

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): HI-501 - Honolulu CoC

CoC Lead Organization Name: City and County of Honolulu

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: Partners In Care (PIC)

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:

Not applicable.

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) 95%

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

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

Specify "other" process(es):

Open to the community

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

Partners in Care (PIC) is open to all interested individuals and agencies in the community. Service providers and agencies typically appoint or assign key staff (management and/or line) to represent their interests at meetings. No one is elected to join PIC. All members of Partners in Care participate in the decision-making process. The Executive Committee and Committee chairs of Partners In Care are elected by the members and consider inviting new stakeholders to participate or become members.

*** 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):

Not applicable.

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.

Yes; sufficient administrative funding would provide the decision-making body additional ability and capacity to implement and oversee the CoC activities which would greatly improve overall planning, collaboration, integration and delivery of services to homeless persons. It could also help the organization seek matching funds from other entities (i.e. Aloha United Way, foundations etc.)

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
Executive Committee	Monthly or more
Planning	Monthly or more
Advocacy	Monthly or more
Organizational De...	Monthly or more
IT	Monthly or more
Awareness	Monthly or more
Exhibit 1	Quarterly
CoC Evaluation Cr...	Quarterly
CoC Application E...	Annually
Point in Time Count	Monthly or more
CoC S+C Renewal E...	Annually
Consumer Advisory...	Quarterly
CoC Renewal Site ...	Annually

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: Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Plans monthly meetings, approves CoC application in partnership with lead agency, advocates for homeless funding & legislation/policy changes, reviews HMIS & other data to identify issues for PIC action. Approves subcommittee recommendations.

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: Planning

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Primary liaison to State & City homeless planning divisions & policy academies for homeless issues, monitors implementation of Honolulu's 10-Year Plan, reviews HMIS data & makes recommendations to address service capacity or strategy changes.

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: Advocacy

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develops & advocates for legislative agenda, tracks legislation affecting persons experiencing homelessness, presents testimony on behalf of PIC, and coordinates the delivery of legislative testimony by PIC members at the State & City level.

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: Organizational Development

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Assesses underrepresented sectors in PIC, solicits new members, compiles and updates agency descriptions for clearer understanding of member services, guides the development of bylaws & organizational infrastructure, as necessary.

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: IT

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinates and oversees IT activities including collaborating and making recommendations to the State of Hawaii who administers the HMIS regarding reports, data integrity, provider technical and training needs; oversees PIC website.

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: Awareness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinates and oversees annual Homeless Awareness Week activities, including a homeless conference, candlelight vigil, and t-shirt design and distribution. Arranges and coordinates PIC publicity, volunteer participation, and events.

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: Exhibit 1

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Works with the CoC Lead Agency and PIC planning committee to gather data, write, edit and complete Exhibit 1 of the CoC application including collaboration with the project evaluation committee. Reviews Exhibit 1 for completeness and accuracy.

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 Evaluation Criteria

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Comprised of agencies that may/may not be applying for CoC funds; reviews existing evaluation score sheet & determines refining of criteria to enhance quality of submissions. Coordinates site visits for projects applying for renewal funding.

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 Application Evaluation

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Comprised of two PIC members, two community members, and one Lead Agency representative. Reviews, scores, & ranks proposals for the CoC application using evaluative criteria established by the CoC Evaluation Criteria Committee.

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: Point in Time Count

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Plans and coordinates the bi-annual PIT count for the City and County of Honolulu; meets monthly or more approximately four months prior to the date of the count. Debriefs and reviews final reports and PIT logistics for future improvements.

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 S+C Renewal Evaluation

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Comprised of three Partners in Care members. Reviews only Shelter Plus Care renewal projects to determine its ranking in the CoC application; uses evaluative criteria established by the CoC Evaluation Criteria Committee.

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: Consumer Advisory Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Comprised of homeless/formerly homeless persons, facilitated by staff from service agencies. Seeking to expand membership to include persons from all shelters. Discuss service gaps, recommend issues for advocacy, give legislative testimony.

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 Renewal Site Visits

Indicate the frequency of group meetings: Annually

Describe the role of this group:

PIC volunteers, in pairs of two, conduct site visits to projects applying for CoC renewal funding. PIC volunteers interview 1-2 staff members & 2 clients to complete a renewal site visit survey that is included in project evaluation.

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
Affordable Housing and Homeless Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Catholic Charities Hawaii	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Central Union Church, City Ministry	Private Sector	Faith-b...	None	NONE
Child and Family Service	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan f...	Domestic Vio...
Department of Community Services, City and Coun...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Adult Mental Health Division, State Department ...	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Family Promise of Hawaii	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Gregory House Programs	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS
Hale Kipa, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Hawaii Helping the Hungry Have Hope (H5)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Hawaiian Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Health Care for the Homeless Project, Kalihi-Pa...	Private Sector	Hospitala..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Hina Mauka	Private Sector	Non-pro..	Primary Decision Making Group	Substance Abuse
Holomua Na 'Ohana	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Ho`omau Ke Ola	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Housing Solutions, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Hawaii Public Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE

Honolulu CoC				COC_REG_v10_000299
IHS, Institute for Human Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Lawyers for Equal Justice	Private Sector	Non-pro..	Primary Decision Making Group	Veteran s
Legal Aid Society of Hawaii	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Mental Health Association of Hawaii	Private Sector	Non-pro..	Primary Decision Making Group	Seriously Me...
Network Enterprises	Private Sector	Non-pro..	Primary Decision Making Group	Veteran s
Ohana Ola O Kahumana	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Hepatitis Support Network of Hawaii	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Kahikolu Ohana Hale O Waianae	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Parents and Children Together	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domesti c Vio...
Mental Health Kokua/Safe Haven	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
The Salvation Army - Addiction Treatment Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substan ce Abuse
The Salvation Army - Family Treatment Services	Private Sector	Faith-b...	Primary Decision Making Group	Substan ce Abuse
River of Life Mission	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Social Security Administration	Public Sector	Stat e g...	Primary Decision Making Group	NONE
Oahu WorkLinks	Public Sector	Loca l w...	Primary Decision Making Group	NONE
Steadfast Housing Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
United States Veterans Initiative - Hawaii	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veteran s, Su...
Volunteer Legal Services Hawaii	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan f...	NONE
Waianae Community Outreach	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Ab...
Waikiki Health Center	Private Sector	Hos pita..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...

Honolulu CoC			COC_REG_v10_000299	
Windward Spouse Abuse Shelter	Private Sector	Non-pro..	Primary Decision Making Group	Domesti c Vio...
Aloha United Way	Private Sector	Funder...	None	NONE
Department of Veterans' Affairs	Public Sector	State g..	Primary Decision Making Group	Veteran s
University of Hawaii, School of Nursing	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
University of Hawaii - Center on the Family	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
James Campbell Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Department of Budget and Fiscal Services, City ...	Public Sector	Local g..	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Office of Community Services, State of Hawaii	Public Sector	State g..	None	NONE
Women in Need	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Hawaii Community Action Program	Private Sector	Non-pro..	Primary Decision Making Group	Youth
Street Beat	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Laura Thielen	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Brandi T.	Individual	Homeles..	Committee/Sub-committee/Work Group	Youth
Michael D.	Individual	Homeles..	Committee/Sub-committee/Work Group	Youth
Paul S.	Individual	Homeles..	Committee/Sub-committee/Work Group	Youth
Lenny N.	Individual	Homeles..	Committee/Sub-committee/Work Group	Seriously Me...
Myron L.	Individual	Homeles..	Committee/Sub-committee/Work Group	Veteran s
Alex M.	Individual	Homeles..	Committee/Sub-committee/Work Group	Veteran s
Wesley A.	Individual	Homeles..	Committee/Sub-committee/Work Group	Veteran s
Michael T.	Individual	Homeles..	Committee/Sub-committee/Work Group	Veteran s

Honolulu CoC			COC_REG_v10_000299	
Bobby W.	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Veteran s
Waianae Coast Comprehensive Health Center	Private Sector	Hos pita.. .	Primary Decision Making Group	Substan ce Abuse
Honolulu Police Department	Public Sector	Law enf...	None	NONE
Castle Medical Center	Private Sector	Hos pita.. .	Primary Decision Making Group	NONE
Leaf Project Hawaii	Private Sector	Non- pro.. .	Primary Decision Making Group	NONE
Partners in Development Foundation	Private Sector	Non- pro.. .	Primary Decision Making Group	Youth
Erika T.	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	Domesti c Vio...
Curtis K.	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Ken A.	Individual	Hom eles. ..	Primary Decision Making Group	NONE

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, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), 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

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:

A primary emergency shelter expanded its capacity to serve single adult women and families with children. In addition, reclassification of one transitional shelter to emergency shelter status and the opening of additional emergency shelter beds at a new facility occurred.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Not applicable

Transitional Housing: Yes

Briefly describe the reasons for the change:

Several new transitional shelters opened during the past year under the Governor's Emergency Declaration to create shelter space for families with children and couples living on the beaches of the Leeward Coast of Oahu.

Permanent Housing: Yes

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

IHS HOMES increased its inventory from 30 to 44 individual beds (all beds are designated for chronically homeless persons). In addition, several S+C projects agreed to increase their designated chronically homeless beds during the past year.

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	HI501_Housing Inv...	10/21/2008

Attachment Details

Document Description: HI501_Housing Inventory

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: 01/31/2008
(mm/dd/yyyy)

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

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

Must specify other:

Not applicable.

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

Specify "other" data types:

A task force was convened by our Attorney General's office to review the needs of a particular migrant population under the Compact of Free Association with Micronesian nations that has added significantly to homeless numbers on Oahu. Information and data from this task force was injected into determination of unmet need. However, numbers are admittedly not very accurate, but conservative. But they at least acknowledge the contribution of this overrepresented population to growing homeless numbers.

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

Employed the HUD unmet need formula which included use of the unsheltered and sheltered PIT count and housing inventory data. Initial results were discussed with stakeholder/providers for further refining based on their input.

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: Statewide

Select the CoC(s) covered by the HMIS: HI-500 - Hawaii Balance of State CoC, HI-501 -
(select all that apply) Honolulu CoC

Does the CoC Lead Organization have a Yes
written agreement with HMIS Lead
Organization?

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 No
CoC Lead Organization?

Has the CoC selected an HMIS software Yes
product?

If "No" select reason:

If "Yes" list the name of the product: Integrated Homeless Management Information
System

What is the name of the HMIS software Hybrid International, LLC
company?

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

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

Indicate the date on which HMIS data entry 07/01/2003
started (or will start):
(format mm/dd/yyyy)

Indicate the challenges and barriers Inadequate staffing, Inadequate resources, No or
impacting the HMIS implementation: low participation by non-HUD funded providers,
(select all the apply): Inadequate ongoing user training and/or users
groups, No CoC formal data quality plan, HMIS
unable to generate data quality reports, Other

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 Honolulu CoC has formed an IT committee to coordinate and oversee IT activities including collaborating and making recommendations to the State of Hawaii who administers the HMIS, providing direct IT assistance to member agencies and managing the Partners in Care website. Specifically, standards for interface between participating agencies and the HMIS are being established and released to make direct data transfer more efficient. PIC and the State are currently discussing the mechanics of how such a data exchange interface will work. Decisions about reporting formats are also being discussed among CoC members.

The State of Hawaii, Homeless Branch, also recently hired a data specialist who previously worked for one of the major homeless service providers. This has resulted in improved communication and collaboration between the Honolulu CoC and the State of Hawaii.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HI501 HMIS MOU	10/21/2008

Attachment Details

Document Description: HI501 HMIS MOU

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

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

Organization Name Hawaii Public Housing Authority, State of Hawaii
Street Address 1 1002 North School Street, Building L
Street Address 2
City Honolulu
State Hawaii
Zip Code 96817
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify Not applicable

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

Prefix: Mr
First Name Carlos
Middle Name/Initial M
Last Name Peraro
Suffix
Telephone Number: 808-832-5868
(Format: 123-456-7890)
Extension
Fax Number: 808-832-5932
(Format: 123-456-7890)
E-mail Address: Carlos.M.Peraro@hawaii.gov
Confirm E-mail Address: Carlos.M.Peraro@hawaii.gov

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	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

Not applicable.

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	3%	2%
* Date of Birth	1%	0%
* Ethnicity	3%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	13%
* Disabling Condition	1%	31%
* Residence Prior to Program Entry	0%	6%
* Zip Code of Last Permanent Address	56%	0%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

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

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

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

The State of Hawaii as HMIS administrator dedicates partial staff time of two homeless data specialists to improve data quality. Staff are available via phone or email to assist providers with data quality issues. Staff review data quality monthly through the production of internal HMIS reports. Staff perform yearly site monitoring.

The State of Hawaii's HMIS allows easy editing of intake and exit data by individual providers through the software interface. HMIS software eliminates a variety of problems related to data quality, though it does not cover all data quality areas or data quality issues with respect to the HMIS intake and exit interview process. PIC officials also remind and encourage partners to attend to data quality improvements at annual reviews of CoC performance.

Overall, data quality continues to need to be monitored and issues addressed. The new IT Committee which brings together agency line staff as well as IT people at PIC is a good start to identify common concerns. PIC then plans to work with the State on key PIC concerns with respect to HMIS data quality issues and general HMIS implementation.

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

Agencies are required through contracts and agreements to enter monthly HMIS data (including intake and exit data) within 15 days after the month ends. Contract monitoring documents identify accurate data entry of intake and exit dates as one of the key procedures required by state homeless providers. Future contracts for state funds can be affected by poor HMIS implementation by individual providers.

Providers are also encouraged by both the State and PIC, itself, to enter HMIS records as soon as possible - with many agencies entering HMIS data on a real-time basis directly into the portal at the time of intake and exit.

Site visits are conducted annually wherein HMIS entry and exit dates are matched to the entry and exit dates of the client files for consistency. Incorrect entry and exit dates require corrective action and procedural changes by the provider agency to ensure increased future compliance.

Individual providers agencies also review data during report times to clean data of intake and exit date errors. The HMIS currently does not permit the entry of exit dates prior to the intake date.

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:	Monthly
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
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	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Monthly
* Virus protection with auto update	Monthly
* Individual or network firewalls	Monthly
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Never
* Validation of off-site storage of HMIS data	Monthly

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

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: 07/01/2008

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

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. 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: 01/28/2007

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	115	208	115	438
Number of Persons (adults and children)	385	818	457	1,660
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	344	410	863	1,617
Number of Persons (adults and unaccompanied youth)	344	410	1,336	2,090
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	459	618	978	2,055

Honolulu CoC			COC_REG_v10_000299	
Total Persons	729	1,228	1,793	3,750

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)	114	111	225
* Severely Mentally Ill	137		137
* Chronic Substance Abuse	485		485
* Veterans	198		198
* Persons with HIV/AIDS	17		17
* Victims of Domestic Violence	82		82
* Unaccompanied Youth (under 18)	14		14

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: 01/25/2009
(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:	X
HMIS:	X
Extrapolation: (Extrapolation attachment is required)	
Other:	

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.

A survey was sent out to all shelters with instructions. Follow-up was provided to ensure that all shelters responded. HMIS was used for additional confirmation. The final product was presented to the CoC for approval.

The sheltered count from the most recent point-in-time count increased from the previous count as a result of the opening of additional shelters under the Governor's Emergency Declaration to create shelter space for families with children and couples living on the beaches of the Leeward Coast of Oahu.

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 checked="" 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:

Survey

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.

A survey was sent out to all shelters with instructions. Follow-up was provided to ensure that all shelters responded. HMIS was used for additional confirmation. The final product was presented to the CoC for approval.

While some of the sheltered subpopulation counts remained relatively the same, the severely mentally ill and chronic substance abuse numbers increased because of improved instructions and reporting by service providers, as well as utilizing the HMIS to refine the data. The youth number decreased because HUD instructions for the previous count requested the number of youth while the most recent count asked for UNACCOMPANIED youth.

The decrease in the Chronic Homeless pop from 677 to 225 can be attributed to two factors: 1) different methodology used in previous counts, and 2) difficulty gathering information on homeless tenure and disability status from unsheltered persons who may be reluctant to disclose such information. It is generally accepted among service providers that the current chronic homeless count of 225 is likely underestimated.

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

If Other, specify:

Not applicable.

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

Not applicable.

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 type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not applicable.

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: Known Locations

If Other, specify:

Not applicable.

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:

Not applicable.

Describe the techniques used to reduce duplication.

The City and County of Honolulu (Island of Oahu) was divided into seven regions with coordinators and counters who were responsible for covering specific known locations where homeless congregate. The regions and known locations did not overlap with each other and counts for all regions were conducted at the same time. A question in the survey instrument asked "Have you or anyone with you been interviewed tonight?" to further reduce duplication. If the respondent replied "Yes" then the surveyor concluded the survey interview and the respondent was not double-counted.

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

The State of Hawaii, in coordination with the CoC, has greatly increased both the number of emergency and transitional family shelter space available and the number of outreach workers serving families with children. Families with children living unsheltered are given a choice of options by outreach workers that vary in geography, program fee, program structure and building configuration. This array of options helps to induce many difficult-to-serve Native Hawaiian families to enter the system.

Outreach programs have worked hard to assist families with dependent children to be able to access these shelters including providing assistance in obtaining identification, accessing financial assistance, providing homeless verification and TB testing. Families with dependent children are a priority for outreach services who continue to work with them until they are successfully housed and will continue to assist them when they are first housed to help ensure that the housing referral is successful and that they do not fall back into homelessness. It is expected that the number of families with children living unsheltered will be significantly reduced during the upcoming Point-in-Time count in January 2009 compared to the PIT two years prior.

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).

Outreach services are provided through a network of agencies that specifically target all key unsheltered subpopulations including mentally ill, substance abusers, veterans, unaccompanied youth, single adults, families with children (both unsheltered and at-risk/couch surfing, HIV/AIDS, and the elderly. While some outreach programs target all unsheltered persons/families, others focus specifically on key subpopulations (veterans, youth under 22, seriously mentally ill). Services are provided to anyone who is homeless regardless of health, mental health or substance use status. The programs do not discriminate on the basis of age, gender, sexual orientation or ethnicity.

Outreach programs utilize assertive outreach (low-demand) techniques to build trusting relationships with persons/families unsheltered to engage them to accept services. Services are delivered in a warm, welcoming and non-judgmental manner. Clients are offered basic services, including food, clothing and hygiene. They are also provided assistance with obtaining identification; signing up for mainstream benefits; referrals to mental health services, applying for and obtaining housing (public and private options), rental deposits, bus passes, finding employment; accessing substance abuse treatment; and meeting a variety of other needs. Chronically homeless individuals at-risk of serious mental illness are served by specialized outreach workers (PATH and other) focused on this population and work in concert with Department of Health funded Community-Based Case Management teams and substance abuse provider agencies.

Outreach workers canvass the island of Oahu daily, visiting over 80 known locations including streets, parks, beaches and under bridges where unsheltered homeless congregate as well as other public places. The HMIS currently tracks engagement of the unsheltered persons. Individuals and families who are homeless are referred to services by a network of organizations and by current and former clients. Outreach programs also assist households with moving their belongings when accepting shelter services or permanent housing.

The CoC expects that the number of unsheltered persons, especially chronically homeless adults and families with children, will decrease substantially in the upcoming PIT count planned for January 2009. Since the last PIT count, over 600 new beds targeted for these new populations have opened (funded under the States Emergency Declaration). These shelters have opened in concert with beach clearings on the Leeward Coasts undertaken by the City as a result of park renovations and clean ups. While movement from one area of the island to the other seems to be occurring, current anecdotal evidence points to a reduction since persons and families accepting assistance are referred to area shelters and services.

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	Create 12 new TRA S+C beds for chronically homeless persons through Home At Last S+C program.	Housing Director, IHS, Institute for Human Services
Action Step 2	Create 10 new TRA S+C beds for chronically homeless through the New Beginnings S+C program	Program Director, Health Care for the Homeless Project, Kalihi-Palama Health Center
Action Step 3	Apply for 13 new chronic homeless beds under 2008 pro rata CoC competition	Housing Director, IHS, Institute for Human Services

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	178
Numeric Achievement in 12 months	213
Numeric Achievement in 5 years	300
Numeric Achievement in 10 years	400

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	Hold 2x/year meetings to monitor progress	Planner, City and County of Honolulu
Action Step 2	Monitor HMIS to validate progress	Homeless Programs Specialist, Hawaii Public Housing Authority, State of Hawaii
Action Step 3	Use HMIS data to evaluate long-term S+C trends	Grant and Evaluation Specialist, United States Veterans Initiative - Hawaii

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	89
Numeric Achievement in 12 months	90
Numeric Achievement in 5 years	91
Numeric Achievement in 10 years	92

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	Hold 2x/year meetings to monitor progress	Planner, City and County of Honolulu
Action Step 2	Develop partnerships with new affordable housing developments to increase permanent housing options	Housing Director, Catholic Charities Hawaii
Action Step 3	Plan/give training to reduce "unknown" destination exits	Site Director, United States Veterans Initiative - Hawaii

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	67
Numeric Achievement in 12 months	68
Numeric Achievement in 5 years	68
Numeric Achievement in 10 years	69

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	Meet 2x/year to monitor progress toward goal	Planner, City and County of Honolulu
Action Step 2	Expand employment services to S+C clients	Employment Specialist, IHS, Institute for Human Services
Action Step 3	Improve employment retention among veterans exiting from CoC housing	Job Developer, United States Veterans Initiative - Hawaii

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	25
Numeric Achievement in 12 months	26
Numeric Achievement in 5 years	28
Numeric Achievement in 10 years	30

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
Action Step 1	Prioritizing Objective for the Planning Committee	Executive Director, IHS, Institute for Human Services

Honolulu CoC		COC_REG_v10_000299
Action Step 2	Assessing feasibility of a Centralized Family Intake system	Director of Intake, Information and Referral, Catholic Charities Hawaii
Action Step 3	Determining baseline data for future reduction calculations	Homeless Housing Specialist, Hawaii Public Housing Authority, State of Hawaii

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	5
Numeric Achievement in 5 years	15
Numeric Achievement in 10 years	25

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:	Protocol in Development
Health Care Discharge Protocol:	Initial Discussion
Mental Health Discharge Protocol:	Formal Protocol Implemented
Corrections Discharge Protocol:	Protocol in Development

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 Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Collaborating partners include the State of Hawaii, Child Welfare Services Branch, City and County of Honolulu, Honolulu Continuum of Care, Hawaii Youth Service Network, the States Child and Adolescent Mental Health Division, and the Hawaii State Legislature.

Current Child Welfare procedures mandate the implementation of an Independent Living Transition Plan (ILTP) for foster children aging out of the system that addresses the housing and related needs upon discharge in addition to completion of education and other identified needs.

Discussions are currently underway between Child Welfare Services officials and Continuum members to augment procedural language that address more specifically issues related to housing stability and homelessness upon discharge from the foster care system. A task force convened with government and providers led by the local Mental Health advocacy group.

Continuum members are currently in discussion with key legislators to introduce legislation during 2009 session that specifically addresses the adopting of a zero tolerance policy towards homelessness within foster care discharge planning.

Continuum members expect a revised protocol containing more specific language within the ILTP procedures addressing the risk of homelessness, housing options including stipends, and on-going support to prevent homelessness until 21 years of age.

PIC expects legislation to pass in May, 2009 with protocols fully adopted by June 30, 2010.

Health Care Discharge

For Initial Discussion, indicate collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Discussions have occurred between Queens Medical Center(QMC) which serves urban Honolulu, Castle Hospital, State Legislature, Honolulu CoC and IHS, Honolulu's primary emergency shelter which receives the vast majority of hospital discharges. QMC also recently convened a work group with homeless providers to discuss discharging homeless.

Options for homeless include Aloha House a transitional facility which diverts medically fragile individuals from discharge into the streets.

IHS (shelter) implemented new protocols that coordinate hospital discharges from Queens and other local facilities to ensure an appropriate transition plan is completed and that healthcare needs of discharged homeless individuals are accommodated.

Continuum members plan to introduce legislation to create and implement a formal protocol with most or all hospital partners with initial protocol developed by January 1, 2010 with full implementation by January 1, 2011.

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

The State of Hawaii's Department of Health Adult Mental Health Division (AMHD) issued an administrative directive entitled "Zero Tolerance for Homelessness" in 2005 that addressed the vulnerability of homelessness.

Protocols include:

- 1) Mandatory discharge planning for all State Hospital patients approximately 90 days prior to discharge & to include assigned community case managers.
- 2) Placement into AMHD housing or other permanent or transitional living facilities during the discharge planning process. Provision of bridge subsidies to help consumers afford independent housing.
- 3) Individuals are not discharged until appropriate community housing is identified.
- 4) Tracking of all individuals at-risk of losing housing after initial hospital discharge by the AMHD officials & housing providers reviewed by division officials.

Individuals who fall out of housing after discharge & enter emergency shelters are targeted to receive Shelter Plus Care housing subsidies.

Those individuals, managed by the public AMHD through contracted case managers, who enter IHS (shelter), are required to have their case managers provide a copy of their service plan to staff to promote continuity & coordination of care. This supports the homeless individual to adhere to his/her medication regimen as prescribed. Case Managers are also expected to incorporate a plan for transitioning the individual out of homelessness into permanent living arrangements.

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Collaborating partners include the Department of Public Safety (DPS), State legislators, Community Alliance of Prisons, & the Continuum of Care. In Hawaii, the State operates all correctional facilities.

In 2007, comprehensive legislation was passed that addressed the need to formalized discharge planning. The protocol to be developed from this legislative mandate will include provision of post-release transitional housing including procedures to refer individuals released without housing to a provider of housing placement services. In addition, the protocol will include provisions for individualized case management, educational referral, job training and life skills training, substance abuse and mental health treatment, family cohesion reunification, and employment placement. Officials from the DPS are currently working with Continuum members to discuss developing a timeline.

DPS funds for re-entry programs have increased significantly funded as has funds from the Alcohol and Drug Addiction Division for more robust re-entry services. The primary emergency shelter serving Oahu, IHS, offers comprehensive services to offenders at-risk of street homelessness, including relapse prevention activities focused on accessing substance abuse and mental health services as needed and rebuilding employment and social support competencies.

PIC expects that a finalized protocol will be developed by January 1, 2010 with full implementation by January 1, 2011.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	Zero Tolerance fo...	10/13/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

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: Zero Tolerance for Homelessness Directive

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:

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:

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: Key goals of the Consolidated Plan covering the Continuum of Care that address homelessness/chronic homeless include:

- 1) SN-1 - Promote development of Transitional Housing
- 2) HP-1 - Provide funds to operate emergency and transitional shelters
- 3) HP-2 - Provide funds to allow provisions of social services targeted for homeless individuals
- 4) HP-3 - Provide funds for rental payments to prevent homelessness
- 5) HP-4 - Provide funds for renovation of existing shelters
- 6) PS-5 - Provide funds for substance abuse treatment
- 7) PS-6 - Provide funds for employment training

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):

Key goals of the ten year plan include:

- Goal #1: Improve data collection/research
- Goal #2: Decrease barriers to housing
- Goal #3: Access to Appropriate, Affordable, Safe and Decent Housing
- Goal #4: Prevent Individuals and Families from becoming Homeless
- Goal #5: Provide Appropriate Support Services

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	37	Beds	55	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	92	%	89	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	68	%	67	%
Increase percentage of homeless persons employed at exit to at least 18%	25	%	25	%
Ensure that the CoC has a functional HMIS system	91	%	99	%

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	677	63
2007	225	123
2008	225	178

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 55

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	\$235,000	\$0	\$0
Total	\$0	\$0	\$235,000	\$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)	71
b. Number of participants who did not leave the project(s)	367
c. Number of participants who exited after staying 6 months or longer	57
d. Number of participants who did not exit after staying 6 months or longer	334
e. Number of participants who did not leave and were enrolled for 5 months or less	33
TOTAL PH (%)	89
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	422
b. Number of participants who moved to PH	281
TOTAL TH (%)	67

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: 822

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	101	12 %
SSDI	42	5 %
Social Security	9	1 %
General Public Assistance	110	13 %
TANF	99	12 %
SCHIP	56	7 %
Veterans Benefits	49	6 %
Employment Income	206	25 %
Unemployment Benefits	8	1 %
Veterans Health Care	6	1 %
Medicaid	50	6 %
Food Stamps	139	17 %
Other (Please specify below)	44	5 %
WIC, Child Care, Pension, Grants, Medicare		
No Financial Resources	128	16 %

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? No

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.

Continuum of Care providers meet at least once a year to review the APR data for accuracy and to discuss barriers and suggestions to improving access to mainstream services. The CoC is planning to meet at least 2x per year beginning this upcoming year to monitor the three primary APR performance goals of permanent housing, transitional to permanent placement, and employment upon program exit.

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.

October 2, 2007
November 6, 2007
January 14, 2008
February 4, 2008
April 1, 2008
May 15, 2008
August 5, 2008
October 7, 2008

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

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

If yes, identify these staff members Provider Staff

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

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

Does the CoC uses HMIS to screen for benefit eligibility? Yes

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

Data elements that gather information on income, household structure, disability and current mainstream cash and in-kind benefits (SSI, TANF, etc) received assists provider staff to screen for benefit eligibility and need to apply.

Has the CoC participated in SOAR training? Yes

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

September 27-28, 2006 and October 25-26 2006. No other SOAR trainings have been offered in Hawaii (most recent training opportunities were only offered in the Continental U.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 style="padding-left: 40px;">Provider staff assist clients with completing applications for mainstream programs at intake as part of the participants' service plans. Providers also assist clients with applying for and receiving IDs/birth certificates/social security cards/passports, and linking them to other service providers. Staff also helps with appeals from mainstream benefits denials.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%
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%
Not applicable.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%
4a. Describe the follow-up process:	
<p style="padding-left: 40px;">Provider staff follows up with program participants on their service plans, which also includes checking the status of their mainstream benefits applications. Depending on the program, initial follow up is typically provided by case managers/staff advocates within 30 days of initial application and then on an on-going basis until receipt of benefits of benefits has been achieved or to see whether or not additional steps need to be made. Programs report receipt of benefits on discharge/exit report. Some also report and discuss clients' mainstream benefits status at regular staff meetings.</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>	No
<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?	Yes
<p>*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?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	Yes
<p>*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.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*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.)</p>	Yes
<p>In order to improve and streamline the building permit process, the City and County of Honolulu, has initiated the following measures: In 2001, the City opened a second building permit counter in Honolulu's secondary urban center of Kapolei, providing an alternative to traveling to downtown Honolulu for homeowners or their contractors. Effective October 2004, the City authorized optional third party permit processing, which enables licensed architects and engineers qualified by the City to certify compliance for building, electrical, mechanical/plumbing, land use ordinance and structural codes for building permit applications. In 2006, the City initiated online building permit applications for certain improvements to residential property, including solar installations, electrical rewiring, and fences. This system saves times by eliminating the need for homeowners or their contractors to stand in line to process these minor permit applications. In June 2007, Ordinance 07-022 updated Honolulu's building code through adoption of the International Building Code and International Residential Code, with local amendments. Such adoption is expected to result in improved public safety and consistency of design. In 2008, the City initiated the Permit PASS (Permit Appointment and Scheduling System) that allows applicants to schedule an appointment at the building permit center, rather than waiting around for a number to be called. In 2008, the City initiated Permit Pal, an online resource to answer questions related to applications for building permits.</p>	
<p>*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?</p>	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>	No
<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>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<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>	No

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
HOMES	2008-09-26 20:45:...	1 Year	City and County o...	425,388	Renewal Project	S+C	TRA	U19
Home at Last	2008-09-26 20:53:...	1 Year	City and County o...	517,788	Renewal Project	S+C	TRA	U21
New Beginnings	2008-10-01 22:26:...	1 Year	City and County o...	1,895,208	Renewal Project	S+C	TRA	U20
Ma`ili Land Peopl...	2008-10-02 22:09:...	1 Year	City and County o...	133,607	Renewal Project	SHP	TH	F4
Supportive Housin...	2008-10-02 21:33:...	1 Year	City and County o...	185,147	Renewal Project	SHP	TH	F18
Shelter Plus Care 1	2008-10-02 22:04:...	1 Year	City and County o...	386,832	Renewal Project	S+C	TRA	U22
Shelter Plus Care 2	2008-10-02 16:29:...	1 Year	City and County o...	385,128	Renewal Project	S+C	SRA	U23
Vancouver House	2008-09-26 19:04:...	1 Year	Housing Solutions...	55,132	Renewal Project	SHP	TH	F3
ATS Homeless Offe...	2008-09-29 20:48:...	1 Year	The Salvation Arm...	287,906	Renewal Project	SHP	TH	F10
Continuum of Care...	2008-10-07 15:23:...	1 Year	Child & Family Se...	84,488	Renewal Project	SHP	TH	F16
HUD Homeless Holi...	2008-09-05 21:21:...	1 Year	Legal Aid Society...	64,669	Renewal Project	SHP	SSO	F15
Ohia Shelter	2008-10-09 20:40:...	1 Year	Parents And Child...	92,400	Renewal Project	SHP	TH	F6
Barbers Point Vet...	2008-09-26 21:31:...	1 Year	United States Vet...	341,263	Renewal Project	SHP	TH	F11

Honolulu CoC							COC_REG_v10_000299		
Headway House	2008-10-01 21:11:...	1 Year	Steadfast Housing...	207,198	Renewal Project	SHP	PH	F12	
New Start Project	2008-10-02 22:37:...	5 Years	City and County o...	475,020	New Project	S+C	TRA	X	
No Place Like Home	2008-10-13 14:35:...	5 Years	City and County o...	500,160	New Project	S+C	TRA	S1	
No Place Like Hom...	2008-09-26 21:50:...	5 Years	City and County o...	285,900	New Project	S+C	TRA	F2	
Shelter Plus Care 8	2008-10-02 17:20:...	5 Years	City and County o...	475,020	New Project	S+C	TRA	X	
WIN Bridge To Suc...	2008-09-08 16:54:...	3 Years	Women In Need (WIN)	285,500	New Project	SHP	TH	X	
Kaukama Group Home	2008-10-01 20:00:...	1 Year	Steadfast Housing...	29,653	Renewal Project	SHP	PH	F8	
Safe Haven	2008-09-30 22:56:...	1 Year	Mental Health Kokua	870,273	Renewal Project	SHP	SH	F14	
Komo Mai Group Home	2008-10-01 20:02:...	1 Year	Steadfast Housing...	36,960	Renewal Project	SHP	PH	F5	
Ahukini Group Home	2008-10-01 19:52:...	1 Year	Steadfast Housing...	27,874	Renewal Project	SHP	TH	F9	
Kalaeloa Permanen. ..	2008-09-28 13:19:...	1 Year	United States Vet...	138,832	Renewal Project	SHP	PH	F7	
Shelter Plus Care...	2008-09-30 18:51:...	1 Year	Hawaii Public Hou...	506,520	Renewal Project	S+C	TRA	U24	
Transitiona l Hous...	2008-09-08 18:58:...	3 Years	Child & Family Se...	315,000	New Project	SHP	TH	X	
Transitiona l Livi...	2008-09-05 22:35:...	1 Year	Hale Kipa, Inc.	136,000	Renewal Project	SHP	TH	F13	
Shelter Plus Care 9	2008-10-02 20:08:...	5 Years	City and County o...	271,440	New Project	S+C	TRA	X	
Communit y Residen...	2008-09-29 21:07:...	1 Year	Gregory House Pro...	358,400	Renewal Project	SHP	TH	F17	
In Roads transiti...	2008-09-01 15:48:...	2 Years	B&T Developm ent G...	300,260	New Project	SHP	TH	X	

Budget Summary

FPRN	\$3,335,702
Rapid Re-Housing	\$0
Samaritan Housing	\$500,160
SPC Renewal	\$4,116,864
Rejected	\$2,122,240