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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	HI-501 - Honolulu CoC
Collaborative Applicant Name:	City and County of Honolulu
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Partners In Care (PIC)

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Membership in PIC is open to the general public and all are invited to share their opinions and ideas and join our collaborative effort. Those who sign in at a General Meeting and provide email addresses are considered to be members and are added to the PIC email list to receive meeting notices, agendas and other information. Members may be individuals or agency representatives. Specific activities which increased participation in PIC activities during the past year were: Homeless Awareness Week activities (the Homeless Awareness Conference, the Hoolaulea which reached out to Honolulu's business community), the Homeless Vigil, and the 100,000 Homes Registry Week which engaged many people that hadn't previously been involved in PIC.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

PIC’s planning committee started a plan for coordinated assessment in 2012 when PIC was was selected for HUD's Priority Community Initiative. That work is on hold until HUD Technical Assistance (TA) providers help develop a plan in 2013. PIC anticipates an plan for the system by summer 2013 that outlines expectations for agencies implementing and operating the system, policies for using the system and providing coverage for the entire CoC, and measures for monitoring the success of implementation.
If the CoC receives planning funds, they will be used to procure a service provider to set up systems for coordinated assessment for select CoC and or ESG programs, begin implementation of those systems, and develop a self sufficiency plan to continue implementation of the system in case there are no HUD funds in the future. If planning funds are received in Sept 2013, PIC anticipates the system to be functional in the spring of 2014, with refinement and adjustments based on process measures taking place in the summer of 2014.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

Meeting agendas are created by the PIC executive committee, which solicits input from PIC and non PIC sources on timely issues that affect PIC. The agendas are emailed to the PIC email list, which includes PIC and non PIC members, before the monthly meetings.

See answer above for details about centralized / coordinated assessment system planning and implementation in the coming year.

The Collaborative Applicant, the City and County of Honolulu, is the grantee for ESG funds and monitors ESG projects according to its risk matrix. If the City finds issues, it provides technical assistance and follow up to ensure the issues are resolved.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	Meets on a monthly basis in order to draft the agenda for the following General Meeting, discuss urgent issues, and address other issues before presentation to the general membership. Identifies trends, issues and convenes task groups as necessary to address them. Also reviews and approves the CoC application in partnership with the CoC lead agency. Representatives from governmental entities are regularly invited to attend. This meeting is open to any and all interested members.	Monthly or more
Planning Committee	Primary liaison to State & City homeless planning divisions. Coordinates work groups for10-year plan, disaster and discharge planning, and the review process for CoC renewals. Will oversee the integration of HEARTH Act performance standards, impact measures, and reallocation of resources. Works with the collaborative applicant in completing the Consolidated Application.	Monthly or more
Data Committee	Plans and coordinates the implementation of the HMIS, which serves both Hawaii CoCs. Also coordinates the CoC's Point in Time Count, incorporates CoC needs with HUD requirements to ensure data collection and reporting processes allow the CoC to effectively monitor programs and make adjustments as necessary to assure goal achievement.	Monthly or more
Advocacy Committee	Follows new and pending homelessness related national, city, and state legislation and educates legislators on CoC homeless issues. The Chair testifies on behalf of PIC on relevant issues at the state and city levels. Testimony reflects the results of discussion of the issue and a majority approval vote by Voting Members at a PIC General Meeting. The Chair (or designee) schedules and leads committee meetings, coordinates both local and state advocacy initiatives, represents PIC at related task force meetings, and documents agency participation in PIC activities as required for HUD's annual funding application.	Monthly or more
CoC Evaluation Panel	Reviews, scores, and ranks new projects applying for CoC funding. Committee members may be comprised of up to two PIC members, two community members, and one member from the City & County of Honolulu.	annually (every year)

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

CoC Renewals and Proposals Evaluation only meets once a year to review and score renewal and new project applications based on criteria which the planning committee works on during the year.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Public Sector
Individual

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	0	8	0	3	29	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	0	0	0	3	0
Substance abuse	0	0	0	0	3	0
Veterans	0	0	0	0	1	0
HIV/AIDS	0	0	0	0	1	0

Domestic violence	0	0	0	0	2	0
Children (under age 18)	0	0	0	0	1	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	1	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	0	3	0	2	30	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	28	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0	0	20	0
Primary decision making group	0	8	0	3	29	0

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	1	2	0	1	1	6	2

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	0	0	0	0	1	0
Substance abuse	0	0	0	0	0	0	0
Veterans	0	0	0	0	0	0	0
HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	0	2	0	1	1	6	2
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	0	0	1	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	1	0	0	0	1	0

Lead agency for 10-year plan	0	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	0	1	0	0	0	1	0
Primary decision making group	1	1	0	1	0	5	0

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	1	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0

Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	0	2
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	0	2

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

Instructions:

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

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):	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, 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, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The processes above are incorporated into applications solicited using a Request For Interest (RFI), according to City and State procurement guidelines. Applications were due on 12/17/12, and written notices of acceptance or rejection were emailed to applicants on 1/3/13, to meet HUD deadlines.

Project selection used scoring criteria distributed with the RFI including project quality, meeting HUD objectives as reported in the most recent APR, and compliance issues. The evaluation committee also held Q&A sessions with every applicant so the evaluation committee could ask for clarification and that information was also factored into the final rankings.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	a. Unbiased Panel/Review Commitee
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

PIC offered a public informational meeting after the RFI was issued to provide an overview for anyone interested in applying for CoC funds and provide specific guidance. After the general discussion, City staff spoke with new applicants to answer specific questions. City staff also offered technical assistance between the informational meeting and the submission deadline to anyone interested. City staff fielded emails and phone calls, issued addenda to the RFI to inform interested applicants of any additional guidance that was provided. More detailed scoring information was provided to help the new applicant better understand the strengths and weaknesses of their application.

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

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

The CoC received 3 complaints, all from S+C clients.
1) Client complained they didn't receive their portion of the deposit when they left the program. Resolved 11/16/12.
2) Client voluntarily left the program, signed a waiver acknowledging they will not be able to apply again in the future, then complained that the sponsor would no longer allow them into the program. Resolved 11/16/12.

The applicant researched the above complaints with the sponsor and found no objections to their handling of the complaints. The applicant followed up with the complainants and HUD’s field office.

3) Client complained they were accepted into the S+C program, and then later rejected for no reason. The applicant is currently researching this complaint.

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

PIC corrected the capacity for one shelter which was previously over-reported for a decrease of 47 beds.

HPRP Beds: No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

Safe Haven: No

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

Transitional Housing: Yes

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

PIC removed one shelter which was incorrectly assigned to TH in the previous HIC for a decrease of 74 beds.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

PIC removed incorrectly assigned beds and increased S+C beds due to grant savings for an overall decrease of 11 beds.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, 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):	Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Stakeholder discussion, Housing inventory, HUD unmet need formula

Specify "other" data types:

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

The CoC used the HUD unmet need formula with data from the unsheltered and sheltered point-in time counts and housing inventory. Discussions with stakeholders and providers took place to further refine the numbers based on their input.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS (select all that apply):	HI-501 - Honolulu CoC, HI-500 - Hawaii Balance of State CoC
Is there a governance agreement in place with the CoC?	No
If yes, does the governance agreement include the most current HMIS requirements?	

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

HUD Technical Assistance (TA) providers will help develop a plan for PIC governance in 2013, which will include a discussion on HMIS governance issues. PIC anticipates an implementation plan by summer 2013 which will outline structures, responsibilities, and policies for governance including HMIS. If the CoC receives planning funds, they will be used to procure a service provider to work with all parties to finalize the following structures and related documents: the CoC governance charter among collaborative applicant, HMIS lead, and participating agencies; the written process for board selection; the code of conduct for the Board, and additional structures and related documents that will enhance the CoC's ability to effectively plan future activities. If planning funds are received in Sept 2013, PIC anticipates the governance structures and agreements to be implemented in the summer of 2014.

Does the HMIS Lead Agency have the following plans in place?	None

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
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers, Inadequate ongoing user training and/or users groups, Lack of MOU between CoC and HMIS administering agency, Inadequate resources, Inadequate staffing, No CoC formal data quality plan

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)

As PIC receives HMIS funds from the 2011 application, it will implement improved HMIS reporting and training activities. If PIC receives HMIS funds from a new reallocation project submitted with this application, it will continue to improve the HMIS through software / hardware improvement and increased staffing. PIC will also work with HUD TA providers in the next few months to develop CoC governance structures and agreements, which will include HMIS activities.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	December	2011
Operating End Month/Year	December	2012

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$106,431
ESG	
CDGB	$34,750
HOPWA	
HPRP	
Federal - HUD - Total Amount	$141,181

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	$19,000
State and Local - Total Amount	$19,000

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$160,181

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

The applicant is the HMIS lead and submitted a new reallocation project in this application for an additional $48,000 including cash match.

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

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

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

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

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%+
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) 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.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	25%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	5
Transitional Housing	14
Safe Haven	8

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	3%
Date of birth	0%	1%
Ethnicity	0%	2%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	1%
Gender	0%	0%
Veteran status	0%	5%
Disabling condition	2%	12%
Residence prior to program entry	0%	4%
Zip Code of last permanent address	0%	17%
Housing status	11%	2%
Destination	0%	18%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? 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)

HMIS staff work to improve data quality through data analysis, consulting with PIC's data committee, and consulting with service providers to recommend improvements and resolve issues. Staff also provide help via phone, email, site visits, or onsite training. Client & program level data are reviewed monthly for data quality. 2011 HMIS projects will further enhance the data quality reporting capabilities and provide for additional staff time for data quality improvement.

PIC will implement updated user interaction forms based on last year's recommendations for overall HMIS improvement. HMIS staff and the data committee will focus on data quality improvement in the coming year, including updating HMIS policies and procedures.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Not applicable.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply):	2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR
Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

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

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

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

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

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

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

*** Unique user name and password**	**At least 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 Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Annually

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

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	07/01/2012
If 'Yes', does the manual include a glossary of terms?	No
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	06/30/2014

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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 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 Annually
*** Policy and procedures**	At least Annually
*** Training**	At least Annually
*** HMIS data collection requirements**	At least Annually

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/23/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	0%	100%
Transitional Housing	0%	0%	0%	100%
Safe Havens	0%	0%	0%	100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

From 2011 to 2012 Oahu's shelters saw a 4.2% increase. This change is due to concentrated efforts to house unsheltered people which included a Homeless Hotline for citizens to call to report unsheltered people which funneled that information to outreach workers, a State funded Housing First program, a City funded outreach project in the urban core and other activities.
The concentrated efforts resulted in more people accessing all homeless housing programs and higher PIT counts in those programs.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	Lack of affordable housing continues to be a barrier which prohibits TH clients from successfully entering the unsubsidized rental market. Specific housing for medically frail clients, treatment clients new to recovery, and sexual offenders also force these clients into homelessness or ES and TH programs.
*** Services**	Gaps which currently force Outreach, ES, TH providers to deal with these situations include: services and housing for medically frail, hospice case management services, mental health services for homeless, and detox outpatient.
*** Mainstream Resources**	Continue increasing accessibility of medical, mental health, and employment services to address the physical and psychological trauma facing the homeless population and assist them with employment skills and opportunities to become economically self sufficient.

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

Instructions:

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

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Not applicable.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The count was primarily derived from HMIS data in the sheltered programs section of the HMIS for the PIT count night. Shelters were contacted beforehand and instructed that all clients sleeping in their facility on the PIT count night needed to be entered into the HMIS. Agencies were also instructed to make sure that all client data were up to date. Follow-up with individual service providers, via email surveys and phone calls, was 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, via email surveys and phone calls, to provide the number of homeless individuals and families residing at their shelters on the PIT count night, and specific subpopulation data.

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

Instructions:

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

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

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:	
Interviews:	
Non-HMIS client level information:	
None:	
Other:	X

If Other, specify:

Programs 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 count and subpopulation data.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The sheltered homeless count was derived from HMIS client and intake data in the Sheltered Programs section of the HMIS for the night of January 23, 2012. To ensure accuracy of all information including the subpopulation data, shelters and transitional housing programs were contacted prior to this date and given specific instructions that all clients sleeping in their facility on the night of January 23, 2012 needed to have active intakes in the HMIS. Agencies were also advised to make sure that all client and intake data were up to date. Programs 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 count and subpopulation data.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

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

If Other, specify:

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

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

Not applicable.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

Emergency shelters and transitional housing programs were contacted prior to this date and given specific instructions that all clients sleeping in their facility on the night of January 23, 2012 needed to have active intakes in the HMIS. Agencies were also advised to make sure all client and intake data were up to date. HMIS and City staff followed-up with specific service providers 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 count, in addition to providing specific subpopulation data.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/23/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not applicable.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The Homeless Services Utilization Report reported 2,000 new outreach (unsheltered) clients on Oahu. In spite of that increase in the unsheltered population, the PIT unsheltered count saw a decrease of 4 people.

This change is due to concentrated efforts to house unsheltered people which included a Homeless Hotline for citizens to call to report unsheltered people which funneled that information to outreach workers, a State funded Housing First program, a City funded outreach project in the urban core and other activities.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	
Public places count with interviews at a later date:	X
Service-based count:	X
HMIS:	X
Other:	
None:	

If Other, specify:

Not applicable.

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

PIT Count teams, composed of outreach workers that regularly serve their regions, used the public places with interviews method for data collection. Surveys were used to record the interview discussion. Teams used their familiarity with the region to ensure all of the areas frequented by unsheltered homeless populations were surveyed. Outreach workers established rapport with many of the people they encountered, increased the likelihood of survey participation.
Only unsheltered people that completed a survey (or were present with someone in the household that completed a survey) and provided a name or unique identifying information (detailed description) are included in the count. Although this method does have its limitations, the group decided to only include surveyed people in the count to ensure the data was accurate.
A separate PIT section of the HMIS system was used to enter and compile survey data.

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

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

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

If Other, specify:

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

Instructions:

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

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

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

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

Not applicable.

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

The CoC used the following techniques to enhance the quality of data collected for the unsheltered population count.
Two separate trainings took place, one in Honolulu and one in Kapolei, for field staff conducting the unsheltered PIT Count. These trainings provided an overview of the purpose and methodology for the PIT Count, safety tips, recommended materials to bring during the field work, and practice regarding the use of the survey instruments. Additionally, PIT Team Coordinators provided training in the field before outreach to ensure that all volunteers understood how to use the survey.
The PIT Count methodology required that all unsheltered persons identified be asked to complete a survey to obtain the name and/or unique identifying description of each person being counted so that persons could be entered into the HMIS database and unduplicated with confidence. When entering the surveys into the PIT Count section of the HMIS, the surveyed participant's name was first queried to ensure against duplication. After all surveys were entered into the PIT Count section of the HMIS, a query extracted unsheltered clients with a 1/23/12 encounter, and these encounters were linked to corresponding client data in the HMIS.

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

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 encourages many difficult to serve families to
enter the system.

Families with dependent children are a priority for outreach service providers who work with families until they are successfully housed and continue to assist them when they are first housed to ensure that the housing situation is stabilized and prevent clients from returning to homelessness.

PIC's outreach plan divides the island into geographic regions and has agencies assigned to the most populated areas. Another aspect of PIC's outreach plan is for service providers to target key unsheltered subpopulations and use low-demand techniques to build trusting relationships and engage clients to accept services. Services are delivered in a welcoming and nonjudgmental manner. Some of the services offered include: food, clothing and hygiene, medical services, help obtaining ID, help accessing mainstream benefits and housing, bus passes, and referrals to mental health services, employment assistance, and drug treatment.

**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)**

PIC implemented a 100,000 Homes registry week in 2012 and committed to housing 100 of the most vulnerable unsheltered homeless identified in the registry by the fall of 2014.

PIC outreach workers canvas the island daily, visiting known locations including streets, parks, beaches, under bridges where unsheltered homeless congregate, and other public places.

PIC outreach service providers target key unsheltered subpopulations including mentally ill, substance abusers, veterans, unaccompanied youth, single adults, and families w/children. Programs use low-demand techniques to build trusting relationships and engage clients to accept services. Services are delivered in a welcoming and nonjudgmental manner. Some of the services offered include: basic services (food, clothing and hygiene), medical services, help obtaining ID, help accessing mainstream benefits and housing (public and private), rental deposits, referrals to mental health services, bus passes, employment assistance, and access to drug treatment.

IHS' SAMHSA grant for system coordination was blended with an outreach grant from the City to offer psychiatrists services with outreach staff. The agency has a 33% success rate of moving people this highly challenged population into safer housing options and increasing access to medical, mental health, and substance abuse treatment services.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	518
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	530
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	600
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	675

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

The City will consolidate its S+C grantees in 2013 to allow for greater efficiency in reallocating potentially unspent funds to ensure the most beds are made available.

S+C service providers, IHS, The Institute for Human Services, Inc., Kalihi-Palama Health Center, and Steadfast Housing Development Corporation, will continue to use any grant savings to increase the number of units offered. The current S+C renewals are funded for 309 units, but thanks to grant savings, serve 463 units.

United States Veteran's Initiative applied for Permanent Housing Bonus funds in this application to provide 34 beds for chronically homeless if funded.

IHS, The Institute for Human Services, Inc. applied for reallocation funds to provide 36 beds in 22 units, of which 28 beds will be set aside for chronically homeless.

PIC will also ask other PSH providers, Gregory House and the HUD-VASH program, to consider increasing allocation of CH units.

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

The City is reassessing funding a project to purchase a multi-unit facility for Housing First units for chronically homeless. The project would acquire a site within 3 years and partner with the State to contract non-profits for supportive services and a building manager and fund another scattered site permanent supportive housing project for 6-8 beds.

PIC's advocacy committee will continue to work with agencies and legislators to advocate for State and City funds for housing first programs for chronically homeless individuals, among other issues..

PIC's advocacy committee will continue advocating for the Rental Housing Trust Fund (average $17 million/year) to support affordable housing, and awarding CDBG and
HOME funds to develop permanent supportive housing.

CoC agencies will approach military bases that are scaling back in the next 10 years for opportunities to secure housing for affordable rentals, homeless beds, or other facilities.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

If new projects in this application are funded, they will provide 55 new beds. However, to reach the 495 chronically homeless from the 2012 PIT, PIC must continue advocating for State and other funds and adjusting its inventory of programs, while considering the needs of other local homeless populations.

For example, some of the most vulnerable unsheltered people have not been homeless that long and need to be prioritized ahead of the chronically homeless.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

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

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	82%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	84%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	86%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	86%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

PIC has consistently exceeded HUD's goal in this area and reported 82% this year. If participants in the program less than 6 months are included in the calculation, PIC achieved 94%.

In collaboration with faith based groups, PIC and others volunteered to repair Public Housing units. This enabled an unusually large number of permanent housing clients to move out of PIC programs and allow new vulnerable clients in. New Section 8 vouchers also allowed similar movement of clients from PIC agencies and the inflow of vulnerable clients.

PSH housing staff will continue to work with participants on maintaining housing and being good tenants. Case management staff will continue to work with participants to stabilize health and behavioral issues, and team with housing staff to help participants maintain housing.

PSH staff will also team with employment and workforce development programs to ensure that eligible clients can improve their economic self-sufficiency.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

To maintain and improve its performance over the long term:
1) PIC members will participate in HICH workgroups to enhance access to mental health services, substance abuse
treatment, and legal assistance; facilitate quicker access to permanent housing, and identify which housing support services are eligible for Medicaid reimbursement, to provide PIC agencies an additional funding source for services.

2) The PIC advocacy committee shall continue to: advocate for more affordable rentals; advocate for more case management funds to improve housing stabilization efforts, especially for those with a history of substance abuse; promote collaboration between case management and housing providers to help consumers maintain housing; expand case management for those exiting into public housing.

3) The PIC planning committee will continue working toward unified funding to increase the flexibility to meet changing needs and accountability for programs that don't meet targets.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	59%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	68%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%

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

PIC's advocacy committee will work with service providers and legislators on legislation for $1.5M for shallow subsidy rental assistance for homeless working individuals and/or families ready to rent permanent housing.

To help consumers assess their options, Legal Aid Society of Hawaii will maintain a housing guide of all affordable and subsidized projects.

The City will continue to use its Housing Ready Certificate program in partnership with property managers to allow service providers to vouch for client credit to overcome the credit or rental history episodes which would disqualify them for tenancy.

This State's Homeless Programs Office will continue exploring transition-in-place (TIP) units to turn TH into permanent housing (PH) units as households become more self-sufficient.

CoC transitional projects will continue comprehensive services to stabilize families and provide the foundation for a successful move to permanent housing.

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

Catholic Charities Hawaii is planning a new senior housing project in the next 5 years to increase access to more permanent units for the CoC's sole senior transitional
housing program.

Legal Aid Society of Hawaii will advocate for a homeless court to help clear non recurring old crimes and remove that barrier to accessing permanent housing or market rentals.

PIC agencies, including IHS, Catholic Charities Hawaii, The Institute for Human Services, Inc., Kalihi-Palama Health Center, and Mental Health Kokua will educate NARPM (National Association of Rental Property Managers) about PIC programs to recruit new landlords by sharing the benefits available when working with PIC programs. The effort is modeled after the "Landlord Liaison Project." which had exemplary outcomes.

The PIC advocacy committee will continue to advocate that transit oriented development include low-income housing as a priority.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	23%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	24%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	26%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	28%

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

IHS, The Institute for Human Services, Inc. and Waikiki Health Center shelters contract with State and City agencies for their consumers to provide maintenance and repair work and explore community college and trade partnerships for training.

Community colleges provide help with admissions and services to obtain an associates degree for non-traditional applicants, which can include homeless.

All PIC projects will continue to provide employment support, access governmental programs, and access on-site certification for shelter training programs that allow certified programs to access WIA funds for consumer employment education and training costs.

Most shelters require employment progress and some incentivize participation in activities by adding to consumer
housing funds.

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

The HICH will pursue accessing other Federal resources, including the Department of Labor and the Workforce Investment Act, to help persons that are homeless increase their employment capacity. The HICH will also advocate state legislators to allow SNAP (Supplemental Nutrition Assistance Program) funds to be used for education and employment training costs.

The State Homeless Programs Office will continue to advocate to its oversight agency, the Department of Human Services Benefit, Employment and Support Services Division (BESSD) to facilitate improved collaboration to help persons that are homeless increase their employment capacity. BESSD programs include: First-To-Work, Employment and Training and SNAP.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	71%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	73%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	80%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	90%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Provider staff will continue to: help clients complete applications for mainstream programs at intake as part of the client's service plan; assist clients with applying for and receiving IDs/birth certificates/social security cards/passports, food stamps, medical and disability insurance and linking them to other employment assistance services, ESL and GED classes. Staff also helps with appeals from mainstream benefits denials.

Provider staff will continue to help program participants check the status of their applications. Depending on the program, initial follow up is typically provided by a case manager / staff advocate within 30 days and then on an on-going basis to see whether or not additional steps need to be made until benefits are received.

Some provider staff also report and discuss clients' mainstream benefits status at regular staff meetings to collaborate on overcoming barriers to services.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

PIC agencies will continue to implement their successful techniques in helping clients access mainstream benefits before exiting the programs.

HICH task groups assigned to goals related to mainstream benefits (Goal 3: Increase Economic Stability and Self-sufficiency and Goal 4: Improve Health and Stability) will continue to advocate to the HICH members, which include the Department of Human Services Director (DHS) and the Department of Health Director, to remove barriers that inhibit persons experiencing homelessness that need those benefits from accessing them.

The HICH will also continue to follow the work of the USICH and their guidelines in breaking down barriers for persons experiencing homelessness to access necessary services, partnering with other departments to allocate appropriate resources to address the needs of persons experiencing homelessness, and putting the nation and Hawaii on a path to ending homelessness.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	584%
In 12 months, what will be the total number of homeless households with children?	584%
In 5 years, what will be the total number of homeless households with children?	580%
In 10 years, what will be the total number of homeless households with children?	570%

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

Legal Aid Society of Hawaii, which offers classes to all PIC shelters will add new classes on family stability, consumer debt, family law, SSI / SSDI eligibility to help families stay housed.

Catholic Charities Hawaii, IHS, The Institute for Human Services, Inc., Kalihi-Palama Health Center, and Waianae Coast Comprehensive Health Center will target HUD and State homelessness prevention resources to reduce the number of homeless families.

The Leeward Housing Coalition, a group of PIC agencies, will revisit their action plan to address the gap in housing options for the homeless at an upcoming summit in 2013.

PIC agencies will continue working with the State to decrease the number of vacant public housing units by coordinating a volunteer renovation campaign of vacant units that need repair.

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

The PIC advocacy committee will continue to advocate:
1) That the State include access for homeless to LIHTC projects within its point system for awarding funds to fund new rental project developments.

2) For shallow subsidies from State legislators to replace HPRP and help households at-risk of homelessness maintain their housing.

According to the 2012 Homeless Service Utilization report, many of the families in PIC programs are Compact of Free Association (COFA) migrants (almost 1,700 of 6,300 or 26%). The PIC planning committee will collaborate with others that serve COFA families to decrease the number coming to Hawaii by improving access to services at home, and help those that do come to be self-sufficient outside the homeless system. The PIC advocacy committee will also continue to seek federal assistance for COFA families.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	1
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

Not applicable.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)**

Participants will not need to be displaced because of the reallocation.

The reallocated project was only partially funded through the CoC. The agency has secured other funding and the program will continue.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Hawaii Child Welfare's current policy requires an independent Living Transition Plan (ILTP) for foster youth to address housing and other related needs upon discharge to prevent homelessness.
Catholic Charities Hawaii, in partnership with the State, provides a group home for young men that aged out of foster care which offers case management and employment supportive services. The agency is developing a similar a program for women.
The City continues its Section 8 Family Unification Program, partnering with the State and Hale Kipa to provide Section 8 rental vouchers for youth aging out of foster care. Most persons discharged from the foster system successfully transition back to the biological family, to new families, or to independence as emancipated youth or adults.

The State's Department of Human Services plans to extend foster care payments, offer stipends for youth working 80 hours per month, and extend medicaid without income limits up to age 26, to assist in the transition process.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Although there is a discharge plan and activities in place to support it, the following gaps also continue to exist, which continue to present barriers for this group.
Case management demand outweighs the supply of services that are currently funded.
Ensuring participants access to information about services is also difficult.
Desire for individualized vs. group housing and the lack of sustainable individual housing option. Youth have been living in group situations for a long time and yearn for independent affordable living opportunities.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Foster parents
State Child and Family Mental Health Division / Adult Mental Health Division
State Department of Education
State Department of Labor
Job Corps
State Department of Human Services

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Family Unification Program
Unsubsidized group living situations
Unsheltered situations

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

PIC efforts in this area include:
Waianae Coast Comprehensive Health Center, which operates the emergency room in its community, refers eligible patients to its own homeless outreach department to ensure eligible clients have access to support services.

United States Veterans Initiative has a Veterans Affairs (VA) contract to help veterans discharged from a hospital and house them temporarily while they partner with social workers to secure permanent housing.

IHS, The Institute for Human Services, Inc. conducts a high users monthly meetings at the Queen's Hospital to implement collaborative efforts to reduce the frequency of identified high users of emergency services and brainstorm ways to ensure that these users are not discharged into homelessness.

The City's community based paramedic program will also focus on visiting high users weekly to address ongoing medical issues before they reach crisis levels, and link them with appropriate housing support resources.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Although there is a discharge plan and activities in place to support it, the following gaps also continue to exist, which continue to present barriers for this group.
Lack of coordination and information sharing between hospitals, clients, service providers (including mental health & primary care providers).
Lack of case managers form hospital after they leave. AMHD funded case managers or third party payers are not providing services to the most challenging cases).
Not enough care coordinators at hospital.
Hepatitis related issues.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Key partners include area hospitals, State agencies, PIC agencies, and the Hawaii State Legislature.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Ohana House, a 14-bed transitional home for medically fragile homeless in Honolulu.
Adult Residential Care homes (ARCH)
Foster homes
Shelter of wisdom – a private, faith based transitional shelter
Streets, beach, park, car, couch surfing
Waikiki Health Center Care-A-Van program or Next Step shelter

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Hawaii's Department of Health Adult Mental Health Division (AMHD) continues its current policies including discharge planning for all State Hospital patients 90 days prior to discharge and assigned case managers. AMHD also requires tracking all individuals at-risk of losing housing after initial discharge and mandate that case managers include a plan for transitioning the individual into permanent living arrangements.

HICH and PIC advocacy resulted in the following changes from AMHD to help with this issue:
Re-instituting AMHD community planning process in 2013
Increased AMHD case management available by removing the previous cap, increasing the crisis service management window from 10 days to 30 days, and increasing the array of services including the use of peer specialists.
Increasing service quality by requiring face to face service and approving service time based on acuity vs. a monthly maximum of 4 hours per client.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Although there is a discharge plan and activities in place to support it, the following gaps also continue to exist, which continue to present barriers for this group.

Client illness inhibits submitting necessary applications in a timely manner to maintain insurance coverage.
Failure of case managers to follow through.

Failure of mental health professionals to address culture, employment, strengths of clients, wellness, but instead focus only on crisis issue.

Insurers have been paying a capitated rate which undermines more robust case management.

Additional steps PIC will take for improved care include:

HICH and PIC agencies will continue to advocate for
Assisted Community Treatment to increase access and enforceability through collaboration between the police, PIC agencies, AMHD, and the Attorney General's Office.

Advocate that substance abuse should be a major issue in service plans; advocate for access resources to address relapse.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

DOH – AMHD (including State Hospital), Alcohol and Drug Abuse Division, Developmental Disability Division
Department of Human Services (DHS)
Contracted Medicaid Managed Care entities Mental Health America and other advocacy groups
HICH
PIC agencies

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

State funded housing options
Group living situations
Streets, beach, park, car, couch surfing
Emergency shelters (non HUD funded and and HUD funded)

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Several PIC agencies accept supervised released inmates into their treatment programs. Hoʻomau Ke Ola is collaborating with the Leeward Housing Coalition and area clean and sober houses to help client families reintegrate into the community.

More faith based ministries are providing ongoing support after discharge.

Several PIC agencies also work to establish pre-release agreements for clients to access needed services upon release including: transitional or permanent housing programs, substance abuse treatment programs, and clean & sober housing.

Clean and sober house task force – register and certify clean and sober houses to increase capacity, expand inventory,
Will report to legislation recommendation for registration
Change statutes that limit density (max 5 unrelated people in residential areas).

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Although there is a discharge plan and activities in place to support it, the following gaps also continue to exist, which continue to present barriers for this group.

Lack of sex offender housing
Need to address culture, aina-based healing, use of kupuna, employment
Lack of affordable housing
Lack of treatment beds available for discharge
Health care coverage is a barrier for sustained services because of a two month gap between discharge date and assignment of case management

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Dept of Corrections on-site social workers
Dept of Public Safety
HICH
Housing providers, employment providers
DOH – AMHD, Alcohol and Drug Abuse Division, Developmental Disabilities Division
Dept of Human Services

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Closest phone booth outside OCCC
Family for prisoners on probation
Clean & sober housing
Treatment centers including Hina Mauka, BISAC,
Malama Recovery, and Poailani (Non HUD and HUD funded)
Probation/parole

3C. Continuum of Care (CoC) Coordination

Instructions:

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

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The CoC's are broader than but inclusive of the ConPlan goals. For example, one CoC goal, Retool the Homeless Crisis Response System, includes several of the ConPlan goals (7,500 homeless people will have access to Emergency Shelters, 3,750 homeless will receive stabilization services, and 150 low income families will be prevented from homelessness or assisted with securing a rental). Another CoC goal, Increase Access to Stable and Affordable Housing, includes this ConPlan goal: 250 households will receive tenant based rental assistance.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The City received $2M/year for HPRP. To continue serving the same population, the City allocated $830K for ESG funds for Homelessness Prevention and Rapid Re-Housing (HPRR) activities in 2013 to PIC agencies IHS, The Institute for Human Services, Inc., Kalihi-Palama Health Center , and Waianae Coast Comprehensive Health Center.

PIC will revisit ESG priorities in 2013 for $1.5M/year annual allocation to determine if HPRR funding or other priorities should be increased.

The City also administers State funding for $750,000 for Rapid Re-Housing on the North Shore from 2012 to 2014 through IHS.

The State continues its funding for various HP programs ($2M/yr) through Catholic Charities Hawaii, Helping Hands Hawaii, and IHS.

The PIC advocacy committee will is working on a housing bill to request additional state funds for shallow subsidies and HPRR activities.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)**

The CoC is currently using 169 VASH vouchers to fund 230 beds. PIC agencies serving veterans, including United States Veterans Initiative, Catholic Charities Hawaii, and IHS coordinate with VA-VASH officials to refer eligible veterans most in need and those currently living in emergency and transitional shelters. Some of these agencies also assist homeless veterans to increase their ability to afford transitional and permanent housing by placing them in suitable, long-term employment which pays living wages. Approximately 50% of VASH recipients come directly from PIC agencies. PIC HPRR programs continue to coordinate with the VASH program to provide security deposit assistance for VASH recipients.

Seawinds, a 50-unit rental project which received $3,500,000 in NSP funds, was developed and is managed by a PIC agency, Housing Solutions, Incorporated. The project is currently full and providing affordable housing for formerly homeless and other eligible families. The project partnered with other PIC agencies including Catholic Charities Hawaii, Honolulu Community Action Program, Waianae Coast Comprehensive Health Center, Waianae Community Outreach, to fill the project with eligible households that have appropriate supports in place to ensure housing stability.

All of the agencies receiving ESG and HOPWA funds are PIC members and participate in PIC's planning processes. As the CDBG grantee, the City's selection committees have continued to prioritized homeless services under public service funding and selected projects that allow for the renovation of homeless shelters and other related homeless service structures.

PIC has done its best to effectively use CDBG, HOME, and NSP funds for the acquisition and renovation of facilities, while CoC and ESG funds are targeted at rental assistance, supportive services, and operations costs.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	Partners In Care (PIC) requires the following of all homeless assistance providers in the Continuum of Care's geographic area of the island of Oahu. 1. All family shelters will have a plan to ensure children and families access available services from the child's school 2. Staff will ensure shelter children attendance is monitored 3. Staff will ensure shelter children receive educational support services including homework assistance and tutoring 4. Staff will partner with community agencies and business to provide students with school supplies 5. Staff will ensure eligible shelter children receive are enrolled for age appropriate educational programs

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Hawaii's Department of Education (HIDOE) operates all the public schools in the state and is the only local education agency. The Education for Homeless Children and Youth (EHCY) office was created to ensure that the HIDOE complies with the McKinney-Vento Act (MVA) service requirements.

The City and State coordinated a 4 hour meeting between all shelters and outreach agencies that serve families with children and EHCY staff to increase collaboration between the frontline EHCY staff and frontline shelter staff. The meeting included all PIC projects, including those with CoC funding, ESG funding, and those with only State funding.

Select outreach programs and shelter staff have established improved relationships with the EHCY office to ensure clients are identified and access services to minimize the trauma of homelessness on students. HIDOE is currently reviewing Family Educational Rights and Privacy Act (FERPA) guidelines to allow data sharing with shelters so both parties can more effectively monitor student progress and collaboratively provide additional supports as necessary.

PIC also implemented a DOE policy for all shelters and outreach programs. All HUD funded projects already meet and in some cases exceed the policy. Non-HUD funded projects that do not currently meet the policy have 2 years to make adjustments to meet policy expecations.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

For programs that serve families with children, retaining family unity is a priority as long as safety is not compromised.

PIC will also investigate this issue with its HUD TA provider as part of their consultation on coordinated assessment. It is possible that within the coordinated assessment system, a process to ensure family unity is included.

1) One option that is more family friendly, is for families to be able to select from currently available housing options based on the information provided and currently available spaces in the different programs.

2) Another option to consider is assigning families that face separation priority entry into the next available family unit. This priority will need to be considered along with other factors, like medical need, physical safety, even length of homelessness, and other factors.

3) If the worse case scenario happens, and the family chooses to remain unsheltered rather than be separated in different housing programs, the coordinated assessment could flag outreach teams to prioritize that family for regular check ups.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

These PIC agencies offer the services below to combat homelessness among veterans.
All agencies partner with Veterans Affairs (VA) and clients to determine eligibility for and access to VA services.
United States Veterans Initiative (US VETS) offers outreach for veterans and regularly patrols the entire island and partner with other PIC outreach agencies to ensure any veterans encountered will be connected to appropriate services. US VETS offers 98 TH beds, 30 SHP-PH beds, and 140 unsubsidized PH beds dedicated to veterans. 17 SHP beds are being used for a Housing First model. USVETs also offers comprehensive work re-entry and mental health and counseling services.
IHS serves veterans that don't qualify for USVETs programs and non-veteran homeless with comprehensive services including shelter, food, employment, housing, case management, and medical mental health services.
Catholic Charities Hawaii offers a Supportive Services for Veteran Families (SSVF) program with supportive services to promote housing stability for eligible very low-income families.
Mental Health America offers POWER Up! job coaches in the field to help homeless women Veterans and homeless Veterans with employment services.
Network Enterprises assists homeless veterans by placing them in suitable, long-term employment to afford housing.
These activities align with PIC's Strategic Plan Goal 3, Objective 7, Strategy 5, Action 8; Objective 8; and Goal 4, Objective 9, Strategy 7.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)

Since 1989, PIC agencies Hale Kipa and Waikiki Health Center have been providing services to runaway and homeless youth and young adults on Oahu through the Youth Outreach (YO) program. Ongoing services include: street outreach, drop-in services, case management including an assessment and service plan, counseling, education
(information and referral), advocacy, crisis intervention, independent living skills, employment assistance, health/medical services, and assistance in finding permanent housing on a referral and walk-in basis.
YO's staff develop relationships by effectively engaging a range of youth with differing ages, ethnicities, sexual orientations, and cultures in a sensitive manner.
YO will continue services in Waikiki and downtown Honolulu and maintain a house in Waikiki that provides basic services such as showers, laundry and casual meals in addition to the services mention above.

The above activities align with PIC's Strategic Plan Goal 4, Objective 9, Strategy 4: Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families; and Goal 4, Objective 10: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The Collaborative Applicant (CA) is also HUD's ESG grantee, and they conducted consultations with the CoC to decide on local ESG priorities, including funding, performance standards, outcomes, and other relevant policies. The CA held two meetings in March 2012 to gather input and used that input to set priorities used in the CA's Request for Proposals which funds the current ESG projects. 28 PIC agencies attended the meetings. The input was also submitted to HUD as part of the City's Amended Consolidated Plan.

The consultation reviewed performance data for ESG and HPRP programs, reviewed HUD guidelines to understand the eligible activities allowed in the revised ESG rules, and discussed anecdotal information about local strengths and assets, as well as local challenges and gaps.

The CA will conduct additional consultations in the coming year to update local priorities which will be used to determine funding allocations.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

All PIC programs provide equal professional service without regard to the race, color, religion, sex, handicap, familial status, or national origin of any prospective client, customer, or of the residents of any community.
All HUD funded agencies attended a 3 day fair housing training in August 2011 to keep informed about fair housing law and practices.
According to the 2012 Homeless Service Utilization Report, the lowest participation for sheltered and unsheltered services was by Asians and elderly; the lowest participation for unsheltered services was by Asians and youth ages 6 – 17. PIC considers these groups to be the least likely groups to request housing or services.
To reach Asians (44% of persons in Honolulu) PIC agencies actively market services to the community at large through educational presentations about homelessness and services for businesses, faith based groups, educators, and others. In 2012 PIC agency staff provided presentations to 8,500 people.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Needs of homeless individuals and families include shelter, financial assistance, supportive services, medical and mental health care, employment training, and market affordable housing.

PIC’s array of services include services to meet all of the different types of needs described except for market affordable housing above including:
Homelessness Prevention
Outreach services
Rapid Re-Housing assistance
Emergency Shelters
Transitional Housing
Permanent Supportive Housing
All PIC programs require participants to engage in some type of independent housing plan to help them identify the causes of their homelessness, access appropriate supportive services to address those issues, assistance in stabilizing their housing, and assistance in seeking the most appropriate long term housing solution.
Supportive services include: Health Care for the Homeless Programs, mental health services, substance abuse treatment programs, prisoner release and re-entry programs, and education and employment training opportunities.

Although the diversity of services to meet existing needs is appropriate, the number of homeless individuals and families that require these services is far greater than the PIC service providers can handle. PIC agencies will continue to explore ways to more effectively partner to serve as many as possible, and advocate for additional resources until the capacity can meet the need.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

PIC agencies are responsive to City requests for input on the 2010 – 2015 Consolidated Plan through the activities outlined in the City's Citizen Participation Plan.

Over half of the agencies that attended the last ConPlan public informational meetings in 2009 were PIC members. PIC agencies also provided written input on needs for serving persons experiencing homelessness. All of the input was used to create the ConPlan goals, which is one of guiding factors for the City's allocation of resources to address homelessness.

In the March 2012 ConPlan consultation to decide on local ESG priorities, including funding, performance standards, outcomes, and other relevant policies. 28 PIC agencies attended the consultations to provide input for the City's Amended Consolidated Plan and used set priorities in the City's Request for Proposals issued in April 2012 which fund the 2013 ESG projects.

The City will conduct additional consultations in the coming year to update local priorities which will be used to determine future funding allocations.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The HICH approved its Strategic Plan in the fall of 2012 and PIC adopted that plan as its own CoC Strategic Plan. The HICH (which includes PIC's jurisdictional partners) is scheduled to meet quarterly to review progress made, develop action steps for Council members to implement to keep moving towards achieving plan goals, and review and revise the plan as necessary.

PIC agencies play a pivotal role in the HICH and its Strategic Plan which PIC adopted as its own CoC Strategic Plan. The PIC chair, currently Darryl Vincent from United States Veterans Initiative, sits on the HICH and is a voting member of the council. Connie Mitchell, from IHS, The Institute for Human Services, Inc., leads one of the HICH task groups to Retool the Homeless Crisis Response System. The City and other PIC agencies including Catholic Charities Hawaii, Hoʻomau Ke Ola, and Waikiki Health Center, are also involved in the different HICH task groups which will provide recommendations and action items for the HICH to review and implement.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

PIC's strategic plan goals are a subset of themes from the Federal Strategic Plan, "Opening Doors," and PIC agencies are committed to use its plan to set a path to ending all types of homelessness.

PIC works at ending chronic homelessness in 5 years through implementing a 100,000 Homes campaign to house a 100 of the most vulnerable unsheltered persons by September 2014 and exploring the implementation of new program designs proved to be effective with this population including the Housing First model.

PIC works at preventing and ending homelessness among Veterans in 5 years through its coordnated use and support of VASH vouchers, ongoing outreach services, ongoing housing programs.

PIC works at preventing and ending homelessness for families, youth, and children in 10 years through offering services at all PIC shelters to improve family stability, address consumer debt, increase income and improve housing readiness and targeting State homelessness prevention resources to reduce the number of homeless families.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The Collaborative Applicant (CA) is also HUD's ESG grantee, and they conducted consultations with the CoC to decide on local ESG priorities, including funding, performance standards, outcomes, and other relevant policies. The CA held two meetings in March 2012 to gather input and used that input to set priorities used in the CA's Request for Proposals which funds the current ESG projects. 28 CoC agencies attended the meetings. The input was also submitted to HUD as part of the City's Amended Consolidated Plan.

The CA will conduct additional consultations in the coming year to update local priorities which will be used to determine funding allocations.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living
(limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$29,015				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
PACT	HI0030B9C011104	TH	$29,015	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	PACT
Grant Number of Eliminated Project:	HI0030B9C011104
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$29,015

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
$345,428					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Ohana Ola O Kahumana	HI0040B9C011103	$147,175	$142,024	$5,151	Regular
Community Residen...	HI0019B9C011104	$370,002	$350,273	$19,729	Regular
Transitional Livi...	HI0036B9C011104	$138,592	$133,741	$4,851	Regular
Shelter Plus Care...	HI0034C9C011104	$531,152	$511,917	$19,235	Regular
CCH Maililand 2012	HI0028B9C011104	$136,152	$131,387	$4,765	Regular
HKO 2012	HI0035B9C011104	$188,674	$182,070	$6,604	Regular
HMIS Renewal Proj...	HI0050B9C011101	$68,000	$65,621	$2,379	Regular
Housing Solutions	HI0037B9C011104	$55,132	$53,202	$1,930	Regular
CoC Registration ...	HI0024B9C011104	$65,901	$63,594	$2,307	Regular
HEARTH Safe Haven...	HI0031B9C011104	$876,273	$845,603	$30,670	Regular
Ahukini Group Hom...	HI0016B9C011104	$28,405	$27,411	$994	Regular
Headway House 2012	HI0021B9C011104	$211,145	$203,755	$7,390	Regular
Kaukama Group Hom...	HI0026B9C011104	$30,218	$29,160	$1,058	Regular
Komo Mai Group Ho...	HI0027B9C011104	$37,664	$36,346	$1,318	Regular
Ka 'Ohu Hou O Manoa	HI0041B9C011103	$183,498	$177,076	$6,422	Regular
Barbers Point Vet...	HI0018B9C011104	$347,763	$335,592	$12,171	Regular
Kalaeloa Permanen...	HI0025B9C011104	$144,992	$134,764	$10,228	Regular
Permanent Support...	HI0046B9C010900	$250,188	$246,584	$3,604	Regular
Consolidated S+C ...	HI0029C9C011104	$5,359,930	$5,168,639	$191,291	Regular
ATS Homeless Offe...	HI0017B9C011104	$294,814	$284,496	$10,318	Regular
Continuum of Care...	HI0020B9C011104	$86,097	$83,084	$3,013	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Ohana Ola O Kahumana
Grant Number of Reduced Project:	HI0040B9C011103
Reduced Project Current Annual Renewal Amount:	$147,175
Amount Retained for Project:	$142,024
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$5,151

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Community Residential Program
Grant Number of Reduced Project:	HI0019B9C011104
Reduced Project Current Annual Renewal Amount:	$370,002
Amount Retained for Project:	$350,273
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$19,729

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Transitional Living Program Housing and Support for Homeless Young Adults
Grant Number of Reduced Project:	HI0036B9C011104
Reduced Project Current Annual Renewal Amount:	$138,592
Amount Retained for Project:	$133,741
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$4,851

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Shelter Plus Care Program
Grant Number of Reduced Project:	HI0034C9C011104
Reduced Project Current Annual Renewal Amount:	$531,152
Amount Retained for Project:	$511,917
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$19,235

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	CCH Maililand 2012
Grant Number of Reduced Project:	HI0028B9C011104
Reduced Project Current Annual Renewal Amount:	$136,152
Amount Retained for Project:	$131,387
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$4,765

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	HKO 2012
Grant Number of Reduced Project:	HI0035B9C011104
Reduced Project Current Annual Renewal Amount:	$188,674
Amount Retained for Project:	$182,070
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$6,604

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	HMIS Renewal Project Application FY2012
Grant Number of Reduced Project:	HI0050B9C011101
Reduced Project Current Annual Renewal Amount:	$68,000

Amount Retained for Project:	$65,621
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$2,379

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Housing Solutions
Grant Number of Reduced Project:	HI0037B9C011104
Reduced Project Current Annual Renewal Amount:	$55,132
Amount Retained for Project:	$53,202
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,930

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	CoC Registration FY 2012
Grant Number of Reduced Project:	HI0024B9C011104
Reduced Project Current Annual Renewal Amount:	$65,901
Amount Retained for Project:	$63,594
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$2,307

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	HEARTH Safe Haven Renewal
Grant Number of Reduced Project:	HI0031B9C011104
Reduced Project Current Annual Renewal Amount:	$876,273
Amount Retained for Project:	$845,603
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$30,670

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Ahukini Group Home 2012
Grant Number of Reduced Project:	HI0016B9C011104
Reduced Project Current Annual Renewal Amount:	$28,405
Amount Retained for Project:	$27,411
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$994

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Headway House 2012
Grant Number of Reduced Project:	HI0021B9C011104
Reduced Project Current Annual Renewal Amount:	$211,145
Amount Retained for Project:	$203,755
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$7,390

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Kaukama Group Home 2012
Grant Number of Reduced Project:	HI0026B9C011104
Reduced Project Current Annual Renewal Amount:	$30,218
Amount Retained for Project:	$29,160
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,058

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Komo Mai Group Home 2012
Grant Number of Reduced Project:	HI0027B9C011104
Reduced Project Current Annual Renewal Amount:	$37,664
Amount Retained for Project:	$36,346
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,318

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Ka 'Ohu Hou O Manoa
Grant Number of Reduced Project:	HI0041B9C011103
Reduced Project Current Annual Renewal Amount:	$183,498
Amount Retained for Project:	$177,076
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$6,422

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Barbers Point Veterans-in-Progress
Grant Number of Reduced Project:	HI0018B9C011104
Reduced Project Current Annual Renewal Amount:	$347,763

Amount Retained for Project:	$335,592
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$12,171

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Kalaeloa Permanent Housing for Veterans with Disabilities
Grant Number of Reduced Project:	HI0025B9C011104
Reduced Project Current Annual Renewal Amount:	$144,992
Amount Retained for Project:	$134,764
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$10,228

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Permanent Supportive Housing for Chronically Homeless Veterans and Families
Grant Number of Reduced Project:	HI0046B9C010900
Reduced Project Current Annual Renewal Amount:	$250,188
Amount Retained for Project:	$246,584
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$3,604

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Consolidated S+C 2012
Grant Number of Reduced Project:	HI0029C9C011104
Reduced Project Current Annual Renewal Amount:	$5,359,930
Amount Retained for Project:	$5,168,639
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$191,291

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	ATS Homeless Offenders Treatment and Supportive Living Services 2012
Grant Number of Reduced Project:	HI0017B9C011104
Reduced Project Current Annual Renewal Amount:	$294,814
Amount Retained for Project:	$284,496
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$10,318

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Continuum of Care - Domestic Abuse Shelters and Transitional Apartments 2012
Grant Number of Reduced Project:	HI0020B9C011104
Reduced Project Current Annual Renewal Amount:	$86,097
Amount Retained for Project:	$83,084
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$3,013

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$374,443				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
21	IHS New Rapi...	PH	$336,135	Regular
22	HMIS Realloc...	HMIS	$38,308	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	21
Proposed New Project Name:	IHS New Rapid Re-Housing Project
Component Type:	PH
Amount Requested for New Project:	$336,135

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	22
Proposed New Project Name:	HMIS Reallocation FY2012
Component Type:	HMIS
Amount Requested for New Project:	$38,308

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$374,443
Amount requested for new project(s):	$374,443
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	370	**Beds**	518	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	89	**%**	82	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	68	**%**	59	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	24	**%**	21	**%**
Decrease the number of homeless households with children	558	**Households**	584	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

PIC exceeded its target to increased chronically homeless permanent housing beds by reallocating S+C beds and by using grant savings to provide 486 units compared to the 326 units that are funded.

As PIC focused on housing unsheltered clients with more challenging issues, including the chronically homeless and the most vulnerable, the extreme needs of these clients have stretched resources and resulted in more difficulty in successfully moving clients to permanent housing, helping clients, helping clients acquire employment income before exit, and helping clients maintain permanent housing for the long term.

PIC agencies are researching best practices, rethinking their approaches and working together to brainstorm ways to help clients with greater challenges. PIC has also adjusted its future targets to account for the change in clientele.

How does the CoC monitor recipients' performance? (limit 750 characters)

PIC uses the following methods to monitor recipients performance:
1) Reporting at PIC meetings – Every month a PIC agency will report progress on goals, challenges, and use the forum to solicit ideas to improve program effectiveness.
2) Annual CoC application review – The City will share all HUD funded agency performance as reported in the CoC application and in the agency's APR. The planning committee, as part of its monthly meetings will facilitate discussion on strengths, challenges, and ways to improve.
3) Quarterly fiscal review – PIC will collect quarterly reports from member agencies, validate with HUD expenditure information, and address any issues with technical assistance and in the worst case scenario, reallocation of funds.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

In addition to the activities above the PIC planning committee has discussed this issue and provided a forum for agencies to discuss performance challenges, seek guidance from other agencies, and implement suggested strategies.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

In addition to the activities above the PIC planning committee has discussed this issue and provided a forum for agencies to discuss performance challenges, seek guidance from other agencies, and implement suggested strategies.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
0	0	$0
0	0	$0
0	0	$0
0	0	$0
0	0	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)

PIC has improved its HMIS software by streamlining the user interface in the past year, focusing on only currently required HUD data elements and a few local elements.

PIC will be imrpoving the HMIS reporting functionality to include following HUD's guidance on tracking the length of time clients remain homeless.

PIC's data committee is currently finalizing a a new Consent to Release Information form to promote information sharing among providers. This will allow service providers to track any previous client history in the system to help choose the best services to help the client.

PIC's data committee also worked on refining the lexicon of terms related to HMIS data entry. The HMIS vendor will be training providers on these definitions in the coming year to faciliate consistent data entry that will allow consistent reporting on outcomes including the length of homelessness.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

Current barriers to tracking additional spells of homelessness include: client error in providing information at intake, the repeated and frequent entry and exit of some clients in and out of emergency shelters, service providers cannot see client history with other providers, and poor tracking of client exits when clients discharge without notice.

Client error and frequent entry and exit are based on client behavior and difficult to control.

PIC's data committee is finalizing a data sharing consent to help providers see their client service history and more accurately track multiple episodes of homelessness.

PIC's data committee has also requested assistance in improving client exit data through HMIS software improvement possibilities. The data committee will also work on developing procedural improvements to improve client exit data.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

HUD will award up to 3 points to CoCs that demonstrate a thorough plan for reaching homeless individuals and families. To receive full points, the CoC must provide information that demonstrates that 100 percent of the geographic area is considered, and that describes the specific outreach procedures in place that are used by the homeless service agencies to identify and engage homeless individuals and families, including their efforts to provide meaningful outreach to persons with disabilities and persons with limited English proficiency. Applicants must describe the procedures they will use to market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability, who are least likely to apply in the absence of special outreach.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

Current activities to prevent homelessness include:
The City allocated $830K for ESG funds for Homelessness Prevention and Rapid Re-Housing (HPRR) activities in 2013
PIC will revisit ESG priorities in 2013 for $1.5M/year annual allocation to determine if HPRR funding or other priorities should be increased.
The State continues its funding for various Homelessness Prevention programs at $2M/yr

The jurisdictions' Analyses of Impediments are included below along with PIC efforts to address those barriers.
Limited supply of reasonable units – PIC coordination with the City to use available funds for homelessness prevention and rapid re-housing efforts enable people at risk of homelessness to maintain housing and those that are newly homeless to acquire housing with short term assistance.
Applicants are unaware of rights and resources – PIC agencies attended a 3 day HUD fair housing training in 2011 so staff can inform applicants about their fair housing rights and the available resources.
The final HPRP APR reported 680 households at risk of homelessness at program entry and 619 households stably housed at program exit for a success rate of 91% in preventing homelessness.

98% of clients in the program more than 90 days that reported their exit destination exited to permanent housing; 97% of clients in the program less than 90 days that reported their exit destination exited to permanent housing.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	552	247
2011	556	360
2012	586	518

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

PIT data collection procedure
Unsheltered individuals and families were identified through survey data. Disability, length of homelessness, and number of times homeless are self-reported.
Sheltered individuals are identified through HMIS data and survey data for shelters that don't participate in HMIS.

HMIS data collection procedure
PIC agency staff complete the HMIS form when working with clients on collecting intake information. The form asks specific questions about each of the criteria that define chronic homelessness. For programs that work with clients over longer periods of time, staff can validate HMIS responses regarding disability and episodes or duration of homelessness. Programs that only work with clients briefly cannot validate the HMIS responses and must rely on the client's self report.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 158

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

The CoC added 158 permanent housing beds designated for the chronically homeless, which is a 44% increase. The number of chronically homeless persons increased by 30 people from 556 in 2011 to 586 in 2012.

CoC agencies maintain available services for the chronically homeless, despite enduring cutbacks impacting their ability to do so. The CoC estimates that these efforts have in fact prevented the increase from being far greater than it actually was.

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$1,700,000				
Total	$1,700,000	$0	$0	$0	$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	128
b. Number of participants who did not leave the project(s)	629
c. Number of participants who exited after staying 6 months or longer	107
d. Number of participants who did not exit after staying 6 months or longer	511
e. Number of participants who did not exit and were enrolled for less than 6 months	118
TOTAL PH (%)	82

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	634
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	374
TOTAL TH (%)	59

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 795

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	186	23%
Unemployment insurance	11	1%
SSI	111	14%
SSDI	55	7%
Veteran's disability	19	2%
Private disability insurance	1	0%
Worker's compensation	4	1%
TANF or equivalent	64	8%
General assistance	110	14%
Retirement (Social Security)	35	4%
Veteran's pension	17	2%
Pension from former job	2	0%
Child support	8	1%
Alimony (Spousal support)	2	0%
Other source	27	3%
No sources (from Q25a2.)	256	32%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 795

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	419	53%
MEDICAID health insurance	182	23%
MEDICARE health insurance	47	6%
State children's health insurance	0	0%
WIC	17	2%
VA medical services	173	22%
TANF child care services	2	0%
TANF transportation services	4	1%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	10	1%
Other source	35	4%
No sources (from Q26a2.)	208	26%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	

4G. 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 primary APR performance goals of permanent housing, transitional to permanent placement, and employment upon program exit. The CoC Planning Committee has encouraged members and awardees to seek technical assistance if performance is not meeting objectives.

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:

1/19/12, 2/16/12, 3/15/12, 4/19/12, 5/17/12, 6/21/12, 7/10/12, 7/19/12, 8/23/12, 9/27/12, 10/18/12, 11/15/12, 12/20/12

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: quarterly (once each quarter)

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, Food Stamps, Vocational Rehabilitation, public mental health services, substance abuse services, etc.) assists provider staff to screen for benefit eligibility and the need to apply for mainstream programs. Eligibility for various subsidized housing options is also screened.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

Two CoC agencies each sent a staff member to participate in the SOAR Train-the-Trainer Conference in Los Angeles on June 14-17, 2011.

4H. 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.	100%
1a. Describe how service is generally provided:	
Provider staff assist clients with completing applications for mainstream programs at intake as part of the participants' service plans. Providers also assist clients with applying for and receiving IDs/birth certificates/social security cards/passports, food stamps, medical and disability insurance and linking them to other service providers who offer employment assistance, ESL and GED classes. Staff also helps with appeals from mainstream benefits denials.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	85%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
Not applicable.	
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.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/16/2013
CoC-HMIS Governance Agreement	No		
Other	No	Partners In Care ...	01/16/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan, Continuum of Care 2012 Application

Attachment Details

Document Description:

Attachment Details

Document Description: Partners In Care Strategic Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	12/11/2012
1D. Member Organizations	01/16/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/09/2013
1G. e-HIC Sources and Methods	01/05/2013
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	01/09/2013
2C. HMIS Bed Coverage	01/09/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	01/09/2013
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	01/09/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/09/2013
2J. Sheltered Data - Collections	01/10/2013
2K. Sheltered Data - Quality	01/09/2013
2L. Unsheltered PIT	01/10/2013
2M. Unsheltered Data - Methods	01/09/2013
2N. Unsheltered Data - Coverage	01/09/2013
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/16/2013
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Objective 5	01/17/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/11/2013
3F. Eliminated Grants	01/14/2013
3G. Reduced Grants	01/14/2013
3H. New Projects Requested	01/17/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/16/2013
4C. Housing Performance	01/10/2013
4D. CoC Cash Income Information	01/10/2013
4E. CoC Non-Cash Benefits	01/10/2013
4F. Section 3 Employment Policy Detail	01/10/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/10/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
Submission Summary	No Input Required

Department of Community Services
Community Based Development Division
715 South King Street, Room 311, Honolulu, Hawaii 96813
Phone: 808/768-7748 ■ FAX: 808/768-7793

TRANSMITTAL

January 11, 2013

To: Holly Kawano, Federal Grants Coordinator
Department of Budget and Fiscal Services
Federal Grants Branch

From: Community Based Development Division

Via: Gabe Naeole, Planner

Subject: Certification of Consistency with the Consolidated Plan
Continuum of Care 2012 Application

Transmitted Are The Following:

Quantity	Description
1 Original	Certification of Consistency with the Consolidated Plan

☐ For Your Use ☐ For Approval ☐ As Requested
☐ Review & Comment ☐ For Information ☐ File Copy
☒ For Signature

Comments:
Please review, sign, and return the original to Gabe Naeole at the Department of Community Services, Community Based Development Division. Mahalo for your help with this!

Transmitted By: Gabe Naeole x87715

OMB Approval No. 2506-0112 (Exp. 7/31/2012)

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 Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: City and County of Honolulu

Project Name: See Attached List

Location of the Project: Various locations within the City and County of Honolulu

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City and County of Honolulu

Certifying Official of the Jurisdiction Name: Holly Kawano

Title: Federal Grants Coordinator

Signature: [signature]

Date: 1/15/13

Renewal Applications					
	Grantee Name	Project Name	Component	Grant Term	Requested
1	Alternative Structures International	Ohana Ola O Kahumana	Transitional Housing	1 year	142,024
2	Catholic Charities Hawaii	CCH Maili Land PEP 2012	Transitional Housing	1 year	131,387
3	Child and Family Service	Domestic Abuse Shelters and Transitional Apartments 2012	Transitional Housing	1 year	83,084
4	City and County of Honolulu	Consolidated S+C (IHS, Kalihi-Palama Health Center, Steadfast Housing Development Corporation)	Permanent Housing	1 year	5,168,639
5	City and County of Honolulu	HMIS Dedicated Project 2012 A	Homeless Management Information System (HMIS)	1 year	65,621
6	Gregory House Programs	Community Residential Program	Transitional Housing	1 year	350,273
7	Hale Kipa, Inc.	Transitional Living Program Housing and Support for Homeless Young Adults	Transitional Housing	1 year	133,741
8	Hawaii Department of Human Services	Shelter Plus Care Program	Permanent Housing	1 year	511,917
9	Ho'omau Ke Ola	HKO Supportive Housing Program 2012	Transitional Housing	1 year	182,070
10	Housing Solutions Incorporated	Vancouver House	Transitional Housing	1 year	53,202
11	Legal Aid Society of Hawaii	HUD Homeless Holistic Civil Legal Services Program	Supportive Services	1 year	63,594
12	Mental Health Kokua	Safe Haven	Transitional Housing	1 year	845,603
13	Steadfast Housing Development Corporation	Ahukini Group Home 2012	Transitional Housing	1 year	27,411
14	Steadfast Housing Development Corporation	Headway House 2012	Permanent Housing	1 year	203,755
15	Steadfast Housing Development Corporation	Kaukama Group Home 2012	Permanent Housing	1 year	29,160
16	Steadfast Housing Development Corporation	Komo Mai Group Home 2012	Permanent Housing	1 year	36,346
17	The Salvation Army ATS	ATS Homeless Offenders Treatment and Supportive Living Services 2012	Transitional Housing	1 year	284,496
18	The Salvation Army Family Treatment Services	Ka 'Ohu Hou O Manoa	Transitional Housing	1 year	177,076
19	United States Veterans Initiative	Barbers Point Veterans-in-Progress	Transitional Housing	1 year	335,592
20	United States Veterans Initiative	Kalaeloa Permanent Housing for Homeless Veterans with Disabilities	Permanent Housing	1 year	134,764
21	United States Veterans Initiative	Permanent Housing for Chronically Homeless Veterans and Families	Permanent Housing	1 year	246,584
				Renewals subtotal	**9,206,339**

New Applications				
Grantee Name	Project Name	Component	Grant Term	Requested
IHS, The Institute for Human Services, Inc.	New Reallocation Project	Permanent Housing	1 year	336,135
United States Veterans Initiative	USVETs Waianae Civic Center Permanent Housing Bonus	Permanent Housing	1 year	468,877
City and County of Honolulu	New Reallocation Project	HMIS	1 year	38,308
City and County of Honolulu	CoC Planning Project	CoC Planning	1 year	120,048
			New Projects subtotal	**963,368**

2012 CoC Application Total **10,169,707**

DRAFT PLAN WITH SUPPORTING ACTIONS
Hawaii Interagency Council on Homelessness
Also adopted as the Partners In Care Strategic Plan
(Adopted plan is in blue; supporting actions, not adopted, are in black)

I. Goal 1: Retool the Homeless Crisis Response System
   a. Objective 1: Refocus homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing
      i. Strategy 1: Promote best practices for crisis response programs (e.g., transition in place, prevention of homelessness, and rapid re-housing)
         1. Action 1: Provide financial assistance and literacy to households with overdue utility payments and rent payments in arrears. Tailor assistance to individual needs
         2. Action 2: Advocate for increased funding for emergency financial assistance from private donors, local, state, and federal sources
         3. Action 3: Provide shallow subsidies to renters in units between 50 and 80 % AMI (area median income)
         4. Action 4: Clarify criteria to receive emergency financial assistance
         5. Action 5: Promote collaborative outreach and prevention strategies that target areas with high eviction rates (e.g., public housing and Section 8)
            a. Initiate intervention with public housing tenants who miss one month's rent (e.g., have Hawai'i Public Housing Authority - HPHA - modify its tenant agreement to include referral to supportive counseling)
            b. Increase use of life coaches/case managers to provide supportive services
            c. Apply for funding for legal services and investigate early intervention in legal court system
            d. Educate public housing tenants about landlord/tenant law and available resources to prepare them for transition to private rentals
            e. Revise state polices that prevent persons who are evicted from public housing to re-apply (e.g., allow a senior evicted in his/her youth to access senior public housing or a victim of domestic violence to regain access after separation from perpetrator)
            f. Encourage program policies that emphasize continued employment in subsidized housing programs
            g. Encourage provision of supportive services in Low Income Housing Tax Credit (LIHTC) development
            h. Develop public awareness campaign of available intervention services, including consumer hot line, email link, and employer-based programs

6. Action 6: Promote collaborative efforts that help people living on the streets to directly access housing
    a. Implement 100,000 Homes homeless registry program
    b. Establish target households with certain indicators:
        - persons who have been housed
        - short experience of homelessness
        - resources to sustain housing
        - seniors
        - persons living in cars
        - homeless who were recently employed or unemployed
7. Action 7: Use Maui Rental Assistance Program as a model program for other counties
8. Action 8: Increase number of households who are living in financially-appropriate housing
    a. Identify households who could benefit from housing relocation and stabilization services (e.g., rightsizing)
    b. Refer to housing counseling programs
9. Action 9: Explore the establishment of pet-friendly shelters for people who are homeless
10. Action 10: Explore central clearinghouse concept for information sharing, e.g., website and/or service provision
11. Action 11: Explore development of common definitions, service standards, and code of conduct, etc., for case management

ii. Strategy 2: Use mainstream resources to provide housing stabilization assistance

1. Action 1: Provide financial counseling for housing applicants to assist with credit repair
2. Action 2: Ensure that homeless prevention and rapid re-housing strategies are coordinated with education for homeless children and youth (Department of Education McKinney-Vento requirement)
3. Action 3: Provide monthly updates of vacancies in affordable housing units
4. Action 4: Organize internet-based listing of available units as a resource for housing programs
5. Action 5: Provide monthly updates of eligibility criteria for supportive services benefits, including Medicaid
6. Action 6: Develop regional directories of services
7. Action 7: Offer foreclosure and eviction prevention support

iii. Strategy 3: Develop implementation strategies for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that sustain best practices

1. Action 1: Use the Homeless Management Information System (HMIS) as the centralized database to support efficient referral and system planning
    a. Address restrictive state privacy statutes to promote information sharing among service providers
2. Action 2: Implement no wrong door approach to housing placement and all homeless services (centralized and standardized intake)

iv. Strategy 4: Increase number and diversity of community stakeholders

1. Action 1: Engage members of faith-based organizations (e.g., Hawaii Pastors Roundtable) by sponsoring educational forums on how faith communities can address homelessness
2. Action 2: Encourage use of and monitor effectiveness of internet-based inventory of housing and supportive services resources
3. Action 3: Recruit and train community volunteers (e.g., Hawaii State Bar Association and student interns in health and legal fields) to offer pro bono or low cost services
4. Action 4: Promote more Adopt-a-Family/Homeless Persons programs
5. Action 5: Educate private landlords on options other than evictions for non-payment of rent (e.g., mediation and negotiation)
6. Action 6: Develop multi-lingual program services
7. Action 7: Establish tenant trust accounts and matching savings accounts. Encourage corporate/individual contributions to nonprofits as funding sources for tenant trust accounts and matching savings accounts
8. Action 8: Engage faith-based communities to increase coordination of requests for emergency crisis services to reduce fraud

v. Strategy 5: Review and develop strategies which assist homeless non-residents in accessing the most appropriate resources

1. Action 1: Include at least one year of residency history as part of the homeless intake process
2. Action 2: Identify eligible candidates for participation in non-Hawaii self-sufficiency programs and refer them to those programs
3. Action 3: Establish local residency priority for permanent housing programs where appropriate/possible

vi. Strategy 6: Continue to support the State-wide outreach network which engages and identifies unsheltered homeless persons (see Hawai‘i’s Homeless Assistance Act)

vii. Strategy 7: Develop and implement a comprehensive plan of education and communications for the general public and organizations such as, Neighborhood Boards, to facilitate community understanding and engagement on homelessness

b. Objective 2: Ensure that all critical services are prioritized for funding

i. Strategy 1: Conduct fiscal mapping study for all services which address homelessness
ii. Strategy 2: Based on the fiscal mapping study, develop a comprehensive revenue plan which includes federal, state, counties, service providers, business community, philanthropic organizations, and the faith community
1. Action 1: Set aside specific budget allocations in key agencies (e.g., Departments of Health, Human Services and Public Safety) for serving homeless persons or populations at high risk for homelessness
2. Action 2: Where appropriate, integrate separate funding steams in order to serve more effectively those who are homeless with co-occurring conditions (e.g., utilize joint procurement among Adult Mental Health Division, Child and Adolescent Mental Health Division, Alcohol and Drug Abuse Division, Developmental Disabilities Branch, and the Office of Aging)

c. Objective 3: Ensure that all information systems are appropriately integrated to improve effectiveness and efficiency of service provision to those who are homeless and to better support providers who serve the homeless
i. Strategy 1: Identify ways to track those who are homeless through various service systems to establish baseline cost utilization, e.g., improve linkages between HMIS and various data systems
ii. Strategy 2: Track service effectiveness and cost savings resulting from coordination of outcome oriented interventions

II. Goal 2: Increase Access to Stable and Affordable Housing
a. Objective 4: Create and preserve affordable housing for people at 50% and below of area median income
i. Strategy 1: Support additional rental housing subsidies through federal, state, local, and private resources
1. Action 1: Increase rental assistance from HUD Continuum of Care (CoC) funding for Shelter Plus Care and Supportive Housing /Permanent Housing (current baseline: approximately 1000 units)
2. Action 2: Assess current uses of housing resources to promote greater efficiency in serving more tenants (e.g., HOME funds and Community Development Block Grants)
3. Action 3: Monitor release of any new VASH vouchers and apply when notified (current baseline: 150 VASH vouchers)
4. Action 4: Advocate for increased funding for rental assistance at the national level (e.g., Section 8, Shelter Plus Care, and VASH)
5. Action 5: Engage private community for rental assistance support
6. Action 6: Develop shallow subsidies for ongoing rental assistance for working homeless persons ready to transition to permanent housing
ii. Strategy 2: Expand the supply of affordable rental housing where they are most needed through federal, state, local and private efforts, and partnerships

1. Action 1: Repair and preserve units in existing affordable housing inventory
    a. Allocate state and federal dollars to repair and/or rehab public housing units to bring them back on line
    b. Engage communities of faith to volunteer to repair and/or rehab public housing units where current shortage of labor and resources exist
    c. Identify and maximize community and county resources
    d. Investigate ways to preserve current affordability of existing rental housing inventory
2. Action 2: Incentivize and support new development of affordable rental housing
    a. Investigate ways to recruit property owners willing to partner with rental housing developers to accomplish acquisition in a more timely manner
    b. Increase project-based Section 8 vouchers for rental housing for people at 30% of AMI or less
    c. Maintain funding of State rental housing trust fund at 30% of conveyance tax revenues in FY 2013 and 30% in FY 2014. Over the long term, increase percentage of tax collections to 50% and eventually, 65%
    d. Investigate and seek additional consistent sources of funding for the rental housing trust fund (RHTF)
    e. Collaborate with Department of Hawaiian Home Lands (DHHL) in the development of affordable multi-family housing
    f. Offer scoring points in Low Income Housing Tax Credit (LIHTC) funding applications for transitional Housing (TH) preference or units for less than 30% AMI
    g. Support county departments of housing or equivalent with their efforts to simplify building processes
    h. Develop capacity of Community Housing Development Organizations (CHDOs) to develop housing for households with <30% AMI
    i. Encourage communities of faith to establish joint ventures to pool financial and human resources
    j. Develop mentoring program where successful developers coach and mentor other developers with less experience
    k. Reduce construction and operating costs for rental housing including researching alternative architectural designs for multi-family housing
    l. Educate community and increase public awareness of benefits of higher density buildings that blend into existing surroundings
    m. Sponsor periodic events to bring housing stakeholders together to learn about and discuss best practices in housing
3. Action 3: Conversion of existing facilities into affordable housing
    a. Identify former military facilities and/or school buildings for conversion to permanent housing

b. Identify existing condos/hotels for acquisition for permanent housing
c. Partner with the DHHL to allow room rentals
d. Execute strategic conversion of existing emergency shelter and transitional shelter into permanent housing, when appropriate as need decreases

4. Action 4: Recruit landlords, property managers, and condominium associations to expand available affordable rentals
5. Action 5: Research local occupancy ordinances and recommend any necessary revisions that increase allowable density
    a. Review HPHA policies on occupancy to increase density as possible/appropriate
    b. Incorporate cultural practices into occupancy policies (e.g., extended family considerations)
6. Action 6: Continue to update the Hawai'i State Housing Policy Study at regular intervals, which measures rental housing stock, affordability, home ownership and demand

b. Objective 5: Create and preserve permanent supportive housing options for people who are homeless and have special needs, e.g., mentally ill, medically frail, physically disabled, elderly, released offenders and substance affected
    i. Strategy 1: Improve access to and use of supportive housing by encouraging prioritization and matching people with appropriate levels of support to prevent or escape homelessness
        1. Action 1: Have Partners in Care (CoC) award Shelter Plus Care units to high performers
        2. Action 2: Implement 100,000 Homes Campaign
        3. Action 3: Support applications for funding for HUD sponsored Section 811 supportive housing for persons with disabilities and Section 202 housing for the elderly
        4. Action 4: Encourage CoC's to provide education to homeless providers regarding available housing for homeless who have special needs
    ii. Strategy 2: Expand the supply of permanent supportive housing through federal, state, local, and private resources
        1. Action 1: Educate developers on benefits of and resources for supportive housing
        2. Action 2: Educate private landlords on benefits of leasing to special needs tenants. Develop marketing benefit packages specifically to reach landlords
        3. Action 3: Investigate alternative financing strategies for development of housing for persons with special needs
        4. Action 4: Provide training to owners and property managers of existing affordable housing on the benefits of supportive housing
        5. Action 5: Advocate for continued State funding for Housing First

6. Action 6: Affirm State and county policies that new projects seeking funding must specify permanent housing
7. Action 7: Promote tenant education to control maintenance costs and increase attractiveness to potential landlords

c. Objective 6: Improve access to government-funded affordable housing by eliminating barriers
   i. Strategy 1: Review government policies and practices in government funded affordable housing (including Hawai'i Public Housing Authority- HPHA) which impact eligibility and eviction
   ii. Strategy 2: Coordinate with HPHA to prepare new tenants for public housing and promote the transition of people in public housing to other forms of permanent housing in order to improve access for others in need
   iii. Strategy 3: Streamline administrative processes in order to place tenants into public housing as quickly as possible

III. Goal 3: Increase Economic Stability and Self-sufficiency
   a. Objective 7: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
      i. Strategy 1: Ensure that job development and training programs include opportunities for people who are experiencing or most at risk of homelessness
         1. Action 1: Assess access to community colleges
         2. Action 2: Assess best approach to job development, e.g., does every agency need a job developer or can this be more regionalized/centralized?
      ii. Strategy 2: Review government program policies, procedures, and regulations to identify and remove barriers and improve access to employment (e.g., criminal history barriers)
      iii. Strategy 3: Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce
         1. Action 1: Ensure supportive employment programs are in place (e.g., supporting work performance, attendance, and mediating employer concerns)
         2. Action 2: Identify services addressing employment barriers including transportation, childcare, and communication
            a. Assess current transportation needs across the state and develop location specific solutions
            b. Work with Department of Education (DOE) on its initiative to make sure homeless kids are getting enrolled in school and have adequate access to transportation
            c. Work with DOE on potential for subsidizing access to existing after school care program
            d. Engage Child Welfare to obtain childcare vouchers and coordinate with DHS case workers

e. Identify communication options (such as voice mail) to assist in ability to communicate with employers. Provide inexpensive cell phones
f. Ensure appropriate training and access to technology to increase employability, e.g., access to internet cafes and centers
g. Assess availability of funds to support transportation needs

iv. Strategy 4: Improve coordination and integration of employment programs with homeless assistance programs, victim assistance programs, and housing and permanent supportive housing programs
    1. Action 1: Assess and promote linkages between Department of Labor and Industrial Relations (DLIR) resources, Career Centers (e.g., Oahu Work Links), Day Centers, and homeless providers
    2. Action 2: Match employment support services and jobs with assessed skills, interests, and stability of persons who are homeless
    3. Action 3: Provide employment oriented outreach to homeless wherever they are, e.g., have Career Centers staff outreach to the homeless on location
    4. Action 4: Include someone who is familiar with homelessness on the Workforce Development Council of DLIR

v. Strategy 5: Develop job opportunities appropriate for a range of homeless individuals
    1. Action 1: Enhance community service /in shelter work opportunities and provide financial assistance
    2. Action 2: Coordinate and develop relationships with existing employment agencies, e.g. Altres, to explore their willingness to assist with efforts to employ those who are homeless as part of their community outreach
    3. Action 3: Investigate potential microbusinesses e.g., agriculture, landscaping, fishing, aquaponics, and hospitality industry
    4. Action 4: Utilize HUD's Section 3 requirements to identify employment opportunities
    5. Action 5: Dialogue with unions to solicit their assistance in employing the homeless
    6. Action 6: Outreach to homeless persons with Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) to participate in Ticket to Work
    7. Action 7: Connect to specialized services (e.g., Hawaii Centers for Independent Living and Power Up)
    8. Action 8: Work with U.S. Departments of Veterans Affairs (DVA) and Labor to promote access to veterans programs
    9. Action 9: Collaborate with the business community to identify employment opportunities

10. Action 10: Encourage the Workforce Investment Board (WIB) to include those who are homeless in its plan

b. Objective 8: Improve access to appropriate mainstream programs and services to reduce people's financial vulnerability to homelessness

i. Strategy 1: Promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness

1. Action 1: Update, share and expand Honolulu's Rent to Work program throughout the state

ii. Strategy 2: Review state program policies, procedures, and regulations to identify and remove barriers and improve access to income support

iii. Strategy 3: Coordinate with a variety of agencies - federal and state - to ensure that those who are homeless and those at risk of homelessness receive available and adequate services and/or benefits

1. Action 1: Identify resources to increase financial literacy of population
2. Action 2: Use state online ID application system to reduce time in accessing benefits
3. Action 3: Work with nonprofits to address staffing limitations that are increasing access times in applying for benefits
4. Action 4: Identify ways to reduce substance abuse assessment times and increase treatment options
5. Action 5: Strategize more effective use of the SSI/SSDI Outreach, Access, and Recovery (SOAR) program to efficiently qualify more appropriate beneficiaries

iv. Strategy 4: Coordinate with a variety of agencies, State and Federal, to promote employment among released offenders

1. Action 1: Ensure that the state's plan to bring prisoners back to Hawaii includes early discharge planning with sufficient time in-state to transition
2. Action 2: Work with counties and state Departments of Human Resources Development to allow those with criminal backgrounds to participate in job training programs and employment
3. Action 3: Have DLIR and the Department of Public Safety (PSD)jointly discuss funding and reduction of administrative barriers
4. Action 4: Investigate funding to support best practices, e.g., support BEST (being empowered and safe together) and the Delancey Street model for re-entry
5. Action 5: Work with state and federal DVA offices to identify ways to assist veterans in their discharge and getting connected with services
    a. Implement Hawaii specific Plan to End Veterans Homelessness

IV. Goal 4: Improve Health and Stability

a. Objective 9: Integrate primary and behavioral health care services with homeless assistance programs and housing

i. Strategy 1: Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing
    1. Action 1 Increase ability of providers to serve as resources to each other when in-house resources not appropriate or available
    2. Action 2: Achieve basic level of clinical competency in substance abuse, behavioral health, medical and forensic risk among line staff to better match resources and appropriate interventions with identified needs early on in the assessment process
    3. Action 3: Implement pilot program integrating primary care and behavioral health services for the homeless (refer to Focus Group Report on Health Homes, April 5, 2012)
ii. Strategy 2: Seek opportunities to establish medical respite programs (transition program for the medically fragile) to accommodate people being discharged from hospitals experiencing homelessness with complex health needs
iii. Strategy 3: Increase availability of and accessibility to health services for special populations (e.g., co-occurring disorders including mental illness, substance abuse, developmental disability, and medical frailty)
    1. Action 1: Promote provider assessment capacity to promote early identification of behavioral health needs
    2. Action 2: Identify resources for those with traumatic brain injury (TBI) cognitive disorders, cognitive disorders, and dementia
    3. Action 3: Assess the length of time required to access mental health assessment on the neighbor islands
iv. Strategy 4: Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families
    1. Action 1: Ensure access to and availability of technology for children and adults to support school performance and work readiness, respectively
    2. Action 2: Implement actions to address technology accessibility for those with disabilities
    3. Action 3: Ensure comprehensive screening of children for school readiness and referral to services
v. Strategy 5: Increase accessibility and availability of health services in rural and underserved areas
    1. Action 1: Expand use of telehealth technology
    2. Action 2: Promote integration of primary care and mental health services where possible (offer mental health screening and treatment at primary care sites or ensure that mental health providers include primary health care goals in behavioral health service plans)

3. Action 3: Encourage novel strategies to meet the healthcare needs, including behavioral issues, of rural residents, e.g., the use of paraprofessionals, and lay and community volunteers

vi. Strategy 6: Identify more accessible resources for dental care and promote utilization.

vii. Strategy 7: Create specialized service packages for community re-entry for populations such as families, veterans, disabled, youth aging out of systems, mentally ill offenders, and sex offenders so the individual does not revert back to harmful behaviors especially after successful discharge from substance abuse treatment

b. Objective 10: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

i. Strategy 1: Establish arrangement to provide for reporting of Department of Human Services and Office of Youth Services efforts (youth aging out of foster care and youth aging out of juvenile justice system, respectively) to the HICH

ii. Strategy 2: Have Hawai'i Continua of Care revisit Transition Age Youth (TAY) task force recommendations and prioritize actions

c. Objective 11: Advance health and stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system

i. Strategy 1: Improve discharge planning from medical centers, emergency departments, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work support, and health coverage prior to discharge

1. Action 1: Review Joint Commission on Accreditation of health Care Organizations (JCAHO) and Office of Health Care Assurance (OCHA) standards on discharge and work with hospitals and support compliance
2. Action 2: Address loss of benefits eligibility when individuals are hospitalized or incarcerated. Work towards enrollment and simplification of reactivation of mainstream benefits (e.g., SSI, SSDI and GA)
3. Action 3: Improve exchange of information among providers to promote continuity of care
4. Action 4: Identify additional or prioritize existing funding for case management to ensure continuity of care in discharge plans
5. Action 5: Consider expanding correctional re-entry programming, with designated "case management" activities assigned to the Hawai'i Paroling Authority with attention to needs of and necessary expertise in addressing special populations.

ii. Strategy 2: Promote targeted outreach strategies to identify the most vulnerable homeless people and connect them to the housing and support they need

1. Action 1: Review and revise the state Medicaid Plan to include both housing support services and home care in shelters
2. Action 2: Identify those who have the highest utilization of hospital emergency rooms, jails, and psychiatric inpatient units and target for special intervention (including the possible use of representative payees)

iii. Strategy 3: Increase the number of jail diversion programs that are linked to housing and support