning meetings during past 12 months | NONE |
| Catholic Healthcare West | Private Sector | Hospita.. . | Committee/Sub-committee/Work Group | NONE |
| Kaiser Permanente | Private Sector | Hospita.. . | None | NONE |
| Kern Medical Center | Public Sector | Local g... | Committee/Sub-committee/Work Group | Seriously Me... |
| Memorial Hospital | Private Sector | Hospita.. . | Committee/Sub-committee/Work Group | NONE |
| Mercy Hospital | Private Sector | Hospita.. . | Committee/Sub-committee/Work Group | NONE |
| Covenant Community Services | Private Sector | Faith-b... | Committee/Sub-committee/Work Group, Attend 10-year planni... | Youth |

| Bakersfield/Kern County CoC | | | | COC_REG_v10_000033 |
|--|----------------|---------------------|---|--------------------|
| Saint Vincent de Paul | Private Sector | Faith-b... | Committee/Sub-committee/Work Group | NONE |
| Mercy Southwest Hospital | Private Sector | Hos pita.. . | Committee/Sub-committee/Work Group | NONE |
| San Joaquin Hospital | Private Sector | Hos pita.. . | Committee/Sub-committee/Work Group | NONE |
| Jennifer Abernathy | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Ron Abernathy | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Bret L. Barklay | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Roberta Culp | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Jeanette Ferrier | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Judy Hardwick | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Debbie Lemmon | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Melinda Madden | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Gretta Parnell | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Mona Twocats | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group, Primary Decision Maki... | NONE |
| Bill Underwood | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| David Wiley | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Nancy Winn | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group | NONE |
| Katie Young | Individual | Hom eles.. .. | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE |
| Hon. John McQuiston, Supervisor, County of Kern | Public Sector | Loca lg... | Committee/Sub-committee/Work Group | NONE |
| Hon. Cheryl Wegman, Mayor, City of Wasco | Public Sector | Loca lg... | Committee/Sub-committee/Work Group | NONE |
| Hon. Cathy L. Prout, Mayor, City of Shafter | Public Sector | Loca lg... | Committee/Sub-committee/Work Group | NONE |

| Bakersfield/Kern County CoC | | | COC_REG_v10_000033 | |
|--------------------------------------|----------------|-----------|------------------------------------|-----------------|
| The Way Back Home | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Substance Abuse |
| Richard Dominey | Individual | Homeles.. | Committee/Sub-committee/Work Group | NONE |
| Desert Willow Aprtments - Ridgecrest | Private Sector | Non-pro.. | Committee/Sub-committee/Work Group | Seriously Me... |

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

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

Open Solicitation Methods:
(select all that apply)

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

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

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

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

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

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

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

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The increase in Emergency Shelter beds is primarily due to an increase in beds to serve domestic violence victims in the eastern portion of Kern County. This region has long been underserved and now has adequate resources to meet this important need.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The decrease in Transitional Housing beds reflects a fundamental shift to a Housing First approach that relies less on transitional beds and more on permanent housing resources.

Permanent Housing: Yes

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

The change in the number of permanent housing beds for individuals and families reflects a shift in beds from individual to family beds over the past year. While the number of family units increased from 20 to 34, the number of family beds only increased by one, reflecting a shift to smaller size families (less beds per unit). These changes were due to the evolving needs for permanent housing for the homeless in Kern County.

100 vouchers in permanent housing are underdevelopment and not reflected in new count.

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

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

| Document Type | Required? | Document Description | Date Attached |
|-------------------------|-----------|----------------------|---------------|
| Housing Inventory Chart | Yes | E-HIC 2008 | 10/22/2008 |

Attachment Details

Document Description: E-HIC 2008

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

Instructions:

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

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

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Follow-up
(select all that apply)

Must specify other:

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

Specify "other" data types:

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

Kern County Mental Health commissioned a Housing Inventory and Market Analysis that was completed in early 2008. Additionally, Mental Health held stakeholder meetings in the rural areas of Kern County to determine the mental health housing needs and to identify which projects to develop for the Mental Health Services Act Housing program. In conjunction with the development of the 10-Year Plan the Housing Committee of the Bakersfield/Kern County CoC identified the need for more permanent supportive housing units, a low-demand/safe haven for chronically homeless single women, as well as the need for voucher beds in rural communities.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: CA-604 - Bakersfield/Kern County CoC
(select all that apply)

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

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ClientTrack

What is the name of the HMIS software company? Data Systems International (DSI)

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

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

Indicate the date on which HMIS data entry started (or will start): 12/01/2005
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, Inadequate resources, Poor data quality, No CoC formal data quality plan, HMIS unable to generate AHAR table shells
(select all the apply):

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

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

The Bakersfield/Kern County CoC plans to develop a formal Data Quality Plan, to work more closely with all homeless shelter, service and housing providers to resolve data access, collection and analysis issues more quickly and to develop expertise to allow the data systems' capacity to more fully be utilized for the PIT, program level management and CoC level performance review.

Attachment Details

Document Description:

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

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

Organization Name Kern County Mental Health Department
Street Address 1 P.O. Box 1000
Street Address 2 3300 Truxtun Ave., Suite 290
City Bakersfield
State California
Zip Code 93301
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify

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

Prefix: Mr
First Name: Dan
Middle Name/Initial:
Last Name: Walters
Suffix:
Telephone Number: 661-868-6600
(Format: 123-456-7890)
Extension:
Fax Number: 661-868-6666
(Format: 123-456-7890)
E-mail Address: dwalters@co.kern.ca.us
Confirm E-mail Address: dwalters@co.kern.ca.us

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

Instructions:

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

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

| | |
|----------------------------------|----------------|
| * Emergency Shelter (ES) Beds | 86%+ |
| * Safe Haven (SH) Beds | No beds in CoC |
| * Transitional Housing (TH) Beds | 65-75% |
| * Permanent Housing (PH) Beds | 86%+ |

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

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

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

Instructions:

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

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

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

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number | 37% | 37% |
| * Date of Birth | 1% | 1% |
| * Ethnicity | 1% | 1% |
| * Race | 1% | 1% |
| * Gender | 0% | 0% |
| * Veteran Status | 3% | 3% |
| * Disabling Condition | 4% | 4% |
| * Residence Prior to Program Entry | 2% | 2% |
| * Zip Code of Last Permanent Address | 12% | 12% |
| * Name | 1% | 1% |

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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

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

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

Each CoC agency is responsible for the accuracy of the data it enters according to the COC HMIS Policies & Procedures. Training is provided for agency staff to generate data quality reports, resolve minor data quality issues and assistance in reporting and requesting assistance to resolve data quality issues not able to be resolved by the end user. The CoC's Performance Data Committee (meets monthly) and regularly review data quality issues from a service provider's perspective. Members are able and have raised and sought assistance in resolving agency- and CoC-level data quality issues. The CoC's HMIS Committee (also meets monthly) covers more broad HMIS issues, however, staff regularly provide a status update on data quality and other HMIS issues submitted to the software vendor or the local HMIS provider for software code, design or end-user fixes.

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

At this time the HMIS vendor does not offer validation error messages in their software for inconsistent entry and exit dates. However, our HMIS project manager has advised DSI that this should be included in a future release.

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

Instructions:

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

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

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

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

Instructions:

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

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

| | |
|---|--------------|
| * Unique user name and password | Never |
| * Secure location for equipment | Annually |
| * Locking screen savers | Never |
| * Virus protection with auto update | Never |
| * Individual or network firewalls | Monthly |
| * Restrictions on access to HMIS via public forums | Never |
| * Compliance with HMIS Policy and Procedures manual | Never |
| * Validation of off-site storage of HMIS data | Never |

How often does the CoC assess compliance with HMIS Data and Technical Standards? Never

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

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

If 'Yes' indicate date of last review or update by CoC: 05/20/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

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

Indicate the date of the last PIT count: 01/25/2007

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

| | Households with Dependent Children | | | |
|--|---------------------------------------|--------------|-------------|-------|
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Number of Households | 40 | 43 | 6 | 89 |
| Number of Persons (adults and children) | 137 | 122 | 30 | 289 |
| | Households without Dependent Children | | | |
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Number of Households | 252 | 394 | 602 | 1,248 |
| Number of Persons (adults and unaccompanied youth) | 252 | 394 | 602 | 1,248 |
| | All Households/ All Persons | | | |
| | Sheltered | Transitional | Unsheltered | Total |
| | Emergency | | | |
| Total Households | 292 | 437 | 608 | 1,337 |

| | | | | |
|-----------------------------|-----|-----|--------------------|-------|
| Bakersfield/Kern County CoC | | | COC_REG_v10_000033 | |
| Total Persons | 389 | 516 | 632 | 1,537 |

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

Instructions:

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

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

| | Sheltered | Unsheltered | Total |
|---|-----------|-------------|-------|
| * Chronically Homeless (Federal definition) | 69 | 247 | 316 |
| * Severely Mentally Ill | 211 | | 211 |
| * Chronic Substance Abuse | 181 | | 181 |
| * Veterans | 123 | | 123 |
| * Persons with HIV/AIDS | 13 | | 13 |
| * Victims of Domestic Violence | 145 | | 145 |
| * Unaccompanied Youth (under 18) | 4 | | 4 |

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

Instructions:

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

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

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

How often will the CoC conduct a PIT count? Biennially

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/21/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

Survey Providers:

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

HMIS:

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

Extrapolation:

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

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

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

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

If Other, specify:

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

Two weeks prior to the PIT count all emergency shelter and transitional housing providers were mailed surveys requesting their bed capacity and occupancy numbers for individuals and families with children for the night of the upcoming PIT count. The mailings included a cover letter and instructions for completing and returning the surveys. Follow up calls were made to these providers to remind them to complete the survey and answer any questions about the surveys. All providers had previously completed an almost identical survey the preceding year, so they were familiar with the process. Emergency shelter occupancy numbers in 2006 and 2007 were similar (382 vs. 389 persons), but there was an increase of in transitional housing occupancy of 217 persons between 2006 (299 persons) and 2007 (516 persons). This change is explained by an increase in the number of available transitional housing beds between 2006 and 2007.

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

Instructions:

HMIS:

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

HMIS plus extrapolation:

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

Sample of PIT interviews plus extrapolation:

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

Interviews:

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

Non-HMIS client level information:

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

Other:

CoC used a combination of methods.

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

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

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

If Other, specify:

The population and subpopulation data reported in 2008 is from the January 2007 Census. The subpopulation data from the previous years census (January 2006) was extrapolated to the 2007 count. Almost 85% of sheltered homeless persons received detailed face-to-face interviews in 2006, and subpopulation data collected at that time was considered relevant to 2007.

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

Staff of the major shelters and transitional housing programs conducted interviews with all occupants on the PIT night. These staff received training from the Collaborative in use of the survey instrument.

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

Instructions:

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

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

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

If Other, specify:

Shelter staff are familiar with occupants of the shelter; therefore, non-HMIS de-duplication techniques were not necessary.

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

N/A

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

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

Service-based count:

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

HMIS:

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

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

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

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

If Other, specify:

N/A

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

Instructions:

Complete coverage:

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

Known locations:

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

Combination:

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

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

Three techniques were used to reduce duplication in counting homeless persons. First, surveyors used standardized surveys that included questions to screen out non-homeless persons and persons who had been previously counted. Secondly, surveyors marked the hands of persons who had been counted using a colored ink dauber. Surveyors explained the reason for the dauber and asked permission of interviewees before marking their hands. This was done voluntarily and only two or three people refused to have their hands daubed. Thirdly, surveys were conducted by fixed site and mobile survey teams based on pre-arranged site assignments and survey routes. Thus, surveyors became familiar with the homeless persons in their respective areas and were able to avoid duplicate interviews.

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

During the January 2007 PIT count, the CoC found 6 unsheltered homeless households with dependent children. Using experienced outreach workers from the staff of the Bakersfield Homeless Center (BHC) and other agencies, the CoC encouraged efforts to follow-up on these families. BHC is a 174 bed facility created to house families with dependent children. BHC works closely with the CoC to service homeless families by providing case-management, employment training, housing placement and other supportive services. The CoC also works closely with McKinney-Vento funded staff through the Bakersfield City School District to identify homeless children and to ensure that they receive appropriate services.

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

The January 2007 PIT count involved a countywide outreach effort to count all unsheltered homeless persons. More than 100 surveyors were involved including 75 surveyors in Metro Bakersfield and local survey teams in rural areas outside Bakersfield. All surveyors received training in engagement and interviewing techniques. Some surveyors were placed at public sites, such as parks, and service agencies where homeless are known to concentrate, and other surveyors were assigned to mobile survey teams operating along pre-assigned routes. Incentive items including food, clothing, hygiene materials, etc., were handed out to homeless persons during the interviews. Surveyors were drawn primarily from agencies that serve the homeless and therefore had familiarity and experience serving the population. A week prior to the survey outreach workers from the Collaborative circulated flyers and posted notices informing the homeless population about the upcoming PIT count. Surveyors used maps developed by the City using past census location counts and current information about the homeless population to help identify likely concentration sites and places inhabited by the homeless population. The unsheltered count in 2007 (632 persons) and 2006 (635 persons) were similar, indicating that the unsheltered population had not changed significantly in a year.

Attachment Details

Document Description:

Attachment Details

Document Description:

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

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

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

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Create new PH beds for chronically homeless persons

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

2008 Local Action Steps

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

| | | Lead Person |
|---------------|---|---|
| Action Step 1 | Designate 12 newly constructed one bedroom apartments for the chronically homeless through the Haven Cottages PSH project | Randy Coats, Director, Golden Empire Affordable Housing |
| Action Step 2 | Utilizing existing Shelter Plus Care funding, increase the number of vouchers provided to the chronically homeless by 10 in the next year | Stephen Pelz, Director, Housing Authority of the County of Kern |
| Action Step 3 | Add 10 new beds for chronically homeless through the Casa de Bedford PSH project | Bill Phelps, Chief of Programs, Clinica Sierra Vista |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 60 |
| Numeric Achievement in 12 months | 80 |
| Numeric Achievement in 5 years | 140 |
| Numeric Achievement in 10 years | 215 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

| | | Lead Person |
|---------------|--|--|
| Action Step 1 | Ensure SSOs are properly tracking clients housing retention (case management) services in PH for the 6 month period. | Bonita Steele, KCHC Chair Performance Data Committee, CAPK |
| Action Step 2 | As a condition of making a referral to COC funded permanent housing, require service provider agencies to provide a minimum of 6 months of post-placement case management and supportive services to homeless persons placed in permanent housing. | Bonita Steele, KCHC Chair Performance Data Committee, CAPK |
| Action Step 3 | Establish a best practices workgroup through the COC to identify and share methods to improve housing retention for homeless persons. | Jim Wheeler, Financial Stability Coordinator, United Way |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 74 |
| Numeric Achievement in 12 months | 76 |
| Numeric Achievement in 5 years | 82 |
| Numeric Achievement in 10 years | 85 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

| | | Lead Person |
|---------------|---|---|
| Action Step 1 | Ensure that TH clients apply for mainstream housing benefits to which they may be eligible including: Section 8, Low Income Public Housing and Shelter Plus Care. | Stephen Pelz, KCHC Housing Committee Chair, Housing Authority of the County of Kern |
| Action Step 2 | Ensure Supportive Service agencies are properly tracking clients referred from TH to PH. | Bonita Steele, KCHC Performance Data Chair, CAPK |
| Action Step 3 | Provide in-service training to transitional housing providers on permanent housing options, eligibility criteria and referral processes | Judy Metcalf, KCHC Chair Service Providers Committee, Clinica Sierra Vista |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 29 |
| Numeric Achievement in 12 months | 50 |
| Numeric Achievement in 5 years | 65 |
| Numeric Achievement in 10 years | 70 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

| | | Lead Person |
|---------------|--|---|
| Action Step 1 | Ensure Supportive Service agencies are properly tracking clients that have become employed. | Bonita Steele, KCHC Chair, Performance Data Committee, CAPK |
| Action Step 2 | Expand collaboration with the local Workforce Investment Agency and job training providers to identify employment opportunities for homeless or formerly homeless clients. | Judy Metcalf, KCHC Chair, Service Providers Committee, Clinica Sierra Vista |
| Action Step 3 | Create an internship program specifically for homeless persons to provide work experience and job skills and facilitate employment opportunities. | Louis B. Gill, Executive Director, Bethany Services |

Proposed Numeric Achievements

| | %/Beds/Households |
|----------------------------------|-------------------|
| Baseline (Current Level) | 16 |
| Numeric Achievement in 12 months | 19 |
| Numeric Achievement in 5 years | 22 |
| Numeric Achievement in 10 years | 25 |

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Decrease the number of homeless households with children

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

2008 Local Action Steps

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

| | | Lead Person |
|-----------|---------|-------------|
| Exhibit 1 | Page 50 | 10/22/2008 |

| Bakersfield/Kern County CoC | | COC_REG_v10_000033 |
|-----------------------------|--|---|
| Action Step 1 | Apply for new project funding through the Rapid Re-Housing Initiative to develop transitional housing and supportive services for households with dependent children residing on the street or in emergency shelters | Stephen Pelz, Director, Housing Authority of the County of Kern |
| Action Step 2 | Set aside 100 Housing Choice Vouchers targeted to the non-disabled homeless, including homeless households with children. | Stephen Pelz, Director, Housing Authority of the County of Kern |
| Action Step 3 | Apply for funding for Bethany Services Master Lease project with set aside for households with dependent children. | Louis B. Gill, Executive Director, Bethany Services |

Proposed Numeric Achievements

| | %/Beds/Households |
|---|-------------------|
| Baseline (Current Level) | 5 |
| Numeric Achievement in 12 months | 7 |
| Numeric Achievement in 5 years | 10 |
| Numeric Achievement in 10 years | 15 |

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

Instructions:

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

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

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

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

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

Foster Care Discharge

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

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

In Kern County the Foster Care System is administered by the Kern County Department of Human Services (DHS). The DHS Independent Living Program (ILP) has the primary role in emancipated youth services. Prior to exiting Foster Care, transitioning age youth are evaluated for housing and other needs and a transitional living plan is developed. Through the ILP, the soon to be emancipated youth is given a case manager who guides the youth through the emancipation process. Through effective case management and Family Mentoring Services the emancipated youth are assisted throughout to ensure that the transitional living plan is implemented and satisfactory housing is obtained.

DHS has two emancipated housing programs. The Building Blocks program is a joint venture between DHS and the Housing Authority of the County of Kern (HACK). DHS pays for the first two months rent and then Building Blocks residents pay rent based on a sliding scale as determined by HACK. DHS also manages the Host Homes / Scattered Sites Program which provides temporary housing for up to two years to former foster youth. If the youth chooses the Scattered Sites model, they rent their own apartment and DHS provides rental assistance, plus help for food, utilities and transportation.

Health Care Discharge

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

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

Working in concert with the Kern County Homeless Collaborative (KCHC) Discharge Planning Committee and Greater Bakersfield Legal Assistance (GBLA), the Homeless Health Ombudsman (HHO) has developed and executed Memoranda of Understanding (MOUs) with all four general care hospitals in Bakersfield, including Kern Medical Center, San Joaquin Community Hospital, and Mercy and Memorial Hospitals (both operated by Catholic Healthcare West).

At the moment of admission the discharge planning process begins. During this time the discharge planner works with the case manager to adequately identify barriers faced by the homeless patient and an effective screening process is developed to best identify practical resources and referrals for appropriate medical care and housing placement. Hospitals in Kern County work diligently to connect patients in their care with local resources, including public benefits, private and faith based services, safe and adequate housing, and continued treatment.

The KCHC has officially established discharge planning guidelines for Kern County that are coordinated with the work of the HHO and the 10-Year Plan on Ending Chronic Homelessness. These guidelines include the HUD stated policy that no one should be discharged into homelessness or emergency shelters.

Mental Health Discharge

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

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

Kern County Mental Health and its partner agencies in the Mental Health System of Care operate under the Kern County Policies & Procedures Manual Discharge Policy #5.1.22 (approved by California Medi-Cal and CARF), as follows:

The Discharge Process begins at the initial screening and continues after individuals-served leave its direct care, thus making discharge an integral part of how Mental Health assures continuity of care for the individual-served. The purpose is to provide a system-wide, standardized set of expectations for discharge planning for all individuals served to facilitate an effective and individual-centered discharge process. The policy sets forth guidelines and documentation standards that outline the communication, linkage responsibilities, and requirements among mental health providers for all individuals being discharged from the System of Care. All direct service staff and contract agencies will use the Discharge Summary Plan for documentation when an individual leaves the System of Care.

Corrections Discharge

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

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

There are three specific programs in Kern County that assist discharged inmates. In each case, discharge planning begins early in the process prior to release. Each program provides pre release evaluations to identify specific needs including housing placement. Inmates are provided case managers who develop plans, act as liaisons between correction officials and service providers and continue to assist paroles after their release.

County jails are administered by the Kern County Sheriff's Department. Inmates discharged from County jails are typically subject to probation. Probation officers monitor their probationers progress in finding employment and housing and also make referrals for substance abuse treatment.

Kern County Mental Health has a multi-disciplinary treatment team whose primary purpose is to help mentally ill individuals transitioning from jail back into the community. This team, known as the Adult Transition Team (ATT), is funded under the state Mental Health Services Act (MHSA). The intent of the ATT is to prevent incarcerated individuals from becoming homeless upon exiting the jail system.

The California Department of Corrections contracts with the Kern County Department of Public Health to provide case management and pre-discharge planning to potentially homeless inmates 90 days prior to their release. Public Health provides links to services including housing, through their Transitional Case Management Program (TCMP).

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

| Document Type | Required? | Document Description | Date Attached |
|----------------------------------|-----------|----------------------|---------------|
| Foster Care Discharge Protocol | No | Foster Care Disch... | 10/17/2008 |
| Mental Health Discharge Protocol | No | Mental Health Dis... | 10/03/2008 |
| Corrections Discharge Protocol | No | Corrections Disch... | 10/21/2008 |
| Health Care Discharge Protocol | No | Discharge Plannin... | 10/17/2008 |

Attachment Details

Document Description: Foster Care Discharge Planning

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

Attachment Details

Document Description: Mental Health Discharge Policy

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

Attachment Details

Document Description: Corrections Discharge

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

Attachment Details

Document Description: Discharge Planning Guidelines

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

3E. Continuum of Care (CoC) Coordination

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

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

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

Prevent homelessness and the repeat of homelessness through increased access to mainstream resources;

Develop increased housing resources for chronically homeless people and their families;

Provide early, intensive intervention for people who are chronically homeless

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

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

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

Kern County Ten Year Plan to End Chronic Homelessness (TYP ECH) includes the following goals that stem from the CoC 10-year plan (CoC TYP):

TYP ECH - Goal #5: Implement a coordinated housing first model. Strategy #1 (under Goal #5) is to assist service providers in moving from a focus on shelter-based homeless services to Permanent Supportive Housing (PSH) - Housing First focus. Goal #10 Create 520 new permanent supportive housing beds for persons who are chronically homeless or homeless.

TYP ECH - Goal #2 Increased incomes and financial stability, Strategy #3 is to develop customized employment options for persons who are at-risk of becoming or who are homeless.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

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

| Objective | Proposed 12-Month Achievement (number of beds or percentage) | Actual 12-Month Achievement (number of beds or percentage) | |
|---|---|---|------|
| Create new PH beds for CH | 0 | Beds | 0 |
| Increase percentage of homeless persons staying in PH over 6 months to at least 71% | 89 % | | 74 % |
| Increase percentage of homeless persons moving from TH to PH to at least 61.5% | 76 % | | 29 % |
| Increase percentage of homeless persons employed at exit to at least 18% | 19 % | | 16 % |
| Ensure that the CoC has a functional HMIS system | 81 % | | 78 % |

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

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

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

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2006 | 309 | 129 |
| 2007 | 316 | 132 |
| 2008 | 316 | 132 |

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

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

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

4C. Continuum of Care (CoC) Housing Performance

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

| Participants in Permanent Housing (PH) | |
|--|-----------|
| a. Number of participants who exited permanent housing project(s) | 63 |
| b. Number of participants who did not leave the project(s) | 168 |
| c. Number of participants who exited after staying 6 months or longer | 50 |
| d. Number of participants who did not exit after staying 6 months or longer | 120 |
| e. Number of participants who did not leave and were enrolled for 5 months or less | 48 |
| TOTAL PH (%) | 74 |
| Participants in Transitional Housing (TH) | |
| a. Number of participants who exited TH project(s), including unknown destination | 153 |
| b. Number of participants who moved to PH | 44 |
| TOTAL TH (%) | 29 |

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

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

Total Number of Exiting Adults: 1,668

| Mainstream Program | Number of Exiting Adults | Exit Percentage (Auto-calculated) |
|------------------------------|--------------------------|-----------------------------------|
| SSI | 299 | 18 % |
| SSDI | 88 | 5 % |
| Social Security | 23 | 1 % |
| General Public Assistance | 29 | 2 % |
| TANF | 319 | 19 % |
| SCHIP | 3 | 0 % |
| Veterans Benefits | 6 | 0 % |
| Employment Income | 259 | 16 % |
| Unemployment Benefits | 12 | 1 % |
| Veterans Health Care | 4 | 0 % |
| Medicaid | 371 | 22 % |
| Food Stamps | 310 | 19 % |
| Other (Please specify below) | 66 | 4 % |
| No Financial Resources | 633 | 38 % |

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

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Notify area Youthbuild programs of job opportunities

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

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

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

The Data Performance Committee is responsible for analyzing APRs and the various projects associated with them. This is done on an annual basis. However, the Committee meets monthly to discuss how to improve CoC performance with a focus on services, employment, income and greater access to mainstream benefits.

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.

11-6-07; 12-11-07; 1-8-08; 2-12-08; 3-11-08; 4-8-08; 5-13-08; 6-10-8; 8-12-08; 9-9-08

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Annually

Does the CoC uses HMIS to screen for benefit eligibility? No

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

Has the CoC participated in SOAR training? No

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

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

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

| Activity | Percentage |
|--|------------|
| 1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided: | 100% |
| <p>Case managers generally assess client needs during the intake process and provide referrals to on-site services and/or community agencies, as needed. Follow-up reviews between client and case managers are usually conducted weekly to assess client progress, re-evaluate client needs and/or assist clients in attaining needed benefits.</p> | |
| 2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 100% |
| 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: | 0% |
| N/A | |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |
| 4a. Describe the follow-up process: | |
| <p>Case management staff meet with all clients, usually weekly to follow-up on client plan/goals progress, re-evaluate client needs and/or advocate on behalf of/provide referrals for mainstream benefits.</p> | |

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

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

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

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

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Proj Type | Prog Type | Comp Type | Rank |
|-----------------------|----------------------|------------|----------------------|---------------|-----------------|-----------|-----------|------|
| Community Homeles... | 2008-10-01 16:31:... | 1 Year | Greater Bakersfie.. | 120,080 | Renewal Project | SHP | SSO | F11 |
| On Line On Track | 2008-08-28 17:16:... | 1 Year | Community Action ... | 151,119 | Renewal Project | SHP | SSO | X |
| Partnershi p Maste... | 2008-10-16 19:58:... | 2 Years | Community Action ... | 450,433 | New Project | SHP | PH | F5 |
| HMIS | 2008-10-22 16:29:... | 1 Year | Kern County Menta... | 82,050 | Renewal Project | SHP | HMIS | F8 |
| Casa de Bedford | 2008-10-09 15:09:... | 3 Years | Clinica Sierra Vi... | 424,796 | New Project | SHP | PH | S7 |
| Homeless Expectan.. | 2008-08-31 23:00:... | 3 Years | Saint Giannas Hom... | 660,353 | New Project | SHP | TH | X |
| Rural HOMES | 2008-08-28 12:05:... | 1 Year | Kern County Menta... | 217,522 | Renewal Project | SHP | SSO | X |
| Rapid Re-Housing | 2008-10-06 17:36:... | 3 Years | Housing Authority... | 891,009 | New Project | SHP | TH | R1 |
| Service Plan and ... | 2008-10-01 18:58:... | 1 Year | Alliance Against ... | 57,881 | Renewal Project | SHP | SSO | X |
| Housing Access Un... | 2008-08-29 15:34:... | 1 Year | Bethany Services ... | 176,881 | Renewal Project | SHP | SSO | F9 |
| Project HOPE | 2008-08-29 16:06:... | 1 Year | Carol Beecroft | 113,132 | Renewal Project | SHP | SSO | X |
| Mobile Health Ser... | 2008-08-29 18:30:... | 1 Year | Clinica Sierra Vi... | 77,145 | Renewal Project | SHP | SSO | X |
| Mas Hogares | 2008-10-08 13:35:... | 1 Year | Housing Authority... | 234,708 | Renewal Project | S+C | TRA | U2 |

| Bakersfield/Kern County CoC | | | | | | | COC_REG_v10_000033 | |
|-----------------------------|-----------------------------|---------|----------------------------|-----------|--------------------|-----|--------------------|-----|
| Empoweri ng Homele... | 2008-08- 29 14:11:... | 1 Year | Independe nt Livin... | 72,291 | Renewal Project | SHP | SSO | X |
| Sebastian House H... | 2008-10- 02 14:03:... | 1 Year | Clinica Sierra Vi... | 92,350 | Renewal Project | SHP | PH | F6 |
| Permanent Housing... | 2008-10- 06 19:36:... | 2 Years | Bethany Services ... | 512,144 | New Project | SHP | PH | F4 |
| Rest & Recovery | 2008-08- 29 18:31:... | 1 Year | Clinica Sierra Vi... | 135,147 | Renewal Project | SHP | SSO | X |
| Transitiona l Serv... | 2008-09- 23 12:23:... | 1 Year | Bethany Services ... | 269,408 | Renewal Project | SHP | SSO | F10 |
| Haven Cottages | 2008-10- 06 20:16:... | 3 Years | Golden Empire Aff... | 1,266,748 | New Project | SHP | PH | F3 |
| Bethany Dental Se... | 2008-08- 29 15:33:... | 1 Year | Bethany Services ... | 100,000 | Renewal Project | SHP | SSO | X |

Budget Summary

| | |
|--------------------------|-------------|
| FPRN | \$2,970,094 |
| Rapid Re-Housing | \$891,009 |
| Samaritan Housing | \$424,796 |
| SPC Renewal | \$234,708 |
| Rejected | \$1,584,590 |