1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration):	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 are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

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

Name of primary decision-making group: Partners In Care (PIC)

Indicate the frequency of group meetings: Monthly or more

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

Partners in Care (PIC) is involved in various homeless awareness, advocacy, and planning issues. PIC meets monthly so that subcommittees can update the group on the status of activities and to vote on issues that require group decisions. Homelessness issues reported in the media, funding status, and advocacy concerns are also presented and discussed at meetings. In addition, these meetings feature agency presentations to educate members about services being provided by partner organizations. Presentations include status updates of McKinney-Vento-funded projects. Announcements are also made about upcoming events, donation requests, shelter/housing openings, employment opportunities, and related community matters.

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

Specify "other" legal status:

PIC discussions have led to decisions, such as applying for and being awarded an Aloha United Way grant to support a part-time staff person, prioritizing HUD McKinney-Vento funding for housing projects over supportive services only, and prioritizing performance when evaluating project proposals. Discussions continue about the risks and benefits of incorporating into a 501(C)3.

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:	
Assigned:	X
Volunteer:	X
Appointed:	X
Other:	X

Specify "other" process(es):

Open to the community. PIC targets involving more homeless constituents and entities that are not known to be primarily homeless providers.

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

PIC is open to all interested individuals & groups in the community (no election for membership). CoC-funded providers must participate. Agencies appoint key staff to attend meetings including homeless/formerly homeless persons. All members take part in decision-making and elect the Executive Committee members, which include committee chairs. Opening membership to the community allows PIC to benefit from the strengths of groups representing diverse civic, church, government, non-profit and for-profit sectors. The PIC membership committee invites groups and individuals on a continuous basis. Informational notices are publicly disseminated through email & community notices. Information packets & orientation are provided to new members.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Not applicable.

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

Sufficient administrative funding is needed to provide the CoC with the ability & capacity to implement & oversee CoC activities, including project monitoring to improve planning, collaboration, integration, & service delivery to homeless clients. Adequate administrative funding will help the CoC seek matching & expansion funds from other entities (i.e. Aloha United Way, private foundations, State Legislature). Administrative funding would further improve the HMIS & the growing need to empirically quantify project & system performance success. Funding for HMIS development & technical assistance would especially be useful since the State Homeless Programs (HMIS Administrator) recently sustained significant personnel cuts.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive	Plans monthly PIC general meetings. Reviews and approves the CoC application in partnership with the CoC Lead. Identifies trends, issues and convenes task groups as necessary to address them. Foci for advocacy and public awareness are decided in this forum.	Monthly or more
Planning	Primary liaison to State & City homeless planning divisions & Interagency Council on Homelessness. Coordinates subcommittee/work groups for 10-year plan and discharge planning. Lead for HMIS communication with Administrator and review process for CoC renewals. Works with the CoC Lead in completing Exhibit 1.	Monthly or more
Point in Time Count	Plans and coordinates the PIT count for the City and County of Honolulu.	Monthly or more
CoC Proposals Evaluation	Reviews, scores, and ranks new projects applying for CoC funding. Committee members comprised of two PIC members, two community members, and one member from the City & County of Honolulu.	annually (every year)
CoC Renewals Evaluation	Reviews projects applying for CoC renewal. Conducts site visits for selected renewal projects. Provides recommendations for technical assistance to projects that need improvement.	semi-annually (twice a year)

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

The CoC Application Evaluation and CoC Renewal Evaluation groups meet in person less than quarterly; however, planning to determine the evaluative criteria and procedures is done through the Planning Committee which meets monthly. In addition, extensive e-mail communication occurs between the CoC and members performing the evaluations to provide information, instructions, and clarification.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Affordable Housing and Homeless Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Catholic Charities Hawaii	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Child and Family Service	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	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...	NONE
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	Hospita...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
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, Incorporated	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Hawaii Public Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
IHS, the Institute for Human Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Lawyers for Equal Justice	Private Sector	Non-pro...	Primary Decision Making Group	Veterans
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	Veterans
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...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Kahikolu Ohana Hale O Waianae	Private Sector	Non-pro...	Primary Decision Making Group	NONE
Parents and Children Together	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Mental Health Kokua/Safe Haven	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
The Salvation Army - Addiction Treatment Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
The Salvation Army - Family Treatment Services	Private Sector	Faith-b...	Primary Decision Making Group	Substance Abuse
River of Life Mission	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Social Security Administration	Public Sector	State g...	Primary Decision Making Group	NONE
Oahu WorkLinks	Public Sector	Local 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...	Substance Ab...
Volunteer Legal Services Hawaii	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan f...	NONE
Waianae Community Outreach	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Waikiki Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Windward Spouse Abuse Shelter	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domestic Vio...
Aloha United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Department of Veterans' Affairs	Public Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	Veterans
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
Department of Budget and Fiscal Services, City ...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	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, Primary Decision Maki...	Domestic Vio...
Hawaii Community Action Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Street Beat	Private Sector	Non-pro...	Primary Decision Making Group	NONE
Nancy Cullen	Private Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Brandi T.	Individual	Homeless	Committee/Sub-committee/Work Group	Youth
Michael D.	Individual	Homeless	Committee/Sub-committee/Work Group	Youth
Paul S.	Individual	Homeless	Committee/Sub-committee/Work Group	Youth

Lenny N.	Individual	Homeless	Committee/Sub-committee/Work Group	Seriously Me...
Myron L.	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans
Alex M.	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans
Wesley A.	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans
Michael T.	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans
Bobby W.	Individual	Homeless	Committee/Sub-committee/Work Group	Veterans
Waianae Coast Comprehensive Health Center	Private Sector	Hospita...	Primary Decision Making Group	Substance Abuse
Honolulu Police Department	Public Sector	Law enf...	None	NONE
Partners in Development Foundation	Private Sector	Non-pro...	Primary Decision Making Group	Youth
Erika T.	Individual	Homeless	Committee/Sub-committee/Work Group	Domestic Vio...
Curtis K.	Individual	Homeless	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Ken A.	Individual	Homeless	Primary Decision Making Group	NONE
Hope968	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Helping Hands Hawaii	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Ab...
Hawaii Community Foundation	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Catholic Charities Hawaii Development Corporation	Private Sector	Other	Primary Decision Making Group	NONE
Hawaii Housing Development Corporation	Private Sector	Other	Primary Decision Making Group	NONE
The Open Door Academy	Private Sector	Faith-b...	Primary Decision Making Group	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply)	d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s): (select all that apply)	m. Assess Provider Organization Capacity, g. Site Visit(s), n. Evaluate Project Presentation, h. Survey Clients, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

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

Not applicable.

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

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

Emergency Shelter: Yes

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

One emergency shelter was reclassified to a transitional shelter in the 2009 Housing Inventory Chart.

Safe Haven: No

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

Not applicable.

Transitional Housing: Yes

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

Two new transitional shelters opened during the past year under the Governor's Emergency Declaration to create shelter space for the homeless living on the beaches of the Leeward Coast of Oahu; one of the shelters serves families and the other shelter serves singles and couples without children. In addition, one emergency shelter was reclassified to a transitional shelter in the 2009 Housing Inventory Chart.

Permanent Housing: Yes

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

The Honolulu CoC was awarded 13 additional Shelter Plus Care chronically homeless beds in the 2008 CoC competition (available after 1/31/09). Shelter Plus Care projects also added units to their inventory by leasing units below the Fair Market Rent; therefore providing additional permanent housing slots to individuals and families exceeding the numbers required by the grants. In addition, several S+C projects agreed to increase their designated chronically homeless beds during the past year. After receiving clarification from a Permanent Housing program, 12 beds previously listed as chronically homeless beds are no longer given this designation.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 Housing Inve...	11/23/2009

Attachment Details

Document Description: 2009 Housing Inventory_HI-501

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/23/2009

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

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

Must specify other:

Not applicable.

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

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. Numbers are admittedly not very accurate, but conservative, and acknowledge the contribution of this overrepresented population to growing homeless numbers.

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

The CoC employed the HUD unmet need formula which data from the unsheltered and sheltered point-in time counts and housing inventory. Initial results were reviewed and compared with shelter and permanent supportive housing wait list data in the HMIS. Discussions with stakeholder/providers took place to further refine the numbers based on their input.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type:	Statewide
Select the CoC(s) covered by the HMIS: (select all that apply)	HI-501 - Honolulu CoC, HI-500 - Hawaii Balance of State CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Integrated Homeless Management Information System
What is the name of the HMIS software company?	Hybrid International, LLC
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	07/01/2003
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate ongoing user training and/or users groups, Inadequate resources, Inadequate staffing

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

Not applicable.

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

There are a number of methods that the CoC is initiating to overcome challenges or barriers impacting HMIS implementation. The CoC is increasing HMIS training to providers in an effort to improve data quality and data entry efficiency. The CoC has dedicated more staff time to HMIS training both in house and at provider locations. The CoC has emphasized how HMIS participation can increase funding opportunities for HUD funded programs. This emphasis has increased awareness among non-HUD funded providers and has led to an increase in HMIS participation. The CoC has focused more resources on HMIS development in an effort to enhance database functionality so that providers can more efficiently utilize the HMIS as a tool for assessing program performance.

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

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

Organization Name	Hawaii Public Housing Authority, State of Hawaii
Street Address 1	1002 North School Street
Street Address 2	
City	Honolulu
State	Hawaii
Zip Code **Format: xxxxx or xxxxx-xxxx**	96817
Organization Type	State or Local Government
If "Other" please specify	Not applicable
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

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

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

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

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

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

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

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	86%+
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	4%
* Date of Birth	1%	0%
* Ethnicity	3%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	10%
* Disabling Condition	0%	33%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	0%	37%
* Name	0%	0%

Instructions:

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

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

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

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

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

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

More staff time has been allocated for the improvement of data quality. Assistance is provided promptly via phone or by onsite training. Staff reviews client & program level data monthly & offers provider training to address data quality issues. Workshops will continue to provide training on privacy/ethics, data security, data quality, & using HMIS data to assess program performance. Local trainings are derived from HUD HMIS workshops and have led to higher levels of data quality & program performance. Shelter operations funding is contingent upon maintaining data quality standards & timely HMIS data entry. These improvements resulted in the Honolulu CoC receiving HUD's 2009 Outstanding HMIS Achievement Award & Largest Improvement Award.

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

Agencies are required through contracts and agreements to enter monthly HMIS data (including entry and exit data) within fifteen days after the month ends. Contract monitoring documents identify accurate data entry of intake and exit dates as a key procedure required by state homeless providers. 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 future accuracy. Future contracts and funding can be adversely affected by noncompliance with data quality standards.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

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

Data integration/data warehousing to generate unduplicated counts: At least Monthly

Use of HMIS for point-in-time count of sheltered persons: At least Annually

Use of HMIS for point-in-time count of unsheltered persons: At least Annually

Use of HMIS for performance assessment: At least Monthly

Use of HMIS for program management: At least Monthly

Integration of HMIS data with mainstream system: Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 07/01/2008

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

Instructions:

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

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

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/23/2009

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

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	114	333	37	484
Number of Persons (adults and children)	386	1,287	153	1,826

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	384	336	964	1,684
Number of Persons (adults and unaccompanied youth)	406	366	1,040	1,812

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	498	669	1,001	2,168
Total Persons	792	1,653	1,193	3,638

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

Instructions:

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

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	96	390	486
*** Severely Mentally Ill**	272		272
*** Chronic Substance Abuse**	305		305
*** Veterans**	183	123	306
*** Persons with HIV/AIDS**	18		18
*** Victims of Domestic Violence**	161		161
*** Unaccompanied Youth (under 18)**	9	2	11

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2010

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

The sheltered homeless count was primarily derived from HMIS client and intake data in the sheltered programs section for the night of January 23, 2009. Shelters were contacted prior to this date and instructed that all clients sleeping in their facility on the night of January 23, 2009, needed to be entered into the HMIS. Furthermore, agencies were advised to make sure that all client and intake data were up to date. Follow-up with individual service providers was also conducted to verify that the HMIS listing matched the nightly census. Shelters not participating in the HMIS (such as domestic violence shelters) were contacted individually to provide the number of homeless individuals and families residing at their shelters on the night of the January 23, 2009, in addition to providing specific subpopulation data.

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

There was almost a 25% increase in sheltered homeless in the 2009 point-in-time count compared to the 2007 count. Five shelters opened since the 2007 point-in-time count in high-need areas of the City & County of Honolulu which resulted in an increase in the sheltered population count.

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

Instructions:

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

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

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

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

If Other, specify:

Survey

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

The sheltered homeless counts, including subpopulation data, were pulled from the sheltered section of the HMIS for the night of January 23, 2009. Shelters were contacted prior to this date and instructed to make sure that all client and intake data in the HMIS was correctly entered and up-to-date. Follow-up was also conducted to ensure that the numbers and data were accurate for the day of the count. Shelters not participating in the HMIS were contacted individually to provide all subpopulation data as well as the total number of homeless individuals and families residing at their shelters on the night of the January 23, 2009.

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

The sheltered chronically homeless, chronic substance abuse, veterans, and unaccompanied youth numbers decreased slightly in 2009 compared to 2007. Numbers may fluctuate due to the point-in-time count nature of the data. Since the 2009 sheltered and subpopulation counts were derived primarily from the HMIS using intake data, clients may be reluctant to disclose issues such as chronic substance abuse at initial intake; assessment or disclosure may occur later in program participation. The number of severely mentally ill individuals increased, reflecting diligent outreach performed by agencies to identify and shelter this population (despite funding cuts by State of Hawaii, Adult Mental Health Division, etc.) There was also an increase in the number of domestic violence clients in 2009. According to providers, the need for domestic violence services increases during poor economic conditions as increased stress is experienced by households.

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

Instructions:

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

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

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

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

If Other, specify:

The CoC requested the mat logs from shelters on the night of the point-in-time count to corroborate the accuracy of its data in the HMIS.

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

Not applicable.

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

Instructions:

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

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

Not applicable.

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

Instructions:

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

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

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

If Other, specify:

Not applicable.

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

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

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

Not applicable.

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

While the 2005 & 2007 unsheltered PIT Counts used a sampling method to survey persons encountered, the 2009 methodology primarily utilized the HMIS & required that all unsheltered persons encountered complete a survey. Persons surveyed & determined to be unsheltered on the night of 1/23/09 were entered as encounters into the unsheltered section of the HMIS under Current Clients using 1/23/09 as the encounter date. The HMIS unsheltered database was then updated with the current data gleaned from the PIT Count surveys & then queried to extract unsheltered clients that had a 1/23/09 encounter. These queried encounters were then linked to the corresponding client & intake data in the HMIS. The data were then exported into Excel to obtain the statistics mandated by HUD. Individuals that were encountered during the PIT Count & that did not have a current intake in the HMIS unsheltered section were entered into a separate Excel database & manually tallied according to the survey responses to determine the relevant HUD statistics. The 2009 PIT HMIS methodology required that all unsheltered persons identified be asked to complete a survey in order to obtain the name &/or unique identifying description of each person being counted so that persons could be entered into the HMIS & unduplicated with confidence.

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

The 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 shelters. Per the CoC's outreach plan, families are provided with assistance in obtaining identification documents, accessing financial assistance, and providing the homeless verification and TB testing required to enter the shelters. Families with dependent children are a priority for outreach service providers who continue to work with families 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.

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

Outreach services are provided by a network of agencies that target key unsheltered subpopulations including mentally ill, substance abusers, vets, unaccompanied youth, single adults, & families w/children. Some programs target all unsheltered persons/families while others focus on key subpopulations (vets, youth, seriously mentally ill). Outreach programs use assertive outreach (low-demand) techniques to build trusting relationships w/persons/families to engage them to accept services. Services are delivered in a warm, welcoming & nonjudgmental manner. Clients are offered basic services (food, clothing & hygiene), as well as help obtaining ID; applying for mainstream benefits; referrals to mental health services, applying for/obtaining housing (public & private), rental deposits, bus passes, finding employment; accessing drug treatment; etc. Chronically homeless individuals w/serious mental illness are served by specialized outreach workers (PATH, etc.) & work with Dept. of Health funded Community-Based Case Management teams & substance abuse agencies. Outreach workers canvass the island daily, visiting known locations including streets, parks, beaches & under bridges where unsheltered homeless congregate & other public places. The HMIS tracks engagement of unsheltered persons. Service referrals are provided by a network of agencies & by current & former clients. Outreach programs also assist households w/moving their belongings when accepting shelter or permanent housing.

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

A decline in the 2009 unsheltered population data is partially attributed to varying methodologies used in the 2007 versus 2009 counts. Previous unsheltered counts were one-day point in time counts that utilized a sampling methodology to survey randomly selected persons at known locations where homeless persons congregate. A new methodology was proposed by the HMIS Lead Agency for the most recent 2009 PIT Count. For the 2009 count, the State of Hawaii's Homeless Management Information System (HMIS) was used to extract data for the unsheltered counts in conjunction with survey interviews at known locations. Prior to the count, the HMIS Lead Agency received HUD's permission to vary from the conventional PIT Count methodology of a one-night physical count and to instead conduct a six-day physical count from Saturday, January 24, 2009 to Thursday, January 29, 2009. These dates fell within the last ten days of January 2009 as mandated by HUD for all CoCs. All unsheltered persons counted in 2009 were required to complete a survey form asking where they slept on January 23, 2009 (official day of the count), their name, and demographic information in order to be queried as an encounter in the HMIS and included in the unsheltered count. Individuals that were encountered during the PIT Count and that did not have a current intake in the unsheltered section of the HMIS were entered into a separate Excel database and manually tallied according to the survey responses to determine the relevant HUD statistics. The following encounters were not included in the unsheltered homeless count: 1) persons encountered who stated that they were sheltered on the night of January 23, 2009, 2) persons who were approached to complete a survey but refused, 3) persons who were approached to complete a survey but indicated that they were already surveyed, and 4) persons who did not indicate where they slept on January 23, 2009. Because of the more rigorous data collection methodology and the requirement that persons complete a survey in order to be counted in 2009, the data showed a decrease in the unsheltered population compared to the 2007 data that used a sampling method. In addition, the opening of new emergency and transitional shelters moved many individuals and families with children out of unsheltered living situations.

The 2009 methodology for determining unsheltered numbers was radically different from the last 2007 count so a comparison of numbers between the two counts is difficult. The 2009 methodology required significantly more effort, both in time to execute and time to sort and analyze the data. It also focused on actual interviews with individuals, which may have discouraged some individuals who were homeless from participating and being counted. While outreach workers did comment that the methodology excluded people who were known to be homeless if they did not encounter them during the 6 day period, it does reflect the "point in time" nature of the count.

The use of the HMIS for the count was helpful in engaging agencies to discuss how they use or do not use the HMIS to track their active caseloads and also provided the opportunity for agencies to exit people who are no longer being outreached. It also established new expectations for agencies to improve their use of HMIS and to seek technical assistance. Future counts will utilize the 2009 methodology which will provide a better comparison of the data.

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

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

Instructions:

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

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

Agencies with existing Shelter Plus Care (S+C) grants will maximize its initial one-year renewal requests to expand the inventory; set aside existing permanent housing beds for the chronically homeless; S+C programs will lease units below Fair Market Rent to add more units to the inventory. The CoC will prioritize new CoC proposals that create permanent supportive housing beds for the chronically homeless. Advocate for the release of a Request for Proposals by the City for the River Street Residences low income housing project for 100 new affordable units targeting homeless persons (with severe mental illness) in urban Honolulu. Leeward Housing Coalition is discussing the conversion of some of its emergency & transitional units to become permanent as families become more self-sufficient.

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

See above response. In addition, the continuum is planning to encourage annual submissions of proposals for permanent supportive housing projects (i.e. Shelter Plus Care) to the degree that HUD funding is available. The CoC will work with the Adult Mental Health Division, Public Safety, Alcohol and Drug Abuse Division, and Department of Human Services to identify possible service matches for permanent supportive housing programs. The CoC will continue advocating for the Rental Housing Trust Fund which receives on average $30 million/year, as well as advocating for the award of CDBG and HOME funds for the development of permanent supportive housing.

How many permanent housing beds do you currently have in place for chronically homeless persons?	178
How many permanent housing beds do you plan to create in the next 12-months?	15
How many permanent housing beds do you plan to create in the next 5-years?	75

How many permanent housing beds do you plan to create in the next 10-years?	150

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

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

Instructions:

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

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

Permanent supportive housing programs will continue providing ongoing supportive services to participants. Housing specialists and/or case managers will advocate on behalf of tenants and promote self-empowerment; link clients to essential services; work with participants to ensure timely payment of rent; partner with landlords and property managers to meet the needs of tenants and address issues that may arise. Since case management services have been curtailed by the State of Hawaii, Adult Mental Health Division, the CoC will have a discussion regarding how to ensure sufficient support for those who have been placed into permanent housing. This will likely entail additional collaboration between agencies to provide all of the services needed by program participants.

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

The CoC shall promote more collaboration between existing homeless providers (case management & housing) to help persons maintain housing & advocate for more case management (CM) funding resources to expand CM capacity to follow individuals & families who leave emergency & transitional shelters (especially for persons with a history of substance abuse); include expanding CM for participants who exit into public housing. The CoC shall continue advocating for the creation of more affordable rentals so that shelter participants have reasonable housing options available upon program exit. The CoC will continue providing community education (through neighborhood boards, newspaper editorials, etc.) on the benefits of the Housing First model to build support for affordable housing for persons with special needs; reduce "NIMBYISM" (not in my backyard mentality). Technical assistance will be offered to help agencies better track these outcomes & promote more staff focus on these outcomes.

What percentage of homeless persons in permanent housing have remained for at least six months?	81
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	81
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	83
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85

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

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

Instructions:

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

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

Transitional housing projects shall provide classes on tenant/landlord relations, budgeting, employment/education opportunities, and provide assistance with credit repair and clearing bench warrants. CoC-funded Legal Aid Society of Hawaii shall provide classes on the landlord-tenant code, rental contracts, how to be a good tenant, etc. The CoC will utilize programs, such as Shelter Plus Care, HUD VASH, HOME Tenant Based Rental Assistance, and the Homelessness Prevention and Rapid Re-Housing Program to provide rental assistance to qualified households. Assistance will be provided in applying for public housing, Section 8, and affordable rentals.

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

See above response. Agencies shall continue assisting households in increasing their income in order to afford permanent housing opportunities. In addition, the CoC will advocate for more affordable housing so that there are options for households exiting transitional housing. The State of Hawaii intends to eventually convert some of its existing transitional shelters into permanent housing projects as individuals and families become more self-sufficient; the Leeward Housing Coalition is also discussing the conversion of some of its emergency & transitional units to become permanent. As the City & County of Honolulu moves forward with its light rail system, the CoC shall advocate that transit-oriented development include low-income housing as a priority.

What percentage of homeless persons in transitional housing have moved to permanent housing?	67

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	67
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	68
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	69

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

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

Instructions:

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

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

Shelters and permanent housing programs shall continue providing employment services and classes to participants; assisting clients with applying for jobs, preparing for interviews, and retaining employment. Substance abuse services will be tied into case management in order to remove this barrier to obtaining and/or maintaining employment. Households willing to obtain employment and/or increase their income will be referred to the "Rent to Work" Program (HOME Tenant Based Rental Assistance) run by the City's Oahu WorkLinks to obtain employment and receive rental assistance. Agencies, such as CoC-funded Institute for Human Services, will sustain and build additional relationships with businesses to create job opportunities for clients. CoC-funded Catholic Charities Hawaii shall implement its Green Industries project to provide pre-training education and support services to ready low-income homeless and immigrant adults to enter energy sector training programs.

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

See above response. Waianae Coast Coalition and CoC-funded Ohana Ola O Kahumana will promote their micro-enterprise and micro-loan programs to encourage and assist participants to create their own sustainable businesses. Certified kitchens run by Pacific Gateway Center, CoC-funded Ohana Ola O Kahumana, and others will be utilized by participants. HOME TBRA and other funding opportunities will be sought to provide rental subsidy programs that have an emphasis on employment. Agencies will continue referring participants to employment programs, such as First to Work, Workforce Investment Act programs, Goodwill Instrustries, Job Corps, and others.

What percentage of persons are employed at program exit? 21

In 12-months, what percentage of persons will be employed at program exit?	21
In 5-years, what percentage of persons will be employed at program exit?	23
In 10-years, what percentage of persons will be employed at program exit?	25

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

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

Instructions:

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

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

The CoC will support & advocate for the State of Hawaii & Leeward Housing Coalition to convert existing emergency & transitional units to become permanent as families become more self-sufficient. The CoC shall continue advocating for the creation of affordable rentals (continued & increased funding to the Rental Housing Trust Fund) so that families w/children residing in shelters have reasonable housing options at program exit. Classes on tenant/landlord relations, budgeting, and employment/education options to increase income will continue to be provided at shelters to help families w/children gain skills to obtain & keep housing at program exit. Programs, such as Shelter Plus Care, HUD VASH, HOME Tenant Based Rental Assistance, TANF Housing Placement, & the Homelessness Prevention & Rapid Re-Housing Program will provide rental assistance to qualified households w/children. Assistance will be provided in applying for public housing, Section 8, & affordable rentals.

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

See above response. Households (HH) identified for possible homeownership will be assisted in applying for affordable homes (i.e. Dept. of Hawaiian Home Lands) & obtaining services from programs that prepare families for homeownership (i.e. Hawaii Homeownership Center). The CoC will advocate for the federal government to provide additional resettlement services to Compact of Free Association families, which comprise a high percentage of HH residing in shelters & public housing. Although the Honolulu CoC shall continue being diligent with these initiatives, the CoC projects that current economic conditions & funding reductions will result in the number of homeless HH remaining near current levels. The CoC expects to assist existing clients successfully exit into permanent housing. As HH exit, however, the CoC anticipates other families taking the place of these HH; therefore keeping the number of HH near current levels. The CoC is optimistic, yet realistic, about this outcome.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 484

In 12-months, what will be the total number of homeless households with children?	484
In 5-years, what will be the total number of homeless households with children?	480
In 10-years, what will be the total number of homeless households with children?	470

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

Collaborating partners include the State Department of Human Services, Child Welfare Services Branch, City & County of Honolulu, Honolulu CoC, Hawaii Youth Service Network, Child & Adolescent Mental Health Division, Adult Mental Health Division & Hawaii State Legislature.

Child Welfare procedures mandate an Independent Living Transition Plan (ILTP) for foster youth to address housing & related needs upon discharge. Several non-profits are involved in the delivery of Independent Living Programs which require participants to be in school or employed. Collaborations with other agencies provide an array of support services (Family Promise of Hawaii, Hale Kipa (ILP), Horizons, Hawaii Job Corps, Hawaii Youth Conservation Corps (vocational training).

CoC members participate in monthly discussions hosted by a legislator who convenes a Keiki (Youth) Caucus that focuses on Transition Age Youth. The group developed a Resource Map for transitioning youth at www.hawaiiTAY.blogspot.com.

CoC members refined language within the ILTP procedures to address the risk of homelessness, housing options including stipends, & on-going support to prevent homelessness. These clarifications assisted the City Section 8 Family Unification Program to receive a $1.1 million competitive grant from HUD, which partners the City Section 8 rental assistance voucher program, the State, & CoC-funded Hale Kipa, Inc., to provide 100 Section 8 rental vouchers for youth aging out of foster care.

Health Care:

Discussions have occurred, and will continue, between Queen's Medical Center(QMC) which serves urban Honolulu, Castle Hospital, State Legislature, Honolulu CoC and Honolulu's primary emergency shelter which receives the majority of hospital referrals for homeless discharges.

A hospital discharge option for homeless includes Ohana House, a 12-bed transitional home for medically fragile homeless operated by a PIC member. IHS (shelter)coordinates hospital discharges from Queens and other local facilities to ensure that healthcare needs of referred homeless individuals are accommodated at the right level of care. IHS has been collaborating with a spectrum of Adult Residential Care Homes (ARCH) and case management agencies to accommodate the needs of medically complex homeless adults.

Protocols for identifying homeless persons in community hospital ERs are the focus of a research infrastucture grant proposal that is a collaboration between the University of Hawaii School of Nursing, Queen's Medical Center and homeless service providers. This effort is intended to promote improved information exchange for the purpose of continuity of care for homeless persons and tracking exit from homelessness as specific outcomes. Initial proposal due to NIH 12/11/2009. Whether funding is secured, the continuum will move forward with establishing Business Associate Agreements among all providers.

Mental Health:

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

Those individuals managed by the AMHD-contracted case managers, who enter homeless shelters are afforded an opportunity to enter permanent supportive housing through Shelter Plus Care programs or group homes funded by the AMHD. Case Managers are also expected to incorporate a plan for transitioning the individual out of homelessness into permanent living arrangements in the Master Individualized Recovery Plan.

Corrections:

Collaborating partners include the State Department of Public Safety (DPS), State Alcohol & Drug Addiction Division (AMHD), State legislators, Community Alliance of Prisons & the CoC. In 2007, comprehensive legislation was passed that addressed the need to formalize discharge planning. Since then, DPS established new policies for discharge of prisoners with mental health issues & therefore more vulnerable to becoming homeless or were homeless prior to incarceration. If an inmate is eligible for AMHD services, a policy has been established to refer him/her to AMHD for eligibility determination up to 6 months prior to release. If they are determined eligible, they are immediately assigned a case manager who participates in discharge planning & assumes responsibility upon release. A pilot program is in progress to make referrals to a homeless case management provider to assist with housing placement & other re-entry needs. Funds for re-entry support have increased as has funds from the AMHD for more robust re-entry services. CoC members (IHS, Hina Mauka, Ho'omau Ke Ola) offer relapse prevention activities focused on accessing substance abuse & mental health services as needed & rebuilding employment & social support competencies. The City¿s WorkHawaii Division has partnered with DPS to provide a pilot program for women at the Federal Detention Center, providing pre-release classes on job readiness & life skills followed by job search & housing assistance after discharge.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

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

All HPRP-funded agencies participate in the CoC. 5 CoC agencies are providing financial aid, case management (CM), housing placement, credit counseling, & help obtaining ID documents. 1 CoC agency is providing CM, outreach services, & help obtaining ID documents. 2 CoC agencies are providing legal services to prevent homelessness. In addition to publicizing HPRP to CoC agencies & clients, the relationships facilitated by CoC participation created opportunities for HPRP awardees to collaborate to create a consistent application packet and shared promo brochure; coordinate svc hours to provide adequate access to services; refer clients to other awardees when an agency reaches svc capacity; & jointly offering free financial literacy classes taught by bank reps. Between 7/1/09 & 9/30/09, HPRP funds were used to modify Hawaii's HMIS to report HPRP activities & beneficiaries. HPRP sub-grantee contracts were initiated in August & sub-recipients took time to get systems in place for HPRP implementation (developing processes, materials, training & partnerships). 54 persons in 32 households were served during the 1st quarter & sub-recipients provided $3,000 in financial asst. 11.72 jobs were created & retained among sub-grantees. 7.13 jobs included housing specialists, outreach workers, program assistant, customer service representative, coordinator/advocate & part of a supervisory position. 4.59 jobs included case managers, program managers, staff attorneys & office assistant.

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

The State of Hawaii received NSP funds and awarded $5,500,000 to two Honolulu new construction projects proposed by the City & County of Honolulu. Housing Solutions Incorporated, a member of Partners in Care, Honolulu's CoC, is the nonprofit developer of Seawinds, a 50-unit rental project which received $3,500,000 in NSP funds. The second NSP-funded project in Honolulu, Ewa Apartments, is being developed by nonprofit developer Hui Kauhale with $2,000,000 in NSP funds. The State of Hawaii received the only award of VASH funds in Hawaii as it is able to provide assistance statewide. The availability of the VASH program was made known to Partners in Care and security deposits are being provided by HPRP agencies to VASH tenants. Among other subrecipients in Honolulu, CDBG-R funds were awarded to Partners in Care member agencies Alternative Structures International, Legal Aid Society of Hawaii, and Gregory House Programs.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	35	**Beds**	35	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	90	**%**	81	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	68	**%**	67	**%**
Increase percentage of homeless persons employed at exit to at least 19%	26	**%**	21	**%**
Decrease the number of homeless households with children.	433	**Households**	484	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

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

CoC met all HUD national objective goals. CoC's goal for permanent housing (PH) retention was affected by the calculation not considering the CoC's many successful exits to other PH (i.e. rental housing, Section 8/subsidized rentals). Per HUD training "Leveraging HMIS Data f/the CoC NOFA, Local Planning, & Performance Measurement," the retention formula shouldn't include clients staying <6 months in the denominator; the current Exhibit 1 formula includes these clients. Considering these factors, COC'S PH RETENTION SHOULD BE 98%. Current economic conditions have made it difficult for CoC to meet the employment goal. CoC's goal for transitions to PH was affected by a short supply of jobs w/sufficient income for market rentals. Hawaii Public Housing Authority is struggling to renovate vacant units to expand inventory for shelter exits. The influx of Compact of Free Association families in shelters & public housing increases the demand & shortage of affordable/subsidized PH. Homeless households w/children comparisons are from the 2007 & 2009 PIT counts which used dissimilar methodologies & preclude valid comparison. Future counts will use the 2009 method for better comparison. While decreasing homeless households w/children is a CoC priority current economic conditions & State budget shortfalls will result in homeless households remaining near current levels. For every existing client exited to PH, another household will likely keep household numbers near current levels.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	225	123
2008	225	178
2009	486	193

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

15 via additional set-asides

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

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

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

2009 chronic homeless number rose from previous year due to improved PIT methodology & data collection rather than actual number increasing significantly. 2007 & 2009 PIT counts used dissimilar methods & preclude valid comparison: 1) 2009 assigned field staff to their normal outreach areas so persons may have felt secure disclosing disability to familiar staff; 2) 2007 disabling survey question read a list of conditions & persons answered yes or no to having any of them. 2009 asked if persons have "disabilities limiting ability to work or perform activities of daily living" & 3) 2007 used sampling method & 2009 surveyed all encounters; allowed more detailed data on persons surveyed. Future counts will use 2009 method for better comparison.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

Does CoC have permanent housing projects for which an APR should have been submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	90
b. Number of participants who did not leave the project(s)	416
c. Number of participants who exited after staying 6 months or longer	83
d. Number of participants who did not exit after staying 6 months or longer	329
e. Number of participants who did not exit and were enrolled for less than 6 months	87
TOTAL PH (%)	81

Instructions:

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

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	383
b. Number of participants who moved to PH	258
TOTAL TH (%)	67

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

Instructions:

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

Total Number of Exiting Adults: 1,037

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	156	15	%
SSDI	58	6	%
Social Security	22	2	%
General Public Assistance	85	8	%
TANF	188	18	%
SCHIP	67	6	%
Veterans Benefits	46	4	%
Employment Income	222	21	%
Unemployment Benefits	6	1	%
Veterans Health Care	0	0	%
Medicaid	43	4	%
Food Stamps	168	16	%
Other (Please specify below)	25	2	%
Child Support, Pension			
No Financial Resources	205	20	%

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

Does CoC have projects for which an APR should have been submitted? No

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

Instructions:

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

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

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

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

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

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

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

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

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 shall continue 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.

February 9, 2009
March 3, 2009
April 7 2009
May 11, 2009
June 2, 2009
July 16, 2009
August 27, 2009
September 17, 2009
October 13, 2009
November 19, 2009

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 (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

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

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%
Provider staff assist clients with completing applications for mainstream programs at intake as part of the participants' service plans. Providers also assist clients with appyling 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.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
Not applicable.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%
4a. Describe the follow-up process:	
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.	

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]

***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"?** **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.**	Yes
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?	Yes
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? **(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.**	Yes
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?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
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?	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
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **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.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***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.)**	Yes
The City & County of Honolulu is revising laws & procedures to facilitate the construction of affordable housing as recommended by: (1) the 2006 report of the Mayor's Affordable Housing Advisory Committee, (2) a 2007 audit of how the City tracks & enforces its affordable housing requirements, & (3) prior recommendations on the streamlining of the City's land use & permitting system. W/in the past 5 years: 1) The job of Special Assistant to the Mayor on Housing has been created to coordinate policy & to facilitate applicants' planned affordable housing projects. 2) The City, as part of gearing up to build a rapid transit system, has adopted a Transit Oriented Development (TOD) enabling ordinance, & is conducting preliminary station-area planning for 2 areas w/in the segment of the route which is to be built 1st. Under our TOD plan, special zoning districts in station areas will be adopted, in order to allow mixed uses & to offer density bonuses, reductions in required parking, etc. in exchange for affordable housing, public open space, etc. 3) Revising City ordinances to provide clear rules on: (1) how builders can transfer excess affordable housing credits to another project, (2) how builders can avoid building required affordable units by paying an in-lieu fee to the City, & (3) how the City can use the in-lieu fees earned. 4) For the past decade, the City has been improving its building permit process. It now has 1-stop Building Permit Centers downtown & in its 2nd city, & an interactive website. Changes w/in the past 5 years include: (1) setting up an online building permit application system, which all applicants are now required to use, (2) adding an online assistance program ("Permit Pal"), (3) allowing meetings w/staff to be by appointment & be scheduled online ("Permit PASS"), & (4) allowing applicants w/large-scale projects to expedite the approval of their permit by hiring an outside expert to certify compliance with all codes (third-party review).	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

Part A - Page 3

***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?** **(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.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***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?**	Yes
***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?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***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?**	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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Safe Haven	2009-10-19 19:15:...	1 Year	Mental Health Kokua	876,273	Renewal Project	SHP	SH	F
Ohia Shelter 2009	2009-10-16 20:44:...	1 Year	Parents And Child...	92,400	Renewal Project	SHP	TH	F
d.b.a. Ohana Ola ...	2009-10-24 07:01:...	1 Year	Alternative Struc...	147,175	Renewal Project	SHP	TH	F
Community Residen...	2009-11-03 17:44:...	1 Year	Gregory House Pro...	363,080	Renewal Project	SHP	TH	F
Komo Mai Group Ho...	2009-11-17 15:56:...	1 Year	Steadfast Housing...	36,960	Renewal Project	SHP	PH	F
Shelter Plus Care 1	2009-10-29 22:24:...	1 Year	City and County o...	763,800	Renewal Project	S+C	TRA	U
Ka 'Ohu Hou O Manoa	2009-11-11 18:36:...	1 Year	The Salvation Arm...	187,433	Renewal Project	SHP	TH	F
Ahukini Group Hom...	2009-11-17 15:33:...	1 Year	Steadfast Housing...	27,874	Renewal Project	SHP	TH	F
Supportive Housin...	2009-10-22 02:59:...	1 Year	City and County o...	185,147	Renewal Project	SHP	TH	F
Shelter Plus Care 3	2009-11-02 19:49:...	1 Year	City and County o...	601,572	Renewal Project	S+C	SRA	U
Kalaeloa Permanen...	2009-11-03 21:45:...	1 Year	United States Vet...	142,282	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-10-20 22:57:...	1 Year	Hawaii Public Hou...	458,112	Renewal Project	S+C	TRA	U

Barbers Point Vet...	2009-11-04 20:34:...	1 Year	United States Vet...	341,263	Renewal Project	SHP	TH	F
Ma`ili Land Peopl...	2009-10-16 17:07:...	1 Year	City and County o...	133,607	Renewal Project	SHP	TH	F
ATS Homeless Offe...	2009-10-15 14:17:...	1 Year	The Salvation Arm...	289,302	Renewal Project	SHP	TH	F
Kaukama Group Hom...	2009-11-17 15:49:...	1 Year	Steadfast Housing...	29,653	Renewal Project	SHP	PH	F
Home at Last	2009-10-29 20:01:...	1 Year	City and County o...	947,292	Renewal Project	S+C	TRA	U
Vancouver 2009	2009-11-18 14:29:...	1 Year	Housing Solutions...	55,132	Renewal Project	SHP	TH	F
WIN Bridge to Sus...	2009-10-19 14:19:...	3 Years	Women In Need (WIN)	210,000	New Project	SHP	PH	X
Transitiona l Livi...	2009-11-16 18:17:...	1 Year	Hale Kipa, Inc.	136,680	Renewal Project	SHP	TH	F
Headway House 2009	2009-11-17 15:42:...	1 Year	Steadfast Housing...	207,198	Renewal Project	SHP	PH	F
Continuum of Care...	2009-10-19 19:49:...	1 Year	Child and Family ...	84,488	Renewal Project	SHP	SH	F
New Beginnings	2009-10-20 02:05:...	1 Year	City and County o...	1,897,500	Renewal Project	S+C	TRA	U
Permanent Support...	2009-11-03 21:55:...	2 Years	United States Vet...	500,375	New Project	SHP	PH	P1
HUD Homeless Holi...	2009-10-19 02:56:...	1 Year	Legal Aid Society...	64,669	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$3,400,616
Permanent Housing Bonus	$500,375
SPC Renewal	$4,668,276
Rejected	$210,000

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	HI-501 Honolulu C...	11/04/2009

Attachment Details

Document Description: HI-501 Honolulu CoC Certification of Consistency with Consolidated Plan

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: City & County of Honolulu on behalf of Honolulu Continuum of Care

Project Name: Multiple Projects (see attachment)

Location of the Project: City & County of Honolulu on behalf of Honolulu Continuum of Care
HI-501

Name of the Federal Program to which the applicant is applying: CoC: Supportive Housing Program & Shelter Plus Care

Name of Certifying Jurisdiction: City & County of Honolulu

Certifying Official of the Jurisdiction Name: Holly Kawano

Title: Federal Grants Coordinator

Signature:

Date: NOV - 4 2009

Certification of Consistency with the Consolidated Plan
Honolulu Continuum of Care, HI-501
Project Listing

	Grantee Name	Project Name	Component
1	United States Veterans Initiative, Inc	Permanent Supportive Housing for Homeless Veterans and Families	SHP – PH (New)
2	Alternate Structures International	Ohana Ola O Kahumana	SHP - TH
3	Child and Family Service	Continuum of Care - Domestic Abuse Shelters and Transitional Apartments	SHP - TH
4	City and County of Honolulu	Supportive Housing Program	SHP - TH
5	City and County of Honolulu	Ma`ili Land People Empowerment Program	SHP - TH
6	City and County of Honolulu	New Beginnings	SPC - TRA
7	City and County of Honolulu	Shelter Plus Care 1	SPC - TRA
8	City and County of Honolulu	Home at Last	SPC - TRA
9	City and County of Honolulu	Shelter Plus Care 3	SPC - SRA
10	Gregory House Programs	Community Residential Program	SHP - TH
11	Hale Kipa, Inc.	Transitional Living Program for Young Adults	SHP - TH
12	Hawaii Public Housing Authority	Shelter Plus Care Program	SPC - TRA
13	Housing Solutions, Incorporated	Vancouver House	SHP - TH
14	Legal Aid Society of Hawaii	HUD Homeless Holistic Civil Legal Services Program	SHP - SSO
15	Mental Health Kokua	Safe Haven	SH
16	Parents And Children Together	Ohia Shelter	SHP - TH
17	Steadfast Housing Development Corporation	Ahukini Group Home	SHP - PH
18	Steadfast Housing Development Corporation	Headway House	SHP - PH
19	Steadfast Housing Development Corporation	Kaukama Group Home	SHP - PH
20	Steadfast Housing Development Corporation	Komo Mai Group Home	SHP - TH
21	The Salvation Army – Adult Treatment Services	ATS Homeless Offenders Treatment and Supportive Living Services	SHP - TH
22	The Salvation Army – Family Treatment Services	Ka Ohu Hou O Manoa	SHP - TH
23	United States Veterans Initiative, Inc.	Barbers Point Veterans-in-Progress	SHP - TH
24	United States Veterans Initiative, Inc.	Kalaeloa Permanent Housing for Homeless Veterans with Disabilities	SHP - PH