

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: HI-501 - Honolulu City and County CoC

1A-2. Collaborative Applicant Name: City and County of Honolulu

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Department of Human Services' Homeless Programs Office

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUEExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Not Applicable	Not Applicable	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The CoC solicits & considers the full range of opinions from individuals & organizations with knowledge of homelessness in the geographic area through active dialogue in the community. The current partners are Chinatown Business Association, Oahu Neighborhood Boards, Hawaii Inter-agency Council on Homelessness, Hawaii State Government Homeless Programs Office, etc.
 (1) In 2015 the CoC brought together homeless providers, U.S. Vets, VA, Mayor's office, civic groups, landlord association, Governor's Homelessness Leadership Team & coordinated the entry & placement of more than 900 homeless veterans into housing;
 (2) In 2014 the CoC brought together service providers to discuss coordinated outreach. The coordination increased access for rural homeless, allowing them to find housing within their own communities. In 2014-15, of the 185 Housing First housing vouchers, 100% of clients were placed based on vulnerability & need, & were drawn from all geographic areas of the island.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Hale Kipa	Yes	Yes	No
Waikiki Health	Yes	Yes	No
Central Oahu Youth Services	No	No	No
Yo!	Yes	Yes	No
Hawaii Youth Services Network	Yes	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Legal Aid Society	Yes	Yes
Domestic Violence Action Center	No	Yes
Child & Family Services	Yes	Yes
Parents & Children Together	Yes	Yes
Windward Spouse Abuse Shelter	No	Yes
UH Manoa – Women’s Center	Yes	Yes
Catholic Charities – Ho’ola Pono	Yes	Yes
Anodyne Treatment Program – Spouse Abuse Counseling	Yes	Yes
HS Coalition Against Domestic Violence	No	Yes
Volunteer Legal Services of Hawaii Hawaii Family Law Clinic – Ala Kuola	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC identifies individuals & organizations with the most expertise, reach, & leadership skills & assigns them to committees to oversee implementation of specific strategies to prevent & end homelessness in order to meet the goals of Opening Doors.

The Department of Labor, Honolulu City & County, & Veteran's Administration have trust & presence in the veteran's community. Strong coordination resulted in 100 homeless veterans connected with services in 2015.

The Data Committee was tasked with creation of a by-name list for vulnerable populations. It included the State of Hawaii Homeless Programs Office, Catholic Charities, I.H.S., & Waikiki Health. The veteran by-name list has resulted in a reduction of unsheltered veterans from 140 in May 2015 to 55 in November 2015.

Hawaii Pacific Health was assigned to the Coordinated Entry sub-committee to better incorporate health service providers. As a result in 2015, the CoC assessed over 4,200 households experiencing homelessness.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC informed stakeholders of new-project dollars for FY 2015 by email, on the website, in meetings, in committees, to grantees, to partners, & broader community. When the NOFA was released, the CoC issued a Request For Interest from those wanting to pursue CoC funding. The RFI was an open and publically posted application. For FY 2015, the CoC received 8 applications for New/Bonus projects; there were 3 applicants that do not currently have CoC funding. The 2015 New CoC Program Project Scoring tool is weighted so that 30% of the total addresses whether the new project has the capacity to be successful and only 25% is based upon historical CoC competitions.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The City's Department of Community Services acts as the Collaborative Applicant, a CoC grantee, & the ESG recipient while the Department of Budget & Fiscal Services is responsible for the ConPlan development & its jurisdiction. The two departments work closely together to develop the ConPlan & the frequency of interactions is continuous during the ConPlan process & is often done through email & phone calls. The ConPlan allows for public comment but the City will proactively advise the CoC should there be any plans that would need to be addressed by the CoC. The CoC also participates through representation with the Hawaii Interagency Council on Homelessness (HICH). HICH is the inter-agency & inter-island coordination that develops a statewide plan to address homelessness.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Over the past year, the CoC and the City and County of Honolulu (City), the only ESG entitlement jurisdiction within the CoC's geographic area, have worked together to create standards for the CoC and ESG programs. The City was a member of the CoC's written standards adhoc committee, which met on a bi-weekly basis over six month to develop the CoC standards on which the City then modeled its ESG standards. In addition, the City consults with the CoC before releasing its annual ESG RFP by soliciting comments from CoC members on the City's proposed broad allocations (e.g. amounts for HPRP v. shelter) at either a general membership or planning committee meeting. Finally, to ensure funding and evaluation strategies continue to align and to promote information sharing, the City sits as a non-voting member on the CoC's planning committee, which is responsible for the identification of community gaps and needs, and the development of CoC funding priorities and evaluation methods.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded), with specialized expertise and clinical capacity to meet the service needs. Survivors of domestic violence are given a choice of DV providers, with whom they feel most comfortable, including Parents and Children Together, Child and Family Services, and Women In Need. The CoC established internal processes with built-in safety protocols to protect the safety and security of participants and that uphold their choices. Examples include a single parent abused by partner received confidential coordinated entry information to protect their identity. The result is that 95% of victims are provided with documented choice of housing services without discrimination; offered legal aid for guidance and council; and offered behavioral health services according to the victim’s health plan benefits.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
City and County of Honolulu	4.00%	Yes-HCV
Hawaii Public Housing Authority HI901	22.00%	Yes-HCV
Hawaii Public Housing Authority HI001	25.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

In 2015 the CoC's has shaped more than 600 subsidized or low-income housing opportunities, in addition to HUD Section 8, ESG, Shelter Plus Care and Public Housing, which includes the following:
 (1) The City of Honolulu Grant In Aid contracts placed 200 people in "housing first" rental subsidies for up to 2 years for homeless adults as a bridge rent subsidy for people waiting awards from HUD Section 8; (2) The Dept. of Health-Adult Mental Health Division (AMHD) awarded three Supported Housing contracts resulting in housing 30 adults with mental illness in rental subsidies; (3) The Veteran's Administration allocated 200 HUD VASH rental subsidies to support the Honolulu's Mayor's Challenge to end Veteran's Homelessness by December 2015, placing 110 veterans; (4) The State Housing First contract resulted in 75 additional vouchers being issued for chronically homeless households and the City Housing first contract resulted in 110 vouchers, placing 75 people into permanent supported housing.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Housing First	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

n/a

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The CoC’s coordinated entry system is designed to ensure that the households most in need for housing &/or services are prioritized using VI-SPDAT (common assessment tool), identifying vulnerability, severity of service needs, & specific needs. The coordinated entry system has “no wrong door”; i.e., multiple access points throughout the Oahu CoC, ensuring that each household is referred to the appropriate service provider that will: (1) address the health & safety of someone (victim of domestic violence or in immediate distress); (2) have specialized expertise for a special population (veterans, families, elderly etc.); &/or (3) clinical capacity to meet the service needs of other special populations (mentally ill, substance abuse, recently released offender etc.).

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	24
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC recognized the challenge involved in serving the chronically homeless. In scoring project applications, the CoC awarded points to projects that prioritized the volume of chronically homeless & turnover units prioritized for CH (12% of total score). The CoC has traditionally ranked Youth & DV programs above other programs in the application despite lower scores. The 2015 CoC Ranking Policy & Process specify that the CoC reserves the option of re-ordering the CoC Priority Listing to place projects to best position the CoC to receive the maximum amount of funding. New project applications were scored based upon the 2015 CoC Ranking Policy & Process. The CoC reviewed the new project applications & decided to select the projects that address the severity of need & vulnerability of participants when choosing the project that did not score the highest.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

On Friday, October 2, 2015 a message was sent out to the CoC email list, which communicated the release of the RFI on the City's website. Notification also went out to anyone registered on the City's Purchasing website that wanted to be notified on CoC RFIs. The notification and link to the City's RFI was also posted on the CoC website on 10/5/15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/19/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

11/05/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC has developed the CoC Monitoring tool, which is consistent with suggestions from HUD technical assistance. Due to timing of the NOFA being release and the time that it takes to monitor all of the programs the decision was made that renewal project scoring for the NOFA would include performance measures. The CoC has budgeted CoC Planning grant funding for a third party monitor. The CoC will be able to contract with the monitor beginning in December 2015.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. MOU, p. 2-3

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

Caseworthy

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Caseworthy, Inc.

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$196,753
ESG	\$39,500
CDBG	\$0
HOME	\$0
HOPWA	\$3,500
Federal - HUD - Total Amount	\$239,753

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$18,000
County	\$0
State	\$16,706
State and Local - Total Amount	\$34,706

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$30,600
Private - Total Amount	\$30,600

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$305,059
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/16/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,171	83	767	70.50%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	2,352	29	2,171	93.46%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	921	0	903	98.05%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The low coverage for ESG beds was researched and the reasons were determined to be 1) families do not use all the beds in the unit (3 family members in a 4 bed unit), 2) counting overflow beds, and 3) incorrect reporting to HIC. The outreach teams have been very proactive in trying to get those in encampments into ESG shelters. Some of the ESG facilities also have limitations (families, pets, dry, etc.), which limit the number of persons that are willing to enter the shelter.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	0%
3.3 Date of birth	1%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	2%
3.8 Disabling condition	0%	4%
3.9 Residence prior to project entry	0%	2%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	11%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

n/a

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/25/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/16/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
Survey of DV providers to ensure that their non-HMIS data was included in the 2015 PIT Count.	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The sheltered PIT count was primarily derived from the CoC's HMIS. All shelters entering data into the HMIS were contacted before the PIT date & notified that clients sleeping in their facility on the night of the count were required to have an active enrollment & accurate subpopulation data. Followup with providers ensured that actual census counts matched HMIS active enrollments. Non-HMIS contributing organizations (DV providers) were contacted & manually surveyed to provide accurate household & subpopulation data. After verification by the State of Hawaii that all information was complete, HMIS data was analyzed to produce HUD-required reporting. The CoC elected to use this methodology because of very high bed coverage rates across its residential programs & low rates of missing & unknown data. Another benefit of this methodology is that it can be easily replicated to produce accurate demographic & subpopulation statistics for any designated date.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

n/a

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

There was one small TH program omitted in 2014 that has since been corrected & included in both the PIT Count & Housing Inventory Count in 2015. The 13 bed TH program, Bridge to Success Kauai, was inadvertently left off of both counts in 2014. The CoC recognized this omission & has corrected & included this program in its housing inventory & among the residential programs submitting demographic & subpopulation data for the PIT Count.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Several key changes were implemented to improve the data quality in 2015.

- 1) Leading up to the count, PIT providers were presented with data quality reports outlining high rates of missing or unknown data. These rates were compared to acceptable thresholds as outlined in Hawaii’s Data Quality Plan & revised by providers as needed.
- 2) All providers & CoC chairs were presented with clear summaries of the 2015 HUD reporting requirements as well as detailed instructions on available HMIS tools & resources to ensure that household & subpopulation data were accurately collected.
- 3) Trainings leading up to the count were enhanced & offered more frequently. The Statewide HMIS Data Committee emphasized the importance of the count’s execution & offered strategies to agency personnel to improve program & client-level data.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/25/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Outreach providers & volunteers extensively canvassed rural & urban areas where the homeless frequently congregate, centralized public places, & service centers such as soup kitchens, food pantries, & healthcare centers.

The CoC continued to use the methodology because of the broad network of providers & volunteers throughout the regions. Providers were responsible for the regions they normally outreach, which increased the accuracy of the data collected via the survey forms.

In the weeks leading up to the count the regions in the each of the rural counties were partitioned & assigned to personnel & volunteers familiar with the geography & clientele. Survey forms were revised based on reporting needs in an effort to provide the CoC & stakeholders with relevant data on homeless sub-populations within the CoC. Surveys & trainings emphasized minimizing duplication, & the HMIS continued to be utilized as the repository for survey data collection & analysis.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

n/a

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

- 1) Volunteer Trainings: Focused on improving the quality of the 2015 survey data by highlighting deficient areas from 2014. The CoC stressed the importance of minimizing duplication & weeding out duplicate surveys prior to data entry.
- 2) Utilizing HMIS Active Listings – Outreach personnel utilized active HMIS client listings & encounter locations to more efficiently target the unsheltered homeless. Active listings served as checklists to quickly locate & document clients. Once located, data collection could be minimized to only the fields not existing in the HMIS.
- 3) Data Entry: The CoC emphasized the importance of skilled data entry personnel to enter surveys collected by outreach staff & volunteers. Skilled staff were responsible for reviewing & cleaning survey data for their programs before entry into the HMIS.
- 4) Pre-PIT Count Surveying: Surveys for clients known to exist in the same general location were readied to save time during the actual PIT count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4,712	4,903	191
Emergency Shelter Total	881	995	114
Safe Haven Total	25	26	1
Transitional Housing Total	2,173	1,943	-230
Total Sheltered Count	3,079	2,964	-115
Total Unsheltered Count	1,633	1,939	306

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	6,203
Emergency Shelter Total	2,884
Safe Haven Total	66
Transitional Housing Total	3,797

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CoC focused on tracking individuals & families, who became homeless within the past 12 months. The CoC has identified 485 Oahu homeless households with mainstream & rapid rehousing needs, assisting them with shallow rent subsidies. The CoC is collecting information to better understand why they became “first-time homeless” & identify risk factors, such as income levels, no public housing or HUD Section 8 available, no immediate family to house them, lack of shelter with privacy & amenities for families with children, etc. The CoC worked to expand shelter options & bridge rent subsidies, resulting in housing 60 families with children, maintain children in the same schools, & providing families with shallow subsidies to sustain successful tenancy.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

The CoC adopted the Hale `O Malama coordinated entry-housing placement system in 2013, identifying VI-SPDAT as the common assessment tool. THE COC developed case conferences facilitated by PHOCUSED (advocacy organization). Providers meet twice per month to review cases, plan placement strategies with available housing inventory, and entered data into HMIS. The CoC aligned more than 30 non-profit homelessness providers, along with PHOCUSED conducted 4,000 VI-SPDAT assessments. Data found the average length of time for chronic individual homelessness is 6 years. Families with children have been homeless 1 to 2 years. 1,020 chronic individuals and 985 veterans were identified by as priority housing first placement. In 2015, the CoC reduced the length of time families remain homeless is by approximately 3 months.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	705
Of the persons in the Universe above, how many of those exited to permanent destinations?	404
% Successful Exits	57.30%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	788
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	677
% Successful Retentions/Exits	85.91%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

1. The CoC developed a coordinated entry, which helped to identify additional 150 individuals/families and match them with appropriate services, permanent housing or shelter
2. Creating a by-name list for all homeless veterans, that utilizes both HMIS data as well as non-HMIS, allowed to better monitor for Veteran's return to homelessness. The CoC identified 467 unsheltered homeless veterans in January 2015. Cross referencing in HMIS identified veterans, who met criteria for PSH and RRH services in SSVF. Veterans were referred to U.S. Vets and Catholic Charities to enroll in SSVF program, CoC tracked 172 placements with HMIS, and 95% did not return to homelessness.
3. Rapid rehousing – City housing first initiative awarded IHS \$2 million for housing placement in Waikiki, conducting outreach using the coordinated entry system, tracking with HMIS, and a housing first, permanent supported housing placement model. Results: 191 chronic homeless adults were placed (95% success).

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

The CoC utilizes the following strategies:

1. non-employment related sources - 60% of CoC shelter participants were assisted with applications for General Assistance; Supplemental Nutrition Assistance Program, SSI, SSDI, Healthcare coverage & the Earned income Tax Credit (EITC), assisted by Legal Aid Society of Hawaii, Goodwill, HACBED, & PHOCUSED.
2. employment readiness & related activities - individuals & families receive literacy/GED classes, job preparation training, personalized case management services, job placement, & rental subsidy for a year through shelters, Honolulu Community Action Program, Goodwill industries, the Institute for Human Service, the Oahu Worklinks/Department of Labor, U.S.Vets, Salvation Army, . 25% program participants gained employment after program entry or were already employed at entry but increased employment income by the time of exit. THE COC homeless substance abuse/jobs programs (Ho`omau Ke Ola, Salvation Army) have 75% job retention rate.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

Providers such as Institute for Human Services, Kalihi-Palama Health Center, Waikiki Health, Catholic Charities, Leeward Housing Coalition, U.S. Vets, Holomua O`Ohana refer homeless adults to mainstream employment organizations including: Hawaii Dept. of Vocational Rehabilitation, Goodwill Industries, Veterans Administration, University of Hawaii Community College, & Oahu WorkLinks-Hawaii Dept. of Labor. Result is about 1,000 Oahu homeless adults are in job readiness, job training, & job placement per year. Programs to increase income include Power Up, that have specific programs for vets; IHS recently funded Pop Up Employment Support Services; Office of Community Services funding of core employment services for low income individuals through Goodwill Industries. Rent to Work is a City sponsored program that helps working homeless with subsidized housing. Result: participants earned enough money to pay rent with subsidies.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The CoC provides homeless outreach-housing placement across Oahu. The CoC insures all unsheltered homeless individuals/families are assigned outreach teams across Oahu. Unsheltered homeless people are known to outreach teams across the island. Homeless outreach teams enter common VI-SPDAT data into HMIS database according to CoC coordinated entry and housing placement policy. HMIS unsheltered population data is shared across providers identifying when persons were last seen, and by what provider. Twice a month regional outreach teams case conference, and prioritize housing resources/navigation status. Example: Chinatown VI-SPDAT assessments in 1/2015 of 100 individuals who were homeless average 6 years. In 2015, 82% had health care problems served by Waikiki Health and Kalihi Palama Health Center; 12 individuals served by Institute for Human Services; 59 with mental health issues were placed into permanent supported housing by Safe Haven; 5 referred to VA; 2 returned to U.S. mainland.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

The uninhabitable areas were excluded from the CoC geographic areas are mountains, rocky shoreline areas, or places that the network of street outreach providers knew didn't contain unsheltered homeless.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	734	868	134
Sheltered Count of chronically homeless persons	134	160	26
Unsheltered Count of chronically homeless persons	600	708	108

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The increase in numbers are attributed to:

- On-going evaluative changes to the methodology used for the annual PIT count has improved the CoC's ability to accurately identify & count households experiencing homelessness across Oahu. Methodology changes include improved PIT screener training resulting in better inter-rater reliability; more comprehensive count in Kaneohe-Kailua, North Shore, & Wahiawa; more timely data entry into HMIS.
- The increase in the overall total number of chronically homeless persons on Oahu is partly due to the reduction of affordable housing. Rent in Honolulu has risen 14% over the last year (as of Oct. 2015) compared to the national average of 6.1% increase. This increases instability in housing as well as increased length of time of homelessness, resulting in higher instances of households falling into homeless status.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

To increase PSH beds:

- 1) PIC will apply for HUD CoC funds through bonuses or reallocation. In this application PIC applied for reallocation funds to provide 33 PSH CH set aside units.
- 2) PIC's advocacy committee will work with agencies and legislators for State and City funds for housing first programs for chronically homeless individuals.
- 3) The City's PSH providers will use grant savings to serve more units than are funded. The current PH renewals are funded for 365 units, but thanks to grant savings, serve 505 units.
- 4) PIC will also advocate for more homeless units from the Adult Mental Health Division.
- 5) PIC will wrap supportive services around some clients in clean and sober houses to create additional PSH units.

To increase flow through the existing PSH beds, PIC is working with Boot Camp technical assistance providers to streamline its PSH efforts and implement coordinated assessment and Housing First principles. The CoC identified its benchmark PSH placement rate at approximately 20 units per month. By the end of the 100 day period in February, the CoC hopes to double that rate.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC accomplished the following:
 (1) applied for reallocation funds to provide 33 permanent supported housing community housing set aside units;
 (2) the advocacy committee secured more than \$2 million for PSH;
 (3) City PSH renewals saved money & were able to serve 505 units;
 (4) the Executive Committee developed coordinated entry & placement protocols to refer to appropriate levels of housing with Dept. of Health-Adult Mental Health Division resulting in more than 20 homeless adults with mental illness statewide moving into AMHD funded supported housing;
 (5) Ohana Health Plan (Medicaid “MedQuest”) created a supported housing code for chronic homeless adults with mental illness and chemical dependency, which can provide housing placement support for up to 90 days. The funds created 100 PSH;
 (6) PIC accomplished boot camp goals with housing first contracts placed people in total units of City=110, GIA=40, State=75 or 225 total, 18 units per month.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	355	345	-10

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The decrease is due to one program incorrectly classifying their beds as dedicated in 2014 when they were not dedicated. CoC will continue to go through the project APRs and Renewal project applications to make sure the information provided is consistent.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. page 7

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	201
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	96
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	88
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	91.67%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC' strategies:

- 1) active collaboration with a wide variety of agencies, e.g. City of Honolulu Mayor's Office of Housing; State of Hawaii, Office of the Governors; State Homeless Programs Office; Veterans Administration; HUD; Dept of Health-Adult Mental Health Division resulting in more than 400 rental subsidies;
- 2) creation of 1,000 PSH beds for chronically homeless individuals & families
- 3) HMIS data utilization to track performance across the CoC to maximize usage of resources
- 4) seeking other funding - On-going advocacy for increases in State Housing First contract, currently proposing an increase of \$5 million which would result in an additional 250 vouchers towards chronically homeless households

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

The CoC's strategies and plan:

1. bi-weekly case conferences & the Coordinated Entry and Housing Placement to identify families homeless within 30-days with a plan of action for each family.
2. increasing housing inventory to have units available by participating in 2 landlord summits increasing landlord engagement by 100 units.
3. developed a strategic plan for 100 long-term affordable housing, to increase inventory of affordable housing for families.
4. new bridge housing available within 30-days for families with children to prevent falling into homelessness.
5. advocating & working with policymakers on a shallow-subsidy program targeted at working families currently homeless in a shelter. This would allow households who have income but are short of being able to afford a place of their own to move into permanent housing while working to improve their economic status.

related to 3b-2.3 The HIC currently does not differentiate RRH projects

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	12	12

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
General practices of not separating	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	578	656	78
Sheltered Count of homeless households with children:	526	585	59
Unsheltered Count of homeless households with children:	52	71	19

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Both increase & decrease in the count can be explained by the change in the methodology in counting. PIT numbers for Youth Outreach collected may have been undercounted in 2015, because couples & groups of youth were counted as households. For example, in 2015 household surveys suggested an increase in the number of households with children since there were a number of couples where one member was under 18 & the other was over 18, & PIT interviewers were told to make the adult the head of household. There were also families with youth living in encampments (e.g., Kaka’ako) who participated in drop-in centers, which were not part of the assigned PIT survey area & were not surveyed.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input type="checkbox"/>
Length of time homeless:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	89	100	11

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The increase in the count can be explained by the change in the methodology in counting. PIT numbers for Youth Outreach collected may have been undercounted in 2015, because couples & groups of youth were counted as households. For example, in 2015 household surveys suggested an increase in the number of households with children since there were a number of couples where one member was under 18 & the other was over 18, & PIT interviewers were told to make the adult the head of household. There were also families with youth living in encampments (e.g., Kaka'ako) who participated in drop-in centers, which were not part of the assigned PIT survey area & were not surveyed.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$530,101.00	\$128,101.00	(\$402,000.00)
CoC Program funding for youth homelessness dedicated projects:	\$128,101.00	\$128,101.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$402,000.00	\$0.00	(\$402,000.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	20
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.
(limit 1000 characters)**

The CoC collaborates with Cassandra Bennett, McKinney-Vento liaison, State Dept. of Education to provide services for homeless families with school-age children. The CoC informs families of public education rights regardless whether living in a shelter, vehicle, campground, on the street, in an abandoned building, trailer, or other inadequate accommodations. The CoC advocates for right to go to school, no matter where child lives or how long they have lived there, or continue in school attended before becoming homeless; right to enroll in school without giving a permanent address, and attend class while school arranges immunization records/other documents required; enroll/ attend class in school of choice while school and family resolves dispute over enrollment; receive same special programs/services provided other children in these programs. The CoC advocates for transportation to school attended before family was homeless or school last attended. Result: 2500 youth served each year.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)**

Hawaii has a state-operated, single statewide school system, which avoids jurisdictional issues around which school system is responsible for the child. The CoC youth providers conduct assertive outreach including: (1) advocacy for participants how to determine the student's McKinney-Vento Act (MVA) eligibility; e.g., name of school of choice, and then indicate whether request to enroll the child is granted or denied; (2) providers explaining to participants decision and justification to the parent/guardian; (3) explaining process to parent/guardian whether they agrees or disagrees with school administrator's decision; (4) providers explaining appeal process if parent/guardian disagrees with school administrator's decision under the McKinney-Vento Homeless Assistance Act, and how to complete the Enrollment Dispute Resolution Form.

The CoC youth and educational partners such as State Dept. of Education Homeless Services, Waikiki Health Youth Outreach, Hale Kipa, Hawaii Youth Service Network work collaboratively with school-age homeless youth as well as unaccompanied, RHY, juvenile justice and child welfare youth as follows: (1) providers are notified by school liaisons of youth homeless status and/or reports from homeless shelters in order to enroll youth insuring no gap in educational services; (2) providers assist students with consents for enrollment with caregiver (if no power of attorney), or school may sign on behalf of student; (3) providers coordinate for students to stay in school of origin, even if living out of district; (4) providers advocate with foster and/or unaccompanied youth for free school meals breakfast, lunch and snack; transportation is provided on a case-by-case basis; (5) providers identifying RHY, juvenile and welfare agencies advocate with DOH-CAMHD case managers to coordinate care .

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	385	467	82
Sheltered count of homeless veterans:	214	240	26
Unsheltered count of homeless veterans:	171	227	56

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The PIT coordinators continue to improve the count coverage. The coordinated entry system & utilization of a common assessment tool has helped to engage & identify additional homeless individuals & prioritize those with the highest needs.

The figures in the 2015 report portrays a steady increase in the total number of homeless individuals over the course of the past five years, with increases in the total number of unsheltered over the last four years. Much of the increase in the unsheltered homeless is presumed due to improved execution of the count.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The CoC ensures veterans VA eligibility using Coordinated Entry System: (1) providers identify/verify data with VA; i.e., military service; (2) VA provides discharge status/length of service to provider; (3) if verified, referral to HUD-VASH program, local SSVF providers, US Vets, or Catholic Charities; (4) veterans not meeting HUD-VASH or SSVF eligibility referred to community housing assistance programs; i.e., Shelter+Care, Hawaii Pathways Program, and HPRP; (5) weekly veterans' case conferencing discusses location of veterans, documentation status, veteran referral status; (6) providers together ensure unsheltered veterans are linked to VA programs and/or are being diverted to emergency/transitional shelter. Results: (1) unsheltered veterans has been reduced from 149 to 55 over 2015; (2) formulation of VA release of information allowing veteran's encountered by VA outreach to contribute to CEHP system providing better access and accountability for SSVF or HPRP.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Homeless veterans, ineligible for VA programs, are referred to other veteran's programs that have lower veteran entry eligibility requirements. The CoC has two members, Catholic Charities Hawaii (CCH) & U.S. VETS, that offer the SSVF program. This program has a broader reach & can assist veterans who may not qualify for VA Programs. Helping Hands Hawaii, under SAMHSA, provides permanent supportive housing for veterans. The grant assists veterans who do not qualify for VA programs.

If the veteran is not eligible for any veteran-specific programs, the CoC prioritizes them as part of the chronic homeless population; e.g., scoring 10-20 on the VI-SPDAT; & 12 months homeless. If the Veteran scores below a 10 on the VI-SPDAT they are prioritized for rapid rehousing services. Veterans are also assisted with legal needs & changing discharge statuses. If a veteran is dishonorably discharged, they can get services to upgrade their status for the purpose of receiving benefits.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	299	467	56.19%
Unsheltered count of homeless veterans:	143	227	58.74%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC is scheduled to end veteran's homelessness by 12/2015 for 149 unsheltered and non-connected veterans, represents the Honolulu Mayor's Challenge. Current projections, the CoC will reach functional zero for Veterans by 05/2016, refers to all homeless veteran. However, this projection does not include additional inflow starting in 01/ 2016. The CoC spoke with Community Solutions for following technical assistance: (1) Webinar to spread best practices/emerging innovations from around country; (2) Additional TA on how to house and maintain a by-name list utilizing existing HMIS system; (3) National gatherings across the country to work together and problem solve; (4) Leadership Development; (5) Virtual Team Support through phone calls with core team every two weeks; (6) On Site Facilitation and Strategic Planning 3 times a year with design team; (7) Additional Customized Support as needed relating to data platforms and other needs as they arise.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	28
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	4
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	14%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The CoC works with Hawaii Pacific Health (HPH), including hospitals: Straub, Pali Momi, and Kapiolani. THE COC's MOA with HPH resulted in conducting >50 referrals from emergency room to more appropriate level of health care. The CoC also coordinated with MedQuest (Medicaid) health plans, including: Ohana Health Plan; Aloha Care; HMSA Quest; Kaiser Quest; United Behavioral Health. A specific outcome from Ohana health Plan targets intensive case management for adults with mental illness when transitioning into permanent supported housing; i.e., providing intensive support services for first 90-days of housing placement adjustment; e.g., transition to housing; successful tenancy; crisis support. Result: 1000 homeless adults with mental illness are eligible for intensive case management; >65 have used services successfully staying housed >6 months. THE COC approved participation in Healthcare for the Homeless in 2015, Hawaii's H2 action plan with technical from HUD planned for 02/2016.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	28
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	17
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	61%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	28
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	36%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

n/a

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

n/a

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

n/a

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input checked="" type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Emily Cooper, TAC CoC compliance	09/15/2015	5
Emily Cooper, TAC CoC compliance	10/20/2015	5
Nate French Community Solutions 25 Cities Sustainability Review	10/22/2015	5
Nate French Community Solutions 25 Cities Sustainability Review	11/05/2015	5
Nate French Community Solutions 25 Cities Sustainability Review	11/19/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/18/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	public posting	11/19/2015
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	11/18/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	11/18/2015
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	11/18/2015
06. CoC's Governance Charter	Yes	Honolulu CoC Gove...	11/18/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/18/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	conplan	11/19/2015
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	11/18/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC-HMIS MOU	11/18/2015
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	11/18/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of the CoC's Communication to Rejected Projects

Attachment Details

Document Description: public posting

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: Honolulu CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: conplan

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/18/2015
1E. Coordinated Assessment	11/19/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/19/2015
2B. HMIS Funding Sources	11/18/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/18/2015
2E. Sheltered PIT	11/18/2015
2F. Sheltered Data - Methods	11/18/2015
2G. Sheltered Data - Quality	11/18/2015
2H. Unsheltered PIT	11/18/2015
2I. Unsheltered Data - Methods	11/18/2015
2J. Unsheltered Data - Quality	11/18/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/19/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

715 SOUTH KING STREET, SUITE 311 • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7762 • FAX: 768-7792

KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Susan Austin
Executive Assistant
Alternative Structures International
86-660 Lualualei Homestead Road
Waianae, HI 96792

Dear Ms. Austin:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Family Housing ASAP RRH

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Gary K. Nakata", written in a cursive style.

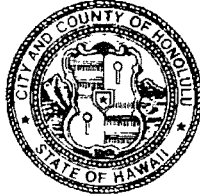
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Rona Fukumoto
Division Administrator
Catholic Charities Hawaii
1822 Keeaumouku Street
Honolulu, HI 96822

Dear Ms. Fukumoto:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Maililand

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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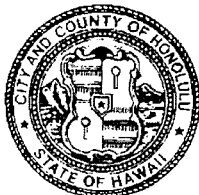
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Joey Keahiolalo
Director of Oahu Programs
Child and Family Service
91-1841 Fort Weaver Road
Ewa Beach, HI 96706

Dear Ms. Keahiolalo:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

CoC Domestic Abuse Shelter & Transitional Housing Oahu

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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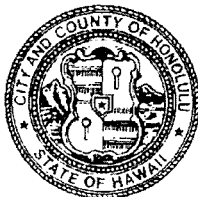
Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Mr. Jonathon Berliner
Executive Director
Gregory House Programs
200 North Vineyard Boulevard A-310
Honolulu, HI 96817

Dear Mr. Berliner:

SUBJECT: Notification of receipt and intent to score your project application
related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Community Residential Program
Gregory House Programs Permanent Housing

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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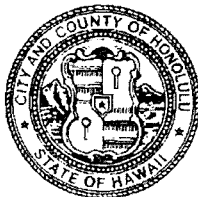
Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Jaque Kelley-Uyeoka
Deputy CEO-Outreach Services
Hale Kipa, Inc.
615 Piikoi Street, Suite 203
Honolulu, HI 96814

Dear Ms. Kelley-Uyeoka:

SUBJECT: Notification of receipt and intent to score your project application
related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Transitional Living Prog Housing & Support for Homeless Young Adults

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary K. Nakata", with a long horizontal flourish extending to the right.

Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Dr. Patti Isaacs
Executive Director
Ho`omau Ke Ola
84-1006 Farrington Highway
Waianae, HI 96792

Dear Dr. Isaacs:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Hoomaukeola TH

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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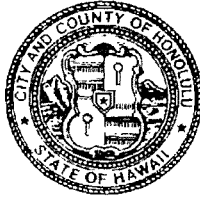
Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Leslie Uyehara
Project Director
Kalihi-Palama Health Center
915 North King Street
Honolulu, HI 96817

Dear Ms. Uyehara:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

KPHC New Beginnings

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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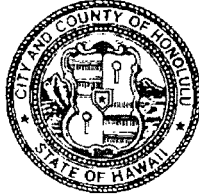
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Elise von Dohlen
Dir. Of Grants Management
Legal Aid Society of Hawaii
924 Bethel Street
Honolulu, HI 96813

Dear Ms. von Dohlen:

SUBJECT: Notification of receipt and intent to score your project application
related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Homeless Holistic Civil Legal Services Program

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Mr. Bill Hanrahan
Program Director
Mental Health Kokua
1221 Kapiolani Blvd. Suite 345
Honolulu, HI 96814

Dear Mr. Hanrahan:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Hearth Safe Haven Renewal

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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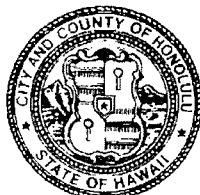
Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Linda S. Ahue
Acting Executive Director
Steadfast Housing Development Corp
888 Iwilei Road, Suite 250
Honolulu, HI 96817-5926

Dear Ms. Ahue:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Ahukini Group Home
Headway House
Kaukama Group Home
Komo Mai Group Home
SHDC PH
SHDC Project Based Rental Assistance
PH PBRA Reallocation

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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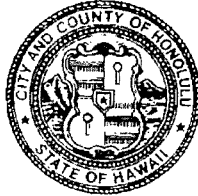
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Connie Mitchell
Executive Director
The Institute for Human Services
546 Ka'aahi Street
Honolulu, HI 96817

Dear Ms. Mitchell:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

IHS Home Sweet Home
IHS Permanent Housing Project
IHS Rapid Re-Housing Project
IHS No Place Like Home
IHS Home At Last
PSH for CH singles and Families

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Gary K. Nakata", is written over a horizontal line.

Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Mr. Ray Ogai
Director, Administrative Services
The Salvation Army
3624 Waokanaka Street
Honolulu, HI 96817-5224

Dear Mr. Ogai:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

ATS Homeless Offenders Treatment and Supportive Living Services
Ka Ohu Hou O Manoa

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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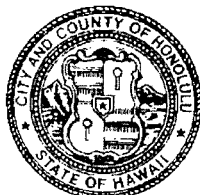
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Jamie Henry, Ph.D.
Operations Manager
United States Veterans Initiative, Inc
Bldg 37 Shangrila Road
Kapolei, HI 96707

Dear Dr. Henry:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

Barbers Point Veterans In Progress
Kalealoa Permanent Housing for Veterans with Disabilities
PSH for Chronically Homeless Veterans and Families
Family Housing ASAP - PSH
Housing First for CH

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

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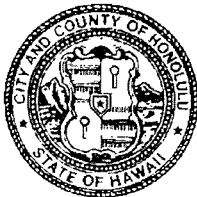
Gary K. Nakata
Director

cc: PIC Planning Committee

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CITY AND COUNTY OF HONOLULU

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KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Beverly Hewett
Grants and Communications Manager
Waikiki Health
277 Ohua Avenue
Honolulu, HI 96815

Dear Ms. Hewett:

SUBJECT: Notification of receipt and intent to score your project application
related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

New PSH

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary K. Nakata", is written over a horizontal line.

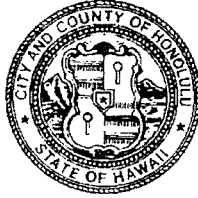
Gary K. Nakata
Director

cc: PIC Planning Committee

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

715 SOUTH KING STREET, SUITE 311 • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7762 • FAX: 768-7792

KIRK CALDWELL
MAYOR



GARY K. NAKATA
DIRECTOR
BARBARA YAMASHITA
DEPUTY DIRECTOR

November 5, 2015

Ms. Erika Teska
Operations & Grants Administrator
Women In Need
3136A Elua Street
Lihue, HI 96766-1211

Dear Ms. Teska:

SUBJECT: Notification of receipt and intent to score your project application related to the City's RFI-DCS-1600005

This letter is your written notification that your project application(s) for the following project(s) has been received and will be ranked on the CoC Priority Listing and may be included as part of the CoC Consolidated Application submission. No further action on the part of your organization is required.

WIN PSH for Chronically Homeless Singles and Families

This written notification is in accordance with 24 CFR 578.9. The City, acting as the Collaborative Applicant, will notify all project applicants no later than 15 days before the 2015 application deadline to ensure a transparent and efficient process.

Please contact Thayer Goya at 768-7772, should you have any questions about this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "GN", with a horizontal line extending to the right.

Gary K. Nakata
Director

cc: PIC Planning Committee



PARTNERS IN CARE

Oahu's Continuum of Care

[Home](#)[Committees](#)[Advocacy](#)[Homeless Reports](#)[Partners](#)[Governance](#)

Notices

PIC through the City and County of Honolulu has released the Request For Interest (RFI-DCS-1600005) soliciting project proposals related to the Notice of Funding Availability for the HUD FY 2015 Continuum of Care (CoC) Program Competition. The RFI can be found at [here](#)

<http://www4.honolulu.gov/bfspurchasingbids/main/vueOpenBids.aspx?sType=G>) and [here](#)

<https://www5.honolulu.gov/webapp/VSSPSRV1/AltSelfService;jsessionid=0000mzFGqRb6m4E>

The 2015 NOFA for Continuum of Care Program funding was announced by HUD on 9/18/15. Please review the NOFA in its entirety as it has changed from previous years. The City as the Collaborative Applicant will be releasing its Request For Proposals (RFP) shortly. The tentative due date for project proposals will be noon, Monday October 19, 2015.

<https://www.hudexchange.info/resources/documents/FY-2015-CoC-Program-NOFA.pdf>

<https://www.hudexchange.info/resources/documents/FY-2015-CoC-Program-NOFA.pdf>

Documents

[Partners In Care Governance Charter](#)

</sites/default/files/documents/PIC%20Governance%20Charter%20-%20Revised%20Dec%2012-16-2014.pdf>

Governance Charter

Partners in Care
Oahu, Hawai'i

Revised Approval Date:
December 16, 2014

PARTNERS IN CARE OAHU, HAWAI’I
GOVERNANCE CHARTER

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Section 1: Name and Website

The name of this entity shall be the Partners In Care Oahu, also referred to as PIC. The entity may also be referred to as the Continuum of Care or CoC. All relevant PIC information is available online at www.partnersincareoahu.org.

SECTION 2: MISSION

PIC's mission is to eliminate homelessness through open, inclusive participation and the coordination of integrated responses.

SECTION 3: PURPOSE AND OBJECTIVES

PIC is a coalition comprised of nonprofit homeless providers' representatives, government stakeholders, private businesses, community advocates, public housing agencies, hospitals, universities, affordable housing developers, law enforcement, and homeless and formerly homeless persons. Located on Oahu, PIC is a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu's CoC for homeless persons. PIC assists in developing new programs while working to preserve and/or expand effective existing programs. PIC works collaboratively with the rural counties CoC, Bridging the Gap.

The objectives of PIC are to:

- a) Build and maintain a community-based process that supports Oahu's CoC for homeless persons;
- b) Develop a full continuum of services;
- c) Ensure that homeless persons are treated with dignity and care;
- d) Engage in planning and evaluation to maximize the use of existing resources;
- e) Advocate for policies that promote a comprehensive, long-term approach to solving homelessness;
- f) Work collaboratively with other agencies and groups throughout the state of Hawaii.

SECTION 4: PIC RESPONSIBILITIES

In support of the mission and pursuant to 24 CFR part 578.7 of the CoC Program Interim Rule, PIC's responsibilities are described below. In accordance with the interim rule, PIC retains all governing authority, including all activities or responsibilities designated for completion by other individuals and entities on PIC's behalf.

OPERATING THE COC

- a) Hold meetings of the full membership, with published agendas, at least semi-annually (see Section 7).
- b) Make an annual public invitation for new members within the geographic area (see Section 7).
- c) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care (see Section 8).

- d) Appoint additional committees, subcommittees, and/or workgroups (see Section 9).
- e) Develop, follow, and update the governance charter (see Section 13) and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board (see Section 12) on an annual basis in consultation with the collaborative applicant and the HMIS lead.
- f) Consult with recipients and sub-recipients to establish appropriate performance targets for population and program types, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers (see Section 8).
- g) Evaluate outcomes of projects funded under the Emergency Solutions Grants (ESG) and CoC programs and to report the findings to the U.S. Department of Housing and Urban Development (HUD) (see Section 9).
- h) Establish and operate a centralized or coordinated assessment system including a specific policy to guide the system in addressing the needs of individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, or stalking and who are seeking shelter or services from non-victim service providers (see Section 8).
- i) Establish and consistently follow written standards for providing CoC assistance (see Section 8) in consultation with recipients of ESG program funds within Oahu.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

- a) The PIC must designate and operate an HMIS (see Section 11).

CONTINUUM OF CARE PLANNING

- a) Plan and implement a comprehensive system that aligns with the needs of the homeless population and subpopulations and persons experiencing a housing crisis within Oahu, including the following components of the system:
 - Outreach, engagement, and assessment.
 - Shelter, housing, and supportive services.
 - Homelessness prevention strategies.
- b) Plan for and conduct an annual point-in-time count of homeless persons within the geographic area that meets HUD requirements (responsibility of PIC Data Committee – see Section 9).
- c) Conduct an annual gaps analysis of the homeless needs and services available within Oahu (see Section 9).
- d) Provide information required to complete the Consolidated Plan(s) (see Section 10).
- e) Consult with state and local governments within Oahu on the plan for allocating ESG program funds, and for reporting on and evaluating the performance of ESG program recipients and sub-recipients (see Section 10).

SECTION 5: PIC MEMBERSHIP

MEMBERS OF THE PIC

PIC welcomes new members and encourages new ideas and creative solutions in an effort to end homelessness. Membership in PIC is open to the general public and all are invited to share their opinions and ideas and to join our collaborative effort. Those who sign in at a PIC 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. There are two types of PIC members: voting and non-voting.

- **Voting Members:** an individual or agency that has:
 - Completed and signed an annual *PIC Membership Packet* (includes the *PIC Membership Application, Participation Agreement, and Voting Member Conflict of Interests Disclosure Form*).
 - Either paid annual dues or requested and received a fees waiver (see section below on Membership Fees Waivers).

A *PIC Membership Packet* is available on the PIC website at: www.partnersincareoahu.org and attached to this Charter. Note that any future changes in the *PIC Membership Application* will not be considered an amendment to this charter.

- **Non-Voting Members:** an individual or agency that has attended and signed in for at least one PIC meeting, but has not completed the voting membership requirements described above.

MEMBERSHIP FEES

PIC reserves the right to establish nominal annual membership fees. The Executive Committee is granted authority to establish and change the fee schedule as deemed necessary. Any fee schedule established by PIC shall include the provision for a waiver so that membership in PIC is not closed to economically disadvantaged individuals or groups. Once established, future changes to the fee schedule shall not be considered an amendment to this charter.

The PIC application includes the most current Fee Schedule for both individuals and agencies as well as information on how to request a membership fee waiver. Annual membership fees are due in full in January.

All agencies that receive CoC program funding from HUD must pay a membership fee.

MEMBERSHIP FEE WAIVERS

Membership fee waivers are always provided for those people that are homeless or formerly homeless. All other persons/agencies must provide a written request to the PIC Chair, including a rationale for the request. Decisions on fee waiver requests are made on a case by case basis by the Executive Committee based on the information provided.

MEMBERSHIP RESPONSIBILITIES

Voting members must complete the *PIC Membership Packet* that includes signing the *PIC Participation Agreement*. The membership responsibilities outlined below are those included in the *Participation Agreement*.

Participation: All voting PIC members are *required* to engage in the activities listed below. Non-voting members are strongly *encouraged* to participating in these activities as well. Attendance is tracked by sign-in sheets and is available for review.

- a) Attend at least 75% of PIC’s general meetings each year (includes the PIC retreat).
- b) Join, attend, and contribute to at least 75% of a sub-committee’s meetings each year.
- c) Attend 3 or more PIC activities each year (e.g., PIC annual Legislative Breakfast, Point in Time Count, Homeless Awareness Week events, etc.).
- d) Participate in PIC’s annual retreat and provide input during the strategic planning process.

Homeless Management Information System (HMIS): PIC members that receive HUD funding through the CoC and/or ESG programs are expected to enter and maintain accurate data in HMIS in a timely manner.

Specific Responsibilities for Members that Receive CoC Program Funding from HUD.

- a) Agree that if they do not sign the PIC Agreement, they will not be considered for any funding via the CoC for HUD funding.
- b) Submit required quarterly expenditures reports to PIC executive team 30 days after the end of each quarter in order to facilitate rapid review by general membership and the PIC Executive Committee.
- c) Ensure that a person with the authority to represent and make decisions on behalf of their agency attends general membership meetings.
- d) Accept any CoC recommendations that CoC awarded homeless services funds be shifted to other agencies or de-prioritized in annual renewal applications when it has been determined that significant portions of past funding has not been expended to meet grant requirements.
 - i. This is a collaborative decision and will be done only after significant review by the PIC Executive Committee.
 - ii. Before shifting any funding, the PIC Executive Committee will collaborate with the agency to develop an action plan.
 - iii. If the agency is unable to meet the agreed upon goals, the PIC Executive Committee will determine when, where, and how much funding will be shifted so that the CoC can serve more homeless and retain the funding.
- e) Ensure that the agency is completing and entering HMIS intake, service utilization, and discharge data in a timely and accurate manner as required by the CoC. This will provide the CoC with the most accurate data possible to guide our service planning for persons and families experiencing homelessness.

SECTION 6: OFFICERS

The officers of PIC are the Executive Chair, the Vice-Chair, the Secretary, the Treasurer, the Chairs of the standing PIC Committees, and the most recent past PIC Executive Chair. All PIC Officers must be voting members.

SELECTION OF OFFICERS

Persons are nominated by PIC members or self-nominated for serving as a PIC Officer. Interested persons must complete a *PIC Nominating Form*. These nominations are then approved via a vote by PIC voting members during the Annual Meeting in December or on a necessary interim basis to fill any vacancy.

TERMS OF OFFICERS

Each officer is elected for a term of one year from January 1 through December 31. The PIC Chair may serve no more than two consecutive years. Committee Chairs are limited to four consecutive years in any one position.

REMOVAL OF OFFICERS

Any PIC officer may be removed from the office with or without cause upon the affirmative vote of not less than 75% of the voting members of the PIC.

DUTIES OF OFFICERS

Executive Chair

- a) Schedules and facilitates PIC Executive Committee and General meetings, and any other special PIC meetings or task forces.
- b) Serves as PIC's primary representative, media contact, and public speaker on behalf of PIC regarding activities related to homelessness.
- c) Writes and signs letter on behalf of, and as directed by, PIC members, and represents PIC at statewide meetings and other task force meetings related to homeless issues.
- d) Following approval by the Executive Committee, signs contracts, MOUs, and other documents on behalf of PIC.
- e) Represents PIC members with regard to general funding issues or requirements with HUD.
- f) Monitors the PIC email list and decides what information is sent using that list.
- g) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant.

Vice-Chair

- a) Assists the Executive Chair as requested.
- b) Serves as the PIC media contact in the absence of the Executive Chair.
- c) Serves as the Executive Chair in the event that the Executive Chair is temporarily unavailable.
- d) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant.
- e) Chairs the Organizational Development Committee.

Secretary

- a) Records and maintains PIC history including membership files, meeting attendance lists, and meeting minutes.
- b) Disseminates information, coordinates Executive Committee and General meeting dates and locations, posts announcements, and maintains and updates the PIC roster.
- c) At each meeting, provides current information as to which members are voting members.
- d) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant.

Treasurer

- a) Oversees PIC finances and bank accounts, provides monthly balance of PIC's account at General Meetings, and makes payments for events and other purchases after approval from the Executive Committee or the PIC Executive Chair.
- b) Collects dues from members, records receipts, and reports status of members to the Organizational Development and Awareness Committee Chair.

- c) Makes all PIC finances and bank account balance freely accessible upon request for inspection by any member of the Executive Committee.
- d) Provides a written financial report to the CoC board on a quarterly basis.
- e) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant.

SECTION 7: MEETINGS

GENERAL MEETINGS

PIC General Meetings shall be held at a minimum of twice per year.

All meetings of the Board of Directors shall be held at a location stated in the meeting notice. Any meeting, regular or special, of the Board of Directors may be held by any means of communication by which all Directors participating in the meeting may simultaneously hear each another. All such Directors participating in a meeting by this means shall be deemed to be present in person at the meeting.

All PIC members are expected to review the minutes and materials provided prior to the General Meeting, to contribute to discussions at the meeting, and, if a voting member, be authorized and prepared to vote on PIC issues at these meetings.

ANNUAL MEETING

An annual meeting of PIC shall be held each year in December at a time and place to be set by the Executive Committee. The annual meeting shall be used to formally adopt resolutions, decisions, and documents, such as a revised/updated PIC Governance Charter. The annual meeting will also serve as a forum for officially voting on PIC Officers, Executive Committee members, and Executive Committee responsibilities.

SPECIAL MEETINGS OF THE EXECUTIVE COMMITTEE

Special meetings of the Executive Committee may be called by, or at the request of, the PIC Chair or any two members of the Executive Committee.

NOTICE OF MEETINGS

Notices of PIC meetings, including committee meetings, will be distributed to the PIC general membership via email in a timely manner. Meetings will also be advertised on the PIC website. Agendas will be published on the PIC website in advance of the meeting and will be distributed to all attendees during the meeting.

Each year the Organizational Development and Awareness Committee will solicit names of potential new PIC members from existing members. The Committee will develop specific strategies to engage those stakeholders that are typically underrepresented in PIC. As part of the Annual Meeting, the Organizational Development and Awareness Committee will expand the invitation list to include a broad range of community groups.

MINUTES AND TRANSPARENCY

PIC General Meetings are open to all members and to the public. General Meeting minutes are posted on the PIC website within 10 days after their approval by PIC voting members.

Committee meetings are open to all members and to the public. Committee meeting minutes are posted on the PIC website within 10 days after the meeting. Committee meetings may go into executive sessions, thereby excluding non-committee members, to discuss personnel or sensitive membership issues. These sessions will exclude guests who are not formally part of the Committee.

PIC's annual financial records are available upon request for review by voting members.

VOTING

Each voting member (individual or agency), including those that have received membership fee waivers, is allowed one vote per action item. The PIC Executive Chair shall not vote except in the case of a tie, in which case they will cast the deciding vote. Under certain circumstances PIC members shall publicly recuse themselves from the vote (see Section 12).

Any voting member has the right to call a motion or any action to a vote.

Votes are conducted via:

- **Majority vote** by voting members during regularly scheduled meeting at which the action item is discussed. A quorum of voting members (defined as fifty percent of voting members) must be present at the meeting in order to approve action items. Each PIC member organization is allocated one vote.
- **Action by the Board of Directors Without a Meeting.** Any action required or permitted to be taken at a meeting of the directors may be taken without a meeting if the action is taken by all directors. The action must be evidenced by one or more written consents describing the action taken, signed by each director, whether manually or by Electronic Signature, and filed with the records of the meetings of the Board of Directors. The action taken without a meeting is effective when the last Director signs and dates or delivers (including by means of Electronic Transmission) the consent, unless the consent specifies a different effective date. Such consent in writing shall have the same effect as a unanimous vote of the Board of Directors.
- **Electronic ballot** emailed to each voting member with:
 - Action Required" in the subject line of the email
 - a clear description of the proposed action,
 - a statement as to the number of votes needed to make a quorum,
 - the percentage of approvals needed to approve the action (i.e., more than 50% of votes cast, and
 - the deadline by which ballots must be received in order to be counted.

Issues may be discussed in the absence of a quorum, but no votes can be taken or recommendations made. In the absence of a quorum, the presiding officer of the majority of the members then in attendance may adjourn the meeting without further notice until a quorum is present. For electronic

ballots, if a quorum is not reached in the time specified, the Executive Committee may make the final decision.

SECTION 8: PIC EXECUTIVE COMMITTEE

The PIC Executive Committee is also referred to as the CoC Board.

MEMBERSHIP

The Executive Committee shall consist of the following ten (10) positions, with no organization filling more than one position. The most recent past PIC chair shall serve in an ex-officio capacity and another person from that organization may serve on the Executive Committee in a voting position.

1. PIC Chair - serves as the Chair of the Executive Committee as well.
2. PIC Vice-Chair.
3. PIC Secretary.
4. PIC Treasurer.
5. Chair of Planning Committee.
6. Chair of Data Committee.
7. Chair of Advocacy Committee.
8. Chair of Organizational Development and Awareness Committee.
9. Homeless or Formerly Homeless person.
10. At-Large position representing homeless subpopulations not already represented by other Executive Committee members.

The Collaborative Applicant and HMIS Lead will also attend Executive Committee meetings as requested, but will not be considered official members.

SELECTION OF EXECUTIVE COMMITTEE MEMBERS

Nine of the 11 Executive Committee positions are Officers or Committee Chair positions that are selected in accordance with Sections 6 and 9 of this Governance Charter.

For the At-Large Executive Committee position, nominations will be solicited via the PIC website and email list. Interested persons can be nominated by a PIC member or can nominate themselves by completing the *PIC Nomination Form*. All nominees must complete a PIC Membership Packet, which indicates the position and term limits for the Executive Committee. Nominations are voted on during the December PIC General Meeting, or on an interim basis to fill any vacancy. Nominations may be screened or limited to those persons that represent a homeless subpopulation that is not already represented by other Executive Committee members. This selection process is reviewed, updated, and approved by PIC membership at least once every 5 years.

TERMS

Terms for the Executive Committee members that are PIC Officers or former PIC Officers (#1-#4 and #9 above) are described in Section 6. Terms for all Executive Committee members that are Committee Chairs

(#5-9 above) are described in Section 9. Terms for the Executive Committee members that are homeless/formerly homeless and at-large members are two years without term limits. Terms for all Executive Committee members are elected for a period of one year from January 1 through December 31 of each calendar year.

REMOVAL OF EXECUTIVE COMMITTEE MEMBERS

Any Executive Committee member may be removed from the Committee with or without cause upon the affirmative vote of not less than 75% of the voting members of the PIC.

RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE

The Executive Committee is responsible for many duties on behalf of PIC including, but not limited to, the following:

- a) Developing agendas for General Meetings, developing action steps to meet PIC's identified priorities, requesting information from the city and state on behalf of PIC, and representing PIC at key city, state, federal, and/or other related governmental or political meetings.
- b) The Chair schedules and leads the Executive Committee meetings and assigns tasks to Committee members.
- c) Receiving Planning Committee recommendations regarding funding processes and priorities, and presents them to PIC members for approval.
- d) Receiving recommended funding decisions from the Evaluation Committee and working with the Collaborative Applicant to represent these decisions in the HUD CoC Program application.
- e) Soliciting nominations and determining the make-up of the Evaluation Committee formed to score and rank the PIC project applications that will be included in the HUD CoC Program application.
- f) Working with the Collaborative Applicant to monitor and identify CoC funded agencies that fall below the performance standards established by PIC.
- g) With input from Committees, creating an annual strategic plan to guide PIC for the next year.
- h) Establishing and consistently following written standards for providing CoC assistance in consultation with recipients of ESG program funds within Oahu.
- i) Establishing and operating a centralized or coordinated assessment system including a specific policy to guide the system in addressing the needs of individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, or stalking and who are seeking shelter or services from non-victim service providers.

CONFLICT OF INTEREST

No member of the Executive Committee shall vote upon, or participate in the discussion of, any matter that has a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions. Executive Committee members shall also be governed by the *PIC Conflict of Interest Policy* (see attached).

Executive Committee members must disclose any potential conflict when it arises and recuse themselves from voting on issues that would directly and disproportionately affect their agencies.

SECTION 9: PIC COMMITTEES

The five standing PIC committees are described below. PIC committees are open to both voting and non-voting members. Since much of the work for the PIC is conducted at the Committee level, PIC members and the general public are strongly encouraged to participate.

SELECTION OF COMMITTEE CHAIRS

Available Committee Chair positions are publicized on the PIC website and via the PIC email list. Interested persons can be nominated by a PIC member or can nominate themselves by completing the *PIC Nomination Form*. Nominations are voted on during the Annual PIC meeting. Committee Chairs are limited to four consecutive years in any one position.

ADVOCACY COMMITTEE

- a) The Advocacy Committee monitors city and state legislation and works to educate legislators regarding homeless issues on Oahu. It also monitors national legislation directly related to issues affecting homelessness.
- b) The Advocacy Committee testifies on behalf of PIC on relevant issues at the state and city levels. This testimony reflects the results of discussion of the issue and a majority approval vote by Voting Members at a PIC General Meeting.
- c) The Advocacy Committee Chair 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.
- d) The Advocacy Committee answers questions from, and prepares and gives legislative testimony to, the State legislature and the City Council. The testimony reflects the results of discussions on the issues and a majority approval vote by Voting Members at a PIC General meeting or by electronic voting as described in Section 7.

PLANNING COMMITTEE

- a) The Planning Committee coordinates with the city on the annual CoC Program funding application and regularly updates Hawai'i's Plan to End Homelessness. The Planning Committee makes recommendations to the Executive Committee, who then present them to the general membership for discussion and approval.
- b) The Planning Committee develops recommendations for funding priorities and strategies and other cross-agency funding opportunities.
- c) The Planning Committee recommends to the Executive Committee the criteria by which new and existing HUD CoC funded projects are evaluated and scored, as well as whether or not new projects will be included in each year's application.

- d) The Planning Committee Chair schedules and leads committee meetings, assigns tasks to committee members, represents PIC to state and city homeless planning divisions and policy academies in relation to homelessness issues, and documents agency participation in PIC activities.
- e) The Planning Committee evaluates outcomes of projects funded under the ESG and CoC programs and provides the findings to the Executive Committee for HUD reporting purposes.
- f) The Planning Committee represents PIC at task force meetings to assist in developing policies regarding long-range planning, funding, and evaluation of initiatives to prevent and reduce homelessness.
- g) The Planning Committee trains the Ad-Hoc Evaluation Committee members with regard to PIC's process and criteria for making funding decisions.

AWARENESS COMMITTEE

- a) The Awareness Committee works to increase community awareness of PIC, engages the involvement of more partners, coordinates the annual Statewide Homeless Awareness Week events and other awareness and educational activities within the community and political arenas.
- b) The Awareness Committee Chair schedules and leads committee meetings, assigns tasks to committee members, monitors member attendance, and follows up with PIC members who have been absent from Committee meetings.
- c) The Awareness Committee develops initiatives to solicit and orientate new members.
- d) Each year the Awareness Committee solicits names of potential new PIC members from existing members and develops specific strategies to engage those stakeholders that are typically underrepresented in PIC. As part of the Annual Meeting, the Awareness Committee expands the invitation list to include a broader range of community groups.
- e) The Awareness Committee Chair schedules and leads committee meetings, assigns tasks to committee members, monitors member attendance, and follows up with PIC members who have been absent from Committee meetings.
- f) Each year CoCs must make a public invitation for new members to join within the geography of the CoC.
- g) The Awareness Committee serves to manage the PIC elections.

DATA COMMITTEE

- a) The Data Committee coordinates the Point-In-Time count of sheltered and unsheltered persons on Oahu.
- b) The Data Committee Chair schedules and leads committee meetings, assigns tasks to committee members, represents PIC at Point-In-Time or HMIS policy meetings, and documents agency participation in PIC activities as required for HUD's annual funding application.
- c) The Data Committee supplies PIC and key partners with data and analysis as needed.
- d) The Data Committee conducts an annual gaps analysis of the homeless needs and services available within Oahu.

AD-HOC WORKING GROUPS

Ad-Hoc working groups or task forces may be formed and given specific responsibilities by PIC. All committee responsibilities and limits described above apply to the ad hoc groups as well.

Evaluation Committee

The Evaluation Committee is an existing ad-hoc working group formed to score and rank applications for CoC Program funding. The Evaluation Committee consists of PIC voting members that do not receive HUD funding and non-voting members that are knowledgeable about grants. The Executive Committee is responsible for soliciting nominations each year to determine the make-up of the Evaluation Committee.

The Evaluation Committee uses the processes and tools developed by the Planning Committee (and approved by PIC members) to score and rank project applications. The Planning Committee is responsible for providing the Evaluation Committee with the information, data, and training needed to complete this activity in accordance with the PIC-established process. The scoring, ranking, and funding decisions made by the Evaluation Committee are binding.

SECTION 10: PIC COLLABORATIVE APPLICANT

Pursuant to the CoC Program interim rule, PIC is responsible for designating an agency to act as a Collaborative Applicant on PIC's behalf. PIC retains the right to make this designation each year. The Collaborative Applicant must be an eligible applicant for CoC Program funds.

RESPONSIBILITIES OF COLLABORATIVE APPLICANT

The Collaborative Applicant is responsible for the duties listed below. However, PIC retains ultimate responsibility for all duties, including those that have been designated to the Collaborative Applicant.

- a) Compiles and submits the consolidated CoC Program funding application to HUD on behalf of the CoC, including making applications documents available to PIC members in a timely manner via the PIC website and email list.
- b) If applicable, applies for a grant for CoC planning funds on behalf of the CoC.
- c) Provides information required to complete the Consolidated Plan.
- d) Consults with state and local government within Oahu on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients.
- e) Insures the execution of contracts through the collaborative applicant.
- f) Drafts key CoC governance documents such as the CoC charter, membership responsibilities, HMIS Lead and Committee responsibilities, public invitations for new members, bylaws, code of conduct, recusal process, board selection process, etc. for review by the PIC Executive and Standing Committees.

REPORTING

The Collaborative Applicant must submit quarterly reports to the Executive Committee on the activities undertaken to accomplish the above responsibilities.

In addition, if the Collaborative Applicant receives CoC Planning funds, it must submit reports to the Executive Committee quarterly (or more often if requested) on funding spent and remaining in the grant.

SECTION 11: HMIS GOVERNANCE

Pursuant to the CoC Program interim rule, PIC is responsible for designating and operating an HMIS. These responsibilities are further outlined in the attached *HMIS Memorandum of Agreement*.

- a) Designates a single HMIS for PIC.
- b) Designates an eligible applicant to manage PIC's HMIS, known as the HMIS Lead.
- c) Working in collaboration with the HMIS Lead, the Data Committee shall:
 - i. Review, revise, and approve a privacy plan, security plan, and data quality plan for HMIS.
 - ii. Ensure consistent participation of recipients and sub-recipients in HMIS.
 - iii. Ensure HMIS is administered in compliance with HUD requirements.
 - iv. Ensure participation in HMIS to collect unduplicated counts of homeless people, analyze patterns of program use, determine needs, and operate in accordance with data protection and confidentiality standards.

SECTION 12: PIC CODE OF CONDUCT AND CONFLICT OF INTEREST

CODE OF CONDUCT

All PIC members, Committee members, and Executive Committee Officers must agree to abide by the PIC Conflict of Interest statement. A conflict of interest occurs when a PIC member, PIC Committee member, and/or PIC Executive Team member takes an action which results, or has the appearance of resulting in personal, organizational or professional gain. No member of the PIC or its Committees shall knowingly take action to influence the PIC in such a way as to confer financial benefit on themselves, family members, spouse or partner, or organization in which the PIC member, PIC Committee member, and/or PIC Executive Team member, family members, spouse or partner serves in an official capacity. Official capacity shall include service as an employee, owner, stockholder, director, board member, consultant, or officer who represents any such entity or organization which seeks to receive funding through the PIC process. Official capacity shall not include service solely as a volunteer (who does not serve as a board member or consultant) or recipient of services.

DUTY TO DISCLOSE

All PIC members, PIC Committee members, and PIC Executive Team members shall indicate relationships that may present potential conflicts on their annual membership application or an interim basis as the

conflict arises to the PIC Executive Committee. Any conflict of interest that is disclosed shall be recorded in the meeting minutes.

RECUSAL

All PIC members, PIC Committee members, and PIC Executive Team members, shall recuse themselves, stating reason, from voting on issues that would directly and/or disproportionately affect their agencies. Members with a conflict of interest may participate in the discussion but cannot vote. The recusal will be noted in the minutes.

VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

If any PIC member has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the PIC Executive Committee, which shall inform the member with potential conflict the basis for such belief, and afford the member an opportunity to explain the alleged failure to disclose. If after hearing the member's response, The PIC Executive Committee determines the member failed to disclose an actual or possible conflict, it shall take appropriate corrective action such as terminating the PIC or PIC Committee membership.

DETERMINING WHETHER CONFLICT EXISTS

After hearing a disclosure of potential conflict of interest and reviewing all material facts, the PIC Executive Committee will determine if a conflict exists without the participation of the member with the potential conflict of interest.

ADDRESSING CONFLICT OF INTEREST

After exercising due diligence in determining whether a conflict exists, the PIC Executive Committee will report its findings in writing to the PIC General Membership. If a conflict has been determined to exist, the member involved will not participate in any decision-making. The PIC Executive Committee shall determine whether or not to investigate alternatives that would not involve a conflict of interest.

ACCEPTANCE OF GIFTS

In the discharge of duties as a member Partners In Care, a PIC member, PIC Committee member or Executive Team members shall not accept or solicit any personal gift in excess of \$25, or favor where the receipt would either compromise impartial performance or would be viewed by the public as compromising impartial performance.

FRAUD INTOLERANCE

Fraudulent acts by PIC members, PIC Committee members or Executive Team members will not be tolerated and may result in termination from the PIC or PIC Committee. A PIC member, PIC Committee member or Executive Team member who has reason to believe that there may have been an instance of fraud, improper action or other illegal act in connection with a PIC program, function or activity shall

report it immediately the PIC Executive Committee. Reported instances shall be investigated in a timely manner and if an investigation confirms fraud has occurred, appropriate corrective action will be taken.

Fraud refers to but is not limited to: intentionally entering false data into the HMIS or other related systems; any dishonest or fraudulent act; forgery or alteration of any official document; the misappropriation of funds, supplies or PIC materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records or equipment; accepting or seeking anything of value from vendors or persons providing services or materials to the PIC for personal benefit.

SECTION 13: GOVERNANCE CHARTER

INITIAL ADOPTION

The initial Draft Governance Charter will be published and distributed to the full PIC membership for comment. The Charter will be posted on the PIC website and distributed to the PIC membership at a General Meeting and via email. Comments will be reviewed and considered by the Executive Committee. The final PIC Governance Charter will be approved by PIC’s voting members and posted on the PIC website.

ANNUAL UPDATES

This Charter and all referenced policies and procedures, in consultation with the Collaborative Applicant and the HMIS Lead, will be reviewed and updated by the Executive Committee as needed, but no less than annually. Any proposed changes will be provided to the full PIC membership for comment and discussion. All proposed changes would be voted on and approved by PIC voting members.

CHARTER VERSION HISTORY

Date	Version #	Comments/Changes

Attachments

PIC Membership Packet PIC (includes the PIC Membership Application, Participation Agreement, and Voting Member Conflict of Interests Disclosure Form);

- PIC Nominating Form.
- HMIS Memorandum of Agreement.
- PIC Code of Conduct.

State of Hawaii

HMIS Policy and Procedures Manual

Hawaii Balance of State (HI-500) CoC

Honolulu (HI-501) CoC

October 2015

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HMIS Background and Structure

Section A: Background

The Homeless Management Information System (HMIS) is a statewide software program that is designed to capture client-level information over time on the characteristics and service needs of individuals at-risk of and experiencing homelessness. In response to a Congressional directive, the Department of Housing and Urban Development (HUD) has required all Continuums of Care (CoC) across the country to implement HMIS at the local level.

The primary goal of the HMIS is to better understand the scope and dimensions of homelessness locally and nationally in order to address the problem more effectively. Through the implementation of advanced technology, the HMIS also directly benefits service providers and homeless clients by providing more efficient and coordinated services. The HMIS is a valuable resource because of its capacity to integrate and unduplicate data from all homeless assistance and homelessness prevention programs in both CoCs. Aggregate HMIS data can be used to understand the size, characteristics, and needs of the homeless population at the local, state, and national levels. The HMIS application enables organizations that operate homeless assistance and homelessness prevention programs to improve case management by collecting information about client needs, goals, and service outcomes. The HMIS also helps to improve access to timely resource and referral information and to better manage operations.

In Hawaii, the HMIS is administered by the Hawaii Department of Human Services, Homeless Programs Office (HPO). Since inception in 2004, the HMIS has matured into a complex data collection and reporting tool utilized by homeless service providers across the State. Hawaii's HMIS is a statewide implementation and serves both the Honolulu and Balance of State CoC. Currently, the Hawaii HMIS has over 45 active user agencies. The HMIS has been able to provide data for how many homeless persons are receiving services in the state. HMIS data shows that annually, an average of 13,345 people received services from shelters and outreach agencies during 2007-2012. Hawaii's HMIS enables the sharing of client data, allowing for a greater collaboration amongst homeless service providers across the state.

Section B: HUD Data and Technical Standards

HUD published the HMIS Data Standards Manual in September 2015. The final notice describes the types of data that HUD funded providers must collect from clients receiving homeless assistance services. The notice also presents privacy and security standards for providers, CoCs and all other entities that use or process HMIS data. The revised data standards can be found at the following link:

<https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>

Additional HMIS resources can be found at the following link:

<http://www.hudhdx.info/>

Section C: Annual Homeless Assessment Report (AHAR)

Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing an HMIS and in using data from these systems to obtain an unduplicated count of homeless persons, analyze local patterns of services usage, and assess local service needs.

The Annual Homeless Assessment Report (AHAR) uses aggregate HMIS data from communities across the country, as well as information from CoC applications, to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

- Develop an estimate of the number of homeless persons nationwide;
- Estimate the number of persons receiving assistance in permanent supportive housing (PSH);
- Create a descriptive profile of homeless persons and persons in PSH;
- Understand service use patterns; and,
- Estimate the nation's capacity to house homeless persons.

Hawaii is currently a contributing state for the AHAR and has been since 2008. The AHAR is based on an unduplicated count of persons within each community, and focuses on persons who use emergency shelters, transitional housing programs and/or permanent supportive housing. The AHAR does not account for homeless persons who only use supportive service programs, or are service resistant and do not access any type of homeless residential programs during the study period.

AHAR Frequently Asked Questions can be found at the following link:
<https://www.onecpd.info/resources/documents/HRE2012AHARFAQs.pdf>

Section D: HMIS Organization and Management

Project Goals

The goals of Hawaii's HMIS Project are to:

- Assist homeless persons to navigate homeless service programs on the Counties of Honolulu, Kauai, Maui, and Hawaii.
- Assist homeless service agencies with information allowing them to better serve their clients
- Gain a greater understanding of the numbers and characteristics of the homeless population
- Identify the needs of the homeless, both met and unmet
- Track available resources
- Provide information on services homeless receive as well as monitor outcomes and program performance
- Increase community awareness and understanding of issues related to homelessness

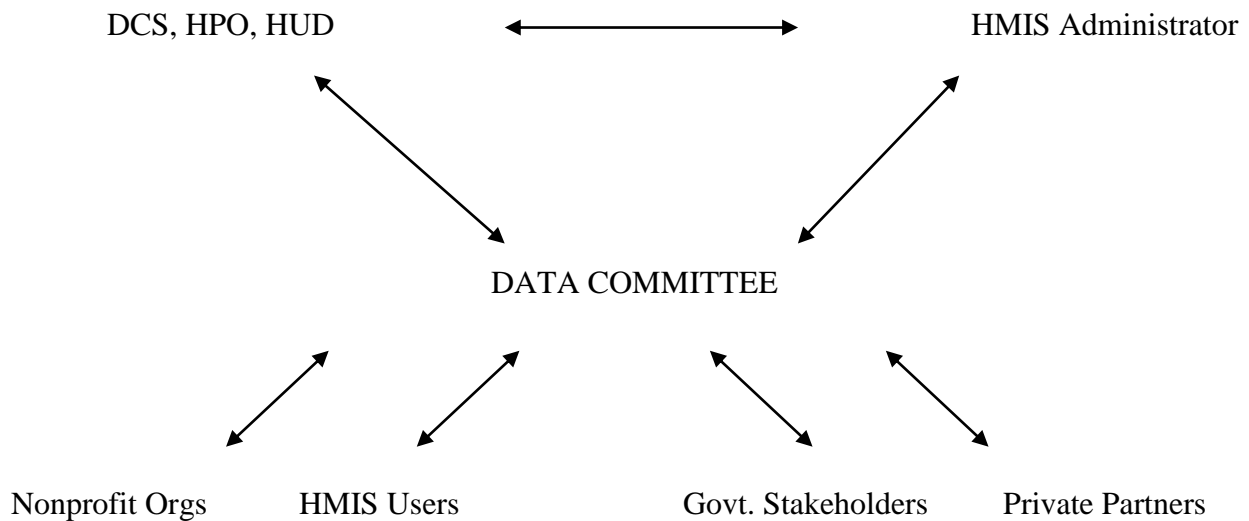
HMIS System Development and Planning

Each CoC is responsible for soliciting feedback from agencies and stakeholders and communicating that feedback for improvement. A Statewide Data Committee has been established, which is made up of agencies and other stakeholders that use HMIS and/or work with homeless populations. The statewide data committee's responsibilities include:

- Soliciting feedback and recommendations on HMIS implementation from users and Board members
- Using feedback to continually improve functions and use of HMIS
- Coordinating annual Point in Time Count (PIT) and Housing Inventory Count (HIC) data collection
- Carrying out the HMIS Strategic Plan
- Assisting with technical capacity for Coordinated Assessment and Centralized Intake
- Implementing the formal written policies and procedures for the operation of HMIS
- Monitoring data quality
- Utilizing HMIS data to produce local reports
- Collaborating with other PIC and BTG committees and the Hawaii Interagency Council on Homelessness to improve reporting, outcomes, and analysis
- Making recommendations to the Board based on analysis of program data

Project Development Organization Chart

The Statewide Data Committee is spearheaded by the Data Committee Chair who is in direct contact with Hawaii's HMIS Lead Agency. Members of the data committee include homeless service providers as well as government stakeholders and private businesses.



HMIS Implementation

Hawaii's CoCs are responsible for ensuring that all agencies in the CoC are adhering to local HMIS policies and procedures. The Statewide Data Committee has developed written training materials and training policies for all HMIS users that is delivered at initial and on-going HMIS trainings. Agencies can also request additional training and technical assistance from the local HMIS administrator or Lead Agency.

Participating HMIS agencies must read and understand all participation requirements and HMIS policies and procedures, complete all required documentation prior to implementation of the system, and become trained on how to use the HMIS before receiving access to the system. When an agency wants to add a new user, the individual must read and sign the Hawaii HMIS User Agreement Form. This form is then submitted to the local HMIS administrator who will issue a user name and password.

HMIS System Errors

For issues related to system errors, agencies and the Continuum of Care representatives should communicate directly with the local HMIS Administrator or Lead Agency. System errors can be reported through the HMIS Lead Agency or HMIS Administrator. The Statewide Data Committee will provide all HMIS user agencies with regular updates on any changes, improvements, or repairs to HMIS.

Project Management

The lead contact at the City and County of Honolulu, Dept. of Community Services (DCS) is Thayer Goya who can be reached at tgoya@honolulu.gov.

The lead contact at HPO is Paul Ruddell and can be reached at pruddell@dhs.hawaii.gov.

The Data Committee meets on a monthly basis and welcomes new attendance. Contact information for all attendees is provided at committee meetings. The current Data Committee Chair is Erin Rutherford, who can be reached erin.rutherford@catholiccharitieshawaii.org.

HMIS Roles and Responsibilities

USERS	AGENCIES	HMIS ADMINISTRATOR	DCS, HPO	HMIS VENDOR
Maintain up-to-date with HMIS changes	Attend Advisory/User Group Meetings	Obtain Feedback from User Groups	Manage Hawaii HMIS Project	Develop Enhancements as Directed by Data Committee
Maintain Password Integrity	Ensure Adherence to Relevant HMIS Policies	Attend Data Committee meetings	Coordinate with Data Committee	Assist CoC with Monitoring data quality and completeness
Obtain Client Consents	Ensure Adherence to HMIS Privacy and Security Policies	Inform Agencies of Continuum Specific Policies	Obtain Feedback from Continuum Representatives	Monitor Agency and System Security Repair System Errors in a Timely Manner
Enter and Update Data	Communicate Concerns and Enhancement Requests to Data Committee	Monitor HMIS Utilization by CoC Agencies	Compile Continuum Requested Enhancements for Data Committee	Ensure System is Operational and Accessible
Adhere to Privacy and Security Policies	Communicate Bugs to HMIS Administrator	Communicate Concerns and Enhancement Requests to Project Manager	Monitor Project Progress and Deliverables	Provide ongoing Reports to Project Manager and Data Committee on issues of Data Quality; training and Technical Assistance Provided; Enhancement Project progress; Bug List and Fixes; HMIS utilization Rates; Security and Audit Findings
	Request Support and Technical Assistance when needed	Troubleshoot Implementation and Training Needs with HMIS vendor and provide assistance to agencies as needed	Monitor Adherence to HUD HMIS Data and Technical Standards and Guidelines	
	Assist with Data Quality	Amass AHAR data and submit	Provide transparent monitoring policies	
		Assist with Data Quality	Communicate National HMIS Best Practices to Data Committee	
		Provide User Trainings and Help Desk Functionality	Assist with Data Quality	

Section E: Domestic Violence Agencies

According to the HUD Federal Register dated March 16, 2007 [FR-5056-N-01], agencies that are classified as Domestic Violence Agencies must not enter any identifying information into the HMIS. Specifically, the federal register states:

“The new Confidentiality provision directs victim service providers not to disclose, for the purposes of HMIS, personally identifying information about any client. In accordance with this statutory requirement, victim service providers must maintain the confidentiality of personally identifying information of the providers’ clients.”

At this point in time, HUD has instructed Domestic Violence agencies not to use HMIS to enter any client level information, including non-identifying information.

HMIS Data Quality Plan

I. Overview and Purpose

This document defines the Data Quality Plan (DQP) for the State of Hawaii Homeless Management Information System (HMIS). The HMIS covers both the Hawaii Balance of State Continuum of Care (CoC) (HI-500) and the Honolulu CoC (HI-501).

Data Quality refers primarily to the reliability and validity of client-level data collected by the numerous service provider staff that input these data into HMIS for storage, tabulation and analysis. **Reliability** refers to the degree to which the data are complete (e.g. all questions answered with valid and useable responses) and consistent (results can be duplicated within and across different sites collecting data using the same instruments). **Validity** measures the degree to which data are accurate and represent, to the best extent possible, the true measure of the concept.

Benefits of reliable and valid (accurate) client data include:

- 1) Increase understanding of characteristics of persons experiencing homelessness and how characteristics may change over time and geography.
- 2) Provide accurate information about persons who utilize the homeless services system.
- 3) Generate accurate measures of program performance serving homeless populations.
- 4) Provide empirical information that can be the basis of new program interventions.

This DQP reflects a statewide effort to document and define procedures and benchmarks that will enhance the ability of both CoC to achieve statistically reliable, accurate and complete data. The DQP sets expectations, methods, and execution standards (benchmarks) that will be implemented by the Honolulu and Hawaii Balance of State CoC in an effort to improve data quality for the purposes of analysis, reporting, and planning.

The DQP includes protocols for on-going data quality monitoring that meet or exceed requirements set forth by the United States Department of Housing and Urban Development (HUD). It has been developed by the HMIS Administrator, Hawaii Balance of State CoC, Honolulu CoC, and local HMIS participating service providers. Additional technical consultants experienced in HMIS implementation have also contributed to this plan.

The plan is intended to be updated annually, taking into account changes to HUD's HMIS Data Standards, data entry procedures set forth via the Honolulu and Hawaii Balance of State CoC, needs of varying stakeholders, and enhancements to CoC performance plans.

HMIS Data and Technical Standards

Hawaii's HMIS is a web-based system that stores longitudinal client-level information about persons utilizing homeless assistance services, whose data is entered by over 40 agencies operating over 100 programs that fall under the homeless services network. The HMIS also has

the capacity to integrate data from the database systems of other contributory organizations. Aggregate HMIS data can be used to understand key characteristics of the homeless population and to generate statistical reports used by stakeholders in making policy and funding decisions.

HUD's HMIS Data Standards provide a framework for an HMIS implementation. HUD's September 2015 Notice revised the HMIS Data Standards and acts as the most recently revised data standards. The final September 2015 data standards can be downloaded from:

<https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>

The Notice outlines three sets of HMIS data elements, which include:

- 1) Program Descriptor Data Elements (PDDE)
- 2) Universal Data Elements (UDE)
- 3) Program Specific Data Elements (PSDE)

Program Descriptor Data Elements (PDDE) ensure that standardized information about each CoC program is available to 1) generate Annual Performance Reports (APR), Quarterly Performance Reports (QPR) for HPRP, the Annual Homeless Assessment Report (AHAR), and the Housing Inventory Count (HIC), 2) track bed utilization rates, 3) calculate HMIS participation rates among categories of programs (e.g. ES, TH, PH, Outreach, etc.), and 4) monitor data quality. These fields are populated via the HMIS, and updated by agency users and the local HMIS Administrator.

Universal Data Elements (UDE) establishes baseline data collection requirements for all programs utilizing the HMIS. These data elements provide a basis for producing unduplicated estimates of the number of homeless persons accessing services from homeless assistance providers. They assist in gathering key demographic information and help to identify frequency and duration of homelessness. All UDE are collected in the HMIS and are the primary set of variables used to produce the AHAR report each year. Data quality for these elements largely determines whether HMIS data will be useable in the national AHAR. Useable AHAR data also garners points in the annual CoC competition, and could mean the difference in funding allocation.

Program Specific Data Elements (PSDE) provide information about the health and medical status of participants, and also enable the calculation of financial outcomes of clients when documented correctly at program entry and exit. These elements can also help to identify persons that are chronically homeless and help with service planning.

Summary exhibits outlining program applicability, who data collection applies to, and when data should be collected are available via the HUD HMIS Data and Technical Standards. The data standards serve as a great resource, and should be referenced if questions arise concerning definitions or instructions for individual data elements.

II. Improving HMIS Data Quality

The sections that follow outline protocols and procedures that work to enhance overall data quality in five key areas: 1) Fidelity to data entry collection procedures and protocols, 2) Increasing data entry timeliness, 3) Reducing HMIS record duplication, 4) Improving and measuring data completeness, and 5) Data accuracy and consistency. The DQP also summarizes procedures for program entry and exit data, how to add assessments in the HMIS, and how to generate data quality and outcomes reports using the HMIS. Using the below methods should help to evaluate current data entry processes and enhance the integrity of your agency's data.

Area I: Fidelity to Data Entry Collection Procedures and Protocols

Maintaining rigorous data entry collection procedures ensures that the HMIS can provide the most up-to-date and accurate information for service providers and policy-makers with respect to programming decisions.

An important area identified through analysis of HMIS data are the protocols and procedures related to the collection of accurate discharge data and medical/income assessments. Since a formal client discharge interview is not always possible, it is important that key information such as income and disability status are continuously updated in both the HMIS and client case files.

Table 1: Benchmarks for Entry/Exit Collection Protocols and Medical/Income Assessments

SUPERIOR:

- 1) Direct entry of client-level data during program entry and exit interviews into the HMIS. This works to minimize the time between client entry/exit and HMIS data entry.
- 2) Medical/income assessments entered within one year of the intake date for eligible clients remaining in the program and annually thereafter.
- 3) Review and compare discharge data with intake data in the areas of disability, income, and non-cash benefits to ensure that original intake data is as accurate as possible given the additional information gathered during the client's program stay.

ACCEPTABLE:

- 1) Collecting intake/discharge data using the most updated paper forms provided by the HMIS administrator.
- 2) Intake data is collected through an in-person interview, face-to-face with client.
- 3) Discharge data is collected through a combination of in-person interview and/or case file records.

LACKING:

- 1) Collection of intake and discharge data using old versions of the paper forms or not using any CoC produced forms to collect the data.
- 2) Completing intake and discharge data using second hand data recalled from case manager or other staff/volunteers working at the agency.
- 3) No use of client case records for data validation.
- 4) No medical/income assessments are entered for eligible clients.

AREA II: Increasing Data Entry Timeliness:

Entering data into the HMIS during program entry or soon after the intake has been completed has several benefits.

- 1) Ensures that program utilization reporting is accurate and reflects actual occupancy relative to program capacity.
- 2) Increases data quality by reducing recollection errors (which increase as time between collection and data entry lapses) and by addressing data errors more quickly after collection has occurred.
- 3) Provides more complete, up-to-date, real-time reports on service utilization at the client and program level. This information is critical in CoC planning activities and for directing solutions for addressing homelessness, since participating homeless service agencies will benefit from shared utilization data that will be reviewed during program entry.

Rating program performance in relation to data entry uses the three tier scheme of Superior, Acceptable, and Lacking. Table 2 outlines timelines for intake, exit, encounter, and service data entry by CoC program type.

Table 2: Program Entry, Exit, Encounter and Service Data Timeliness Benchmarks:

Type of Program	Superior	Acceptable	Lacking
1. Emergency Shelter Programs	24 hours from program entry or exit	96 hours from program entry or exit	More than 96 hours from program entry or exit
2. Transitional Housing Programs and Safe Havens	24 hours from program entry or exit	96 hours from program entry or exit	More than 96 hours from program entry or exit
3. Permanent Housing Programs	24 hours from program entry or exit	96 hours from program entry or exit	More than 96 hours from program entry or exit
4. Homeless Street Outreach Programs	24 hours from encounter, 72 hours from program entry or exit	7 days from program entry or exit	More than 7 days from program entry or exit
5. Homeless Prevention and Rapid Re-Housing Programs	72 hours from program entry, exit, or service data	7 days from program entry, exit or service data	More than 7 days from program entry, exit or service data
6. Support Service Only Programs (excluding Outreach):	24 hours from encounter, 72 hours from program entry or exit	7 days from program entry, exit or encounter	More than 7 days from program entry, exit or encounter

Emergency/Transitional/Safe Haven/Permanent Housing: These four primary categories of supportive housing fall under the most stringent standards for HMIS data entry. For all programs, the superior standard is 24 hours from time of program entry or exit. The minimum acceptable standard is 96 hours (4 days) which allows for leniency during weekend or holidays time periods and acknowledge staff capacity issues.

Homeless Street Outreach Programs: If clients who were formerly homeless transition successfully to housing or shelter services, the client's discharge form should contain appropriate exit destination information. It is also recommended that outreach programs that provide outreach and supportive services to clients after they have been sheltered/housed should setup a separate sheltered outreach program in the HMIS and enter data into this new program. A new program can be set-up by contacting the HMIS administrator so that data is not comingled and reported with unsheltered and homeless client data. The HMIS is also designed so that clients without an encounter in the last six months will automatically be exited with an exit date equal to the current date.

Homeless Prevention & Rapid Re-housing Programs: HMIS data entry standards for Homeless Prevention and Rapid Re-Housing programs are less stringent as to allow these programs to complete HMIS data entry. This standard will be reviewed during the initial year of implementation of the DQS to determine if more stringent standards are needed. Service notes for Housing Relocation and Stabilization Services or Financial Assistance are to be entered within one week of the provision of services and will also be reviewed after the initial DQS implementation.

Support Service Only Programs (excluding Outreach): Program entries and exits are to be entered within one week of program entry and exit date to achieve basic compliance. Superior efforts are defined as entering encounters within 24 hours and program entries and exits within 72 hours. This will be monitored and adjusted once a better baseline is set.

AREA III: Reducing HMIS Record Duplication

Preventing Client Duplication at Program Entry

Using the search criteria effectively in the HMIS before adding client-level data is the most important method for reducing duplication in the HMIS. Before adding a new client it is important that users search for the client to determine if he or she has been entered into the HMIS at some point in the past. During a major clean-up effort of the HMIS in 2012-13, nearly 10% of the client records (sheltered programs varied from 3% to 5%; outreach programs varied from 10% to 12%) were found to be duplicate clients created over the past ten years.

Limiting the search to just the last name field is the most effective way to search for clients in the database. Searching for a client using more than one field and a client's full information increases the likelihood of error and the potential that a new client is created that already exists. If you suspect that a client has already been entered into the HMIS at some point and the client has a difficult last name, you may want to search using wildcard characters (*).

As an example, Hakeem Olajuwon could be searched for by using the following method:

- 1) If you are certain that the first three letters of the last name are correct, you could type “Ola*” in the last name field.
- 2) This will bring up all clients in the database with last name starting with Ola.
- 3) If you wanted to narrow the search results you could type Ha* in the first name field and Ola* in the last name field.

Generally, easy last/first names will bring up the desired client with no problem. However, it is still recommended to use the above approach.

It is recommended that the social security number (SSN) or alias fields be used with great care. Searching by just the SSN increases the likelihood of error due to transposition errors. The HMIS contains a large amount of client records and every search for a client should be conducted as if the client records already exist. If you have exhausted all recommended search strategies, then and only then should a new client record be created.

Table 3: Benchmarks for Client Duplication

SUPERIOR: Use three or more (3+) search methods independently, including last name only, first three letters of last name, and first two letters of first or last name. SSN used WITH crosschecking Date of Birth (DOB) and First and Last Name for any client with identical SSN.

ACCEPTABLE: Use at least two (2) search methods including last name only and first three letters of last name.

LACKING: Use only full last name for searching records without varying spelling or using only first 3 letters only. Use both full first name and last name during search. Use Social Security WITHOUT crosschecking DOB and First and Last Name with any client with identical SSN.

Merging of Client Records

A merge function is accessible to all users as a tool in the HMIS software and can be found under the Client menu function. Client records created by different agencies are unable to be merged by agency users. Merges can be searched by first name, last name, and social security number. It is recommended that merge search use last name only or social security only, but not both. This will maximize the number of client records found that may be in need of merging.

When two or more client records are identified as needing to be merged, it is necessary to select which client record will be the primary record (where the data will be active). The newly merged record will take the demographic characteristics corresponding to the primary record. Secondary client visits will be stored under the merged client; however, the secondary client’s demographic info will be removed from the database.

When duplicate records of a client exist across agencies, the agency will not be able to merge the duplicate client records of other agencies. In these cases, users should proceed as follows:

- 1) Merge the duplicate client records that are located within your agency's records.
- 2) Contact the HMIS administrator with the names and dates of birth of the clients that cannot be merged. **Do not email any SSN information.**
- 3) The HMIS administrator will then merge the duplicate client records across agencies.

Elimination of Duplicate Intakes

HMIS users must ensure that duplicate entries are not created that represent the same program entry information. When duplicate program entries are found in the HMIS, the user can delete one of the program entries after ensuring that the most accurate program was selected for retention.

AREA IV: Improving and Measuring Data Completeness

Data entered into the HMIS must be as complete as possible. Partially complete or missing data can increase duplication and affect the provision of services to clients. All programs receiving local, state, or federal funding must enter data on 100% of the clients they serve.

The goal of the CoC is to collect 100% of all data elements for each client. Often, however, this is not possible or realistic. The CoC has established acceptable thresholds for unknown, refused and missing values rates, which are dependent on data element and program type. The table below establishes these thresholds. **Missing value rates for all program types should not be higher than 0%; if data is not available it should be marked as unknown or refused.**

Table 4: Data Quality Completeness Thresholds

Program Type	ES, TH, SH PSH, SSO, % Unk/Ref.	Outreach % Unk/Ref.	HPRP, RRH % Unk/Ref.
First Name	0%	1%	0%
Last Name	0%	1%	0%
SSN	1%	10%	3%
DOB	1%	4%	1%
Race	1%	2%	1%
Ethnicity	1%	10%	4%
Gender	0%	2%	0%
Vet Status	1%	10%	3%
Disabling Condition	10%	25%	6%
Residence Prior to Entry	5%	10%	2%
Zip of Last Perm. Address	10%	25%	5%
Housing Status (Entry)	1%	10%	2%
Income (Entry)	2%	15%	1%
Income (Exit)	2%	25%	15%

Non-Cash Benefits (Entry)	2%	15%	1%
Non-Cash Benefits (Exit)	2%	25%	15%
Physical Disability (Entry)	5%	15%	N/A
Developmental Disability (Entry)	5%	15%	N/A
Chronic Health Cond. (Entry)	5%	20%	N/A
HIV/AIDS (Entry)	5%	15%	N/A
Mental Health (Entry)	5%	15%	N/A
Substance Abuse (Entry)	5%	15%	N/A
Domestic Violence (Entry)	5%	15%	N/A
Destination at Exit	2%	25%	3%

Generating the above Data Quality Report in the HMIS is relatively straightforward. After logging in, click on the Reports tab, then identify the Data Quality Report section. Select the Data Quality Report radio button and program(s) you want included in the report. Be sure to edit the Date Criteria at the bottom before running the report – it is automatically set to the current fiscal year.

The report shows percentages of values that have been set to unknown, refused, or are missing. It also displays links that allows users to fix intake/exit data that is unknown, missing, or refused. As a reminder, programs should not enter “0” in the SSN field and mark partial SSN reported.

Area V: Data Accuracy and Consistency

Information entered into the HMIS needs to accurately reflect actual information for the people being served by any of the homeless service programs contributing data to the HMIS. False or inaccurate information is worse than incomplete information. It must be emphasized to clients and staff that it is better to enter “unknown or refused” than to enter inaccurate information.

All data entered into the CoC’s HMIS shall be a reflection of information provided by the client and documented by the intake worker, or otherwise updated by case management staff and entered into the HMIS, or relayed to appropriate HMIS administrative staff. Recording inaccurate information in the HMIS is strictly prohibited.

Analogously, all data must be collected and entered in a consistent manner, paying close attention to timeliness and completeness benchmarks. Separate data quality reports will be available in the coming months that will allow stakeholders and agencies the ability to monitor timeliness thresholds set forth in Table 2 above. All data entry staff must have separate passwords and complete an initial training with experienced HMIS staff before entering or updating client data. **Additionally, it is mandatory that the HMIS administrator be notified immediately as HMIS staff resign or are terminated. This is an extremely important part of data security.**

Aliases and Record Building Techniques in the HMIS:

Aliases are allowable only when a client refuses to provide their accurate personal identification information. Agencies are required to keep track of the alias/pseudonym given and must not

create a new alias record if one already exists, as this will increase duplication. Aliases, however, may adversely affect overall accuracy and completeness.

Record building in the HMIS for outreach programs is an important part of the data quality process and is strongly encouraged.

1. Clients initially declining HMIS consent are permitted to be entered into the HMIS under an alias that does not contain personally identifying information such as DOB, SSN.
2. As client information is accumulated, the original alias record should be expanded until it represents a very accurate depiction of the client receiving services.
3. A goal of outreach staff should be to garner trust with clients and obtain consent for those clients that have initially declined consent and been given an alias.
4. The alias given is required to be amended with actual personally identifiable information if consent is ultimately obtained. This stipulation is also established in the consent form.

File Sampling:

Sampling during site monitoring will be performed during periodic monitoring by the HMIS lead agency or Homeless Programs Office to measure data integrity. Staff designated by the lead agency or HPO will request a sample of client program entry and exit forms and compare these hardcopy files to information entered into the HMIS. If HMIS records differ significantly from hardcopy files, corrective action will be needed to improve the data quality.

Data Consistency Checks will be used to monitor data accuracy and consistency. Examples of inaccuracies include:

- Program entry and exit dates that overlap
- A client that is missing program exit data from one shelter program when that same client has an active program entry in another shelter program.
- Duplicate open client records in an agency program.

Often, running an unduplicated or duplicated report by client last name in the HMIS can identify inconsistencies in program data. These reports can identify duplicate clients or inaccuracies with data entry. If identified, duplicates should be voided by agency staff or merged by contacting the HMIS administrator.

III. Updating Data During the Program Stay

While the bulk of client information entered into the HMIS is collected during the program entry and exit interviews, the HMIS system has expanded greatly over the past five years to allow and encourage entry of data during the client program stay. Data on disability, income and other medical related domains are both difficult to collect in the program entry interview and also may change over the course of time. These functions are covered below.

Adding Assessments and Updating Intake/Exit Data

Often at program entry many data elements are simply not collected. During the course of working with clients, case management staff may discover the actual data and are expected to

update client records in the HMIS accordingly. It is important that data entry and case management staff update client records to reduce invalid data response rates.

Client records can be updated by clicking on the Edit Client Activity and Demographics link under the Client tab of the HMIS, searching for the client, then clicking on the Edit Intake/Exit button. Records can also be updated directly by clicking on the links in the data quality report as mentioned above.

Medical/Income assessments are required to be completed exactly one-year after intake for clients remaining in the program and at the end of the operating year for programs required to produce CoC program APRs. Programs should also update client data at the end of the AHAR cycle (Oct – Sep) for federal reporting purposes.

Medical/Income assessments can be added to intake records by clicking on the Edit Client Activity and Demographics link under the Client tab of the HMIS, searching for the client, then clicking on the Medical/Income Assessments button. It should be noted that assessments can be added at any time, and are encouraged to be added as frequently as medical/income information changes.

IV. Data Monitoring

Responsibilities and Compliance

It is the responsibility of the CoC, HMIS lead agency, executive directors, and all front-line support staff to conduct monitoring and provide notification to the CoC of the progress of participating programs regarding the CoC Data Quality Plan. Though each has a different role, they are all extremely important.

It is the responsibility of HMIS participating programs to comply with the HMIS Data Quality Plan and to collaborate with the HMIS Lead and support staff to quickly and accurately correct data that does not meet the compliance thresholds. It is the responsibility of the CoC to implement effective improvement and enforcement policies and procedures to support the monitoring and improvement process.

The HMIS Lead and support staff will run custom reports outlining timeliness issues and procedures to reconcile the information by the second week of the following month. Random census listings will be requested to determine if all clients have been entered within the standards set forth in Section II above. Agencies not meeting standards will be asked to provide an explanation and resolve any findings. This information will be shared with the CoC, which may aid in program funding determinations.

The HMIS lead and support staff will measure completeness by running an APR, custom, or data quality report and comparing to the data quality thresholds identified in section II above. Projects deficient in the above reporting will be identified randomly for review. Although deficient programs will be strictly targeted, every agency will be monitored at least once in a 2-year cycle. Summary reports and any findings will be sent to appropriate data entry and supervisory staff during the first week of the following month. The agency will be required to improve their data completeness or provide an explanation by the end of the month. Failure to correct findings may result in decreased program funding.

The HMIS Lead and HPO will review source documentation from sample records and compare to HMIS data entry. Comparisons will include universal as well as program-specific data elements. HMIS staff will not send sample listings beforehand. All program types will be subject to review.

Data Quality Monitoring Instruments:

Formal written instruments are currently being developed as tools to measure fidelity to data quality standards. Six areas that will be reviewed on a periodic basis as defined below.

1. Data Entry Collection Protocols

Monitoring Frequency:	Yearly
Measure:	On-site review of program entry and exit records.
Method:	Observation, review of records, staff and client interviews

Standard: See Table 1 for standards
Sample: Randomly selected clients enrolled in prior six month period

2. Data Entry Timeliness

Monitoring Frequency: Biyearly
Measure: Length (days) between program entry and HMIS data entry
Method: Statistical analysis of HMIS program entry data
Standard: See Table 2 for standards
Sample: All clients enrolled in prior six month period

3. Reduction of Client Duplication

Monitoring Frequency: Yearly
Measure: Number of duplicate client records created/unmerged. Number of duplicated active intakes.
Method: Run duplicated and unduplicated client reports for monitoring period. Compare for discrepancies in number of clients. Sort and compare unduplicated client intakes for multiple active intakes.
Standard: Zero duplicate client records and duplicate intake records
Sample: All clients enrolled in prior six month period

4. Data Completeness

Monitoring Frequency: Quarterly
Measure: Review of 20 key data elements
Method: Run HMIS data quality report
Standard: Equal to or less than data benchmarks (See Table 4)
Sample: All clients enrolled in prior quarterly period

5. Data Accuracy

Key areas of database verification:

- 1) DOB substitution for date of entry (DOE)
- 2) Discrepancies between program entry and exit income
- 3) Incongruent disability information

STANDARD: The HMIS Administrative team and Partners in Care (PIC) Data Committee will work to complete a succinct set of benchmarks for key areas of data accuracy. Initial monitoring and other exploratory analysis during the upcoming year will provide a better baseline upon which to set standards and revise procedures.

General Procedures and Funding Impacts

HMIS staff will send data quality monitoring reports to the contact person at the agency responsible for HMIS data entry. Reports will include any findings and recommended corrective actions. If the agency fails to make corrections, or if there are repeated data quality errors, the HMIS staff may notify the agency's funders or community partners about non-compliance with the HMIS Data Quality Standards.

Future funding may be contingent on the ability to adhere to data quality thresholds and performance standards as defined in this document.

V. Relating HMIS Data Quality to the AHAR and HIC

The Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about sheltered persons who experience homelessness during a 12-month period.

The AHAR uses Universal and Program Specific Data Elements from the HMIS to amass reports that are deemed useable/unusable based on the extent of missing/unknown data rates and bed utilization rates for emergency, transitional, and permanent supportive housing programs. The submission of usable data in the AHAR gains points for the CoC in the annual CoC competitive grant program.

The most influential statistic in determining the usability of AHAR data is the HMIS bed/unit utilization rate. This rate for all programs will be calculated and monitored at four times during the year. These four dates are the last Wednesday in January, April, July, and October. The bed/unit utilization rate is defined to be the actual unduplicated occupancy in the HMIS on any date divided by the stated capacity in the most recently submitted Housing Inventory Count (HIC).

Bed/Unit Utilization Rate = (Actual HMIS Occupancy) / (Stated HIC Capacity)

The HIC and AHAR break out bed capacity into two categories: 1) beds for households with children, and 2) beds for households without children. The actual occupancy for these categories is easily obtained by running an unduplicated report in the HMIS for a one-day period and using the summary statistics generated at the bottom of the report. These numbers (used as the numerator) are then divided by the actual capacities as stated in the HIC to produce the bed/unit utilization rates.

Acceptable bed/unit utilization ranges for established projects within both CoCs are:

- 75% to 105% - Emergency Shelter Programs
- 85% to 105% - Transitional Housing Programs
- 90% to 105% - Permanent Supportive Housing Programs

In some cases HIC inventories will need to be expanded or contracted annually to accommodate changes in program capacity. The CoC is aware that new projects may need extra time to meet the above thresholds and will not expect them to meet the above in the first operating year.

The bed utilization rate is a good measure to monitor intake/exit data entry. Programs can receive a copy of the most recently submitted HIC and AHAR by contacting the City & County of Honolulu, the Homeless Programs Office, or the local HMIS administrator. It is also online at HUD's HDX reports site.

The below bullets define some key problem areas that are often overlooked and explain why they are relevant to the AHAR and CoC data quality in general.

- **Low Utilization Rates (Below 65%)** – May indicate that clients are not being entered into the database. May also reflect program inability to outreach participants or effectively transition clients into the program.
- **High Utilization Rates (Above 105%)** – May indicate that clients are not being exited on a consistent basis. Data entry timeliness procedures should be referenced above regarding client exits.
- **Length of Stay (LOS)** – Length of stay statistics are generally much longer in transitional and permanent supportive housing projects when compared to emergency shelter programs. It is not unusual to see length of stay statistics for these programs greater than six months or several years. Length of stay numbers longer than 90 days for an isolated ES visit may indicate lack of program exit or inability to transition clients effectively. These cases should be monitored to determine status of clients with length of stay longer than 90 days. Length of stay per visit is calculated as the difference between the date of entry and the date of exit (or a specified date if no exit date is available).

Length of Stay (in days) = Date of Exit (or specified date) – Date of Entry

Average LOS by program can also be calculated by summing the above for each client and dividing by the total number of clients. Normally, exited clients are separated from clients still in the program for this calculation. LOS statistics coupled with exit destination data gives several good program performance outcomes.

- **Veteran Status for PSH Programs** - Unknown/missing data rate for this category must be 0%. One of HUD's priorities is on homeless veterans; information on this variable should be able to be captured for each client in PSH. Accurate veteran status reporting enables the CoC to effectively monitor performance for this subpopulation and also helps to ensure that AHAR data is usable.
- **LOS in Prior Living Arrangement** – Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. Data for this field should be available at intake or may need to be updated in the HMIS after working with the client after initial intake.
- **Zip Code of Last Permanent Address** - Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. If data is unknown at intake it is helpful to obtain a location which can ultimately be mapped to a zip code. Zip code tables are available

online and can be updated via the HMIS after initial data entry. Acceptable rates for this variable and others are defined in the data quality report section below.

- ***Destination at PSH Program Exit*** – High missing/unknown values for PSH program exits are unacceptable. Unknown/Missing values for this measure should be less than 5%. Programs should be credited with positive program exits and the CoCs can benefit from successful transitions via outcome performance reporting. Case managers should be communicating with administrative staff to limit unknown/missing values.

VI. Present Challenges and Future Directions

This revised HMIS DQP seeks to greatly improve the quality of the data collected by over 40 agencies serving over 10,000 persons throughout the State of Hawaii. High-quality HMIS data is extremely important in monitoring the success of programs and establishing successful policy and funding decisions.

The trend in data quality monitoring will continue on the general path of increased rigor in the collection and entry of data into the HMIS. Standards will continue to edge higher and tolerance for programs not implementing high quality data procedures will begin to impact funding decisions. New tools such as sharing client utilization data and increased report functionality in the HMIS can take full advantage of real time access to high quality data to inform daily decisions.

As the Hawaii CoC implement additional protocols related to coordinated intakes and more formalized discharge review, data quality standards will continue to rise to meet these challenges.

Overview of HMIS Reports

Section A: Description of Reports

The Hawaii State HMIS has an abundance of standard reports that can be accessed by an approved user. The following overview of reports is divided into sheltered, unsheltered and HPRP programs.

Section B: Sheltered Programs Reports

Generates various types of reports for emergency shelter, transitional housing and permanent housing programs

1. Program Reports:

The program or shelter name(s) can be selected to generate the report for one or more programs.

- a. Unduplicated Sorted By Last Name – this report generates unduplicated names of all participants sorted alphabetically by last name designated by Head of Household (H), non-Head (N) and Children (C), Social Security Number (SS#), Intake Date and, if available, Exit Date.
 - b. Unduplicated Sorted by Head of Household followed by family members – this report generates unduplicated names of all participants (grouped and sorted alphabetically by Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.
 - c. Duplicated sorted by last name – this report generates duplicated names (if more than one Intake) of all participants sorted alphabetically by last name designated Head of Household (H), non-Head (N) and Children (C), SS#, Intake Date and, if available, Exit Date.
 - d. Duplicated Sorted by Head of Household followed by family members – this report generates duplicated names (if more than one Intake) of all participants (grouped and sorted alphabetically by Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.
 - e. Program (Aggregate) Totals – this report generates unduplicated aggregate totals for age, gender, ethnicity, employment status, educational status, occupancy (# of clients at the beginning of the reporting period, # entered, # exited, and # at the end of the reporting period), homeless status upon entry, causes of homelessness, income sources, exit destination, and reason for exit.
2. Case Manager Report – this report generates the duplicated names of all participants (Head of Household, non-Head and Children) entered by the selected case manager, with the SS#, Intake Date and Exit Date (if any).
 3. Other Reports – brief description as above

- a. My Activity – this report generates all HMIS activities performed by user
 - b. Data Quality Report – this report shows percentages of values in Intakes and Exits that have been set to "unknown", "refused" or are missing
 - c. Open visits with encounters – this function generates an open visit counts reports and unduplicated names of participants that have not had an encounter after a specified date.
 - d. Veterans totals report – this report generates all current intakes and unduplicated counts of veterans in all programs
 - e. Export Data – The user can export data on Client information, intake information, exit information, encounter information, services received information, funding source information and domain information into a Microsoft Excel comma Separated Values file
 - f. Export Data for the APR – this allow the user to export the data for a specific program during a specific time period that can be used in the APR Generation tool, to produce the numbers for the Annual Progress Report
 - g. Merged Clients – this reports generates names of records that have been merged
 - h. Annual Progress Report – this report generates a previously used version of the APR.
 - i. Housing Inventory Chart – this report generates a housing inventory report.
4. Stipend Activity Report – this generates a report for the State Homeless Shelter Program.

Section C: Unsheltered Programs Reports

Generates various types of reports for outreach and homeless programs

1. Program Reports:

The program or shelter name(s) can be selected to generate the report for one or more programs.

- a. Unduplicated Sorted By Last Name – this report generates unduplicated names of all participants sorted alphabetically by last name designated by Head of Household (H), non-Head (N) and Children (C), Social Security Number (SS#), Intake Date and, if available, Exit Date.
- b. Unduplicated Sorted by Head of Household followed by family members – this report generates unduplicated names of all participants (grouped and sorted alphabetically by Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.
- c. Duplicated sorted by last name – this report generates duplicated names (if more than one Intake) of all participants sorted alphabetically by last name designated by Head of Household (H), non-Head (N) and Children (C), SS#, Intake Date and, if available, Exit Date.
- d. Duplicated Sorted by Head of Household followed by family members – this report generates duplicated names (if more than one Intake) of all participants (grouped and sorted alphabetically by Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.

- e. Program (Aggregate) Totals – this report generates unduplicated aggregate totals for age, gender, ethnicity, employment status, educational status, occupancy (# of clients at the beginning of the reporting period, # entered, # exited, and # at the end of the reporting period), homeless status upon entry, causes of homelessness, income sources, exit destination, and reason for exit.
2. Case Manager Report – this report generates the duplicated names of all participants (Head of Household, non-Head and Children) entered by the selected case manager, with the SS#, Intake Date and Exit Date (if any).
 3. Other Reports – brief description as above
 - a. My Activity – this report generates all HMIS activities performed by user
 - b. Data Quality Report – this report shows percentages of values in Intakes and Exits that have been set to "unknown", "refused" or are missing
 - c. Open visits with encounters – this function generates an open visit counts reports and unduplicated names of participants that have not had an encounter after a specified date.
 - d. Auto-Exit Visits – this function generates a report of visits that have been auto-exited.
 - e. Veterans totals report – this report generates all current intakes and unduplicated counts of veterans in all programs
 - f. Export Data – The user can export data on Client information, intake information, exit information, encounter information, services received information, funding source information and domain information into a Microsoft Excel comma Separated Values file
 - g. Export Data for the APR – this allow the user to export the data for a specific program during a specific time period that can be used in the APR Generation tool, to produce the numbers for the Annual Progress Report
 - h. Merged Clients – this reports generates names of records that have been merged
 - i. Annual Progress Report – this report generates a previously used version of an Annual Progress Report.
 4. Outreach Activity Report – this generates a report for the State Homeless Outreach Program.

Section D: HPRP Programs Reports

Generates various types of reports for short-term rent, mortgage and utility assistance programs

1. Program Reports

The program or shelter name(s) can be selected to generate the report for one or more programs.

- a. Unduplicated Sorted By Last Name – this report generates unduplicated names of all participants sorted alphabetically by last name designated by Head of Household (H), non-Head (N) and Children (C), Social Security Number (SS#), Intake Date and, if available, Exit Date.
- b. Unduplicated Sorted by Head of Household followed by family members – this report generates unduplicated names of all participants (grouped and sorted alphabetically by

- Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.
- c. Duplicated sorted by last name – this report generates duplicated names (if more than one Intake) of all participants sorted alphabetically by last name designated by Head of Household (H), non-Head (N) and Children (C), SS#, Intake Date and, if available, Exit Date.
 - d. Duplicated Sorted by Head of Household followed by family members – this report generates duplicated names (if more than one Intake) of all participants (grouped and sorted alphabetically by Head of Household with non-Head and Children), SS#, Intake Date and, if available, Exit Date.
 - e. Program (Aggregate) Totals – this report generates unduplicated aggregate totals for age, gender, ethnicity, employment status, educational status, occupancy (# of clients at the beginning of the reporting period, # entered, # exited, and # at the end of the reporting period), homeless status upon entry, causes of homelessness, income sources, exit destination, and reason for exit.
2. Case Manager Report – this report generates the duplicated names of all participants (HOH, non-Head and Children) entered by the selected case manager, with the SS#, Intake Date and Exit Date (if any).
 3. Other Reports – brief description as above
 - a. My Activity – this report generates all HMIS activities performed by user
 - b. Data Quality Report – this report shows percentages of values in Intakes and Exits that have been set to "unknown", "refused" or are missing
 - c. Export Data – The user can export data on Client information, intake information, exit information, encounter information, services received information, funding source information and domain information into a Microsoft Excel comma Separated Values file
 - d. Export Data for the APR – this allow the user to export the data for a specific program during a specific time period that can be used in the APR Generation tool, to produce the numbers for the Annual Progress Report
 - e. QPR

HMIS Privacy and Security Plan

I. Introduction and Background

This HMIS Security and Privacy Plan (Plan) describes standards for the privacy and security of personal client information collected and stored in Hawaii's Homeless Management Information System (HMIS). The Plan seeks to protect the confidentiality of personal information while allowing for reasonable, responsible, and limited uses and disclosures of data. The standards set forth in this Plan are based on principles recognized by information privacy and technology communities.

The Plan provides a framework that mirrors many of the technical standards laid out in the 2004 HUD HMIS Data and Technical Standards, while supplementing that documentation with specific policies that have been developed and implemented throughout the State of Hawaii, and action steps that all organizations utilizing the HMIS are expected to apply. The Plan outlines baseline standards that will be required by any organization that records, uses, or processes protected personal information (PPI) on homeless clients for an HMIS. The Plan strives to reference procedures that organizations and stakeholders can utilize to enhance the privacy and security of information collected through the HMIS.

Throughout the Plan, baseline standards for evaluating privacy and security requirements will be established. At a minimum, all organizations that record, use, or process PPI on homeless clients must meet these baseline privacy and security requirements. This approach provides a standard level of protection for homeless clients, and allows for the possibility of additional protections for organizations with additional needs and resources.

II. Key Terms and Definitions

CoC Program: A program identified by the CoC as part of its services system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis.

Continuum of Care (CoC): The primary decision making entity defined in the funding applications to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency

Contributory HMIS Organization (CHO): An organization that operates a contributory homeless assistance program or homelessness prevention program or contributory non-homeless assistance program.

End User: An employee, volunteer, affiliate, associate, and any other individual acting on behalf of a CHO or HMIS Lead Agency who uses or enters data into the HMIS or another administrative database from which data are periodically uploaded to the HMIS.

Homeless Management Information System (HMIS): The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. An HMIS may provide other functions beyond unduplicated accounting.

HMIS Administrator: A local administrator established by the HMIS Lead Agency and Homeless Programs Office to act as the point of contact for many HMIS related questions. The HMIS administrator also works with numerous stakeholders and CHOs as a conduit for localized HMIS technical assistance.

HMIS Lead Agency: An organization designated by a CoC to operate the CoC's HMIS on its behalf. The HMIS Lead Agency for the State of Hawaii is the Hawaii Dept. of Human Services, Homeless Programs Office (HPO).

Homeless Programs Office (HPO): State office housed under the Hawaii Department of Human Services, responsible for the administration of numerous homeless assistance programs, which include the Stipend, Outreach, Emergency Grants (SHEG), Housing Placement (HPP), Continuum of Care (CoC), Housing Opportunities for Persons with AIDS (HOPWA), and Emergency Solutions Grant (ESG) programs.

Protected Personal Information (PPI): Information about a client: (1) whose identity is apparent from the information or can reasonably be ascertained from the information; or (2) whose identity can, taking into account any methods reasonable likely to be used, be learned by linking the information with other available information or by otherwise manipulating the information.

III. HMIS Privacy Standards

The goal of the HMIS Privacy Standards are to ensure that all required client data will be entered in the Hawaii HMIS while maintaining the confidentiality and security of the data in conformity with all current regulations related to the client's rights for privacy and data confidentiality.

A. HMIS Privacy Policy Notice

Policy: All Contributory HMIS Organizations (CHO) that enter data into the HMIS must have an HMIS Privacy Notice posted at their workstation or wherever data is collected and entered, which describes how information about the client may be used and disclosed and how the client can get access to their information. The HMIS Privacy Notice is a brief document describing a consumer's data rights in relation to the HMIS. Agencies **MUST** use the sample documents attached in Appendix 3.

Procedures: Each workstation, desk, or area used for HMIS data collection must post the HMIS Privacy Notice. As Outreach workers gather data in the field, they should have the Privacy Notice visible to all clients. This policy will allow Outreach agencies to use an implied consent model, which is outlined in Section C of this Part. If an agency serves non-English-speaking clients, or clients whose primary language is not English the agency must

also provide the translated version of the HMIS Privacy Notice. If an agency has a website, the HMIS Privacy Notice must be posted on that website as well. An agency may also post the HMIS Privacy Notice in a waiting room, an intake line, or any other public area where clients congregate before intake occurs.

B. HMIS Client Consent Form (Release of Information)

Policy: All clients must initial and sign the HMIS client consent form before their PPI can be shared with other agencies in the HMIS system. It is important to note that client information can be entered into the HMIS without consent; however this information cannot be shared with other organizations. All HMIS client consent forms must be stored securely for a minimum of seven years after the client last received services from the agency. Agencies must give a copy of the consent form to clients if requested. The State of Hawaii's current HMIS client consent form is documented in Appendix 2.

Procedures: Each adult client must initial and sign the HMIS client consent form before their information and information for their dependents may be shared with other agencies in the HMIS. The HMIS client consent form is valid for seven years after the client last received services from the agency. Monitoring will occur at least annually and in conjunction with standards outlined in the HMIS Data Quality Plan. Sample records will be based on clients that have consented to share data, and will be no more than 10 records. Failure to comply with monitoring standards set forth in this Plan and the HMIS Data Quality Plan may adversely affect funding. Therefore, for auditing purposes it is important to keep the consent form collected for at least seven years. Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked in a file cabinet and not accessible without authorization).

It is recommended that agencies keep the consent form with the established client file along with other information that is being collected and maintained. Agencies may also wish to voluntarily give all clients copies of their signed client consent form.

C. Implied Consent & Data Collection with Regard to Outreach Programs

Policy: Data can be collected from persons experiencing homelessness in outreach settings that include the street, places not meant for human habitation, and homeless service providers using the Hawaii implied consent model. This implied consent model allows for the collection of client-level data to assist outreach providers with identification, case management, assessment, referral and service provision.

Procedures: The implied consent model requires that outreach workers carry a copy of the Privacy Notice (including a copy of relevant translations into other languages, if applicable) and provide it to persons experiencing homelessness that have any questions or concerns. The implied consent only covers the outreach workers ability to collect client level data and enter it into the Hawaii HMIS, it does not allow for that data to be shared with other providers or outreach workers. In order to share client level data within the Hawaii HMIS you must get a signed Client Consent Form that authorizes the sharing of client-level data.

D. Outreach Data Entry

Policy: Outreach providers can collect client level data in many different settings including the street, places not meant for human habitation and homeless service providers. Because these locations are not ideal for data entry, outreach providers must not enter client-level data into the Hawaii HMIS through tablets or other wireless devices until this Plan has been revised to reflect appropriate protocols.

Procedures: Outreach providers must ensure that internet connections used to access the HMIS from their facilities are set up using basic standard network security protocols to prevent unauthorized access to the network and to HMIS data stored in local servers or hard drives.

Because of the confidential nature of data stored within HMIS, the system must be accessed from a sufficiently private physical location so as to ensure that persons who are not authorized users of the HMIS are not able to view client level data.

Because these standards are important for the protection of client-level data, outreach providers must not enter client level data over unsecured public wireless internet connections until this Plan has been further developed and the HMIS has protocols to safeguard transmission of client PPI. Outreach providers should gather information on paper for data entry at a later time when a proper internet connection can be accessed.

E. Presumed Client Competence

Policy: Unless a court order claiming incompetence is known or provided, clients are presumed competent when filling out the HMIS client consent form. Organizations should presume that all clients are competent unless there is a known court ordering stating otherwise or obvious assessment to the contrary can be made.

Procedures: If there is a known court order stating the individual is not competent, then it will not be possible to obtain client consent for the HMIS. In this case, CHO end users may enter client information into the HMIS, however, that information must not be shared with other CHOs.

CHO end users should do their best in attempting to obtain informed consent from individuals that may not appear to be fully competent during intake when there is no court order. If it is not possible to obtain a truly informed decision regarding HMIS participation, the individual should be dealt with as a non-participant in HMIS.

Often individuals may be temporarily incompetent because they are under the influence of a particular substance which affects their ability to make a decision. If possible, delay the informed consent process and HMIS data collection until the client is no longer under the influence and are able to make coherent decisions.

F. Denial of Services

Policy: Clients do not have to participate in the HMIS or sign the client consent form in order to receive program services. Agencies cannot deny services to an individual solely on the basis of the individual deciding not to participate in HMIS. Some clients will choose not to participate in the HMIS or will not be capable of making an informed consent; however, it is important that these clients are not prohibited from receiving services by the program.

Procedures: If a client decides not to participate in the HMIS, an agency cannot deny services because of that decision. Agencies are not required to guarantee services to an individual, however, as they may fail other eligibility criteria, lack of openings, and/or lack of funding. Agencies may determine if an individual will or will not receive services before the individual goes through the informed consent process. This will eliminate a perceived relationship between HMIS participation and service delivery.

G. Workstation Privacy

Policy: In an effort to keep the HMIS and client data secure, end users and CHOs must implement the following security measures.

- 1) End user's computer screens should be placed in a manner where it is difficult for others in the room to see the contents of the screen. Workstations should not be in common areas where clients or other non-HMIS staff can gain access.
- 2) End users should not write down usernames and passwords and store them in an unsecured manner. This includes posting password and/or login information visibly near the workstation.
- 3) When end users are away from the computer, they should log out of the HMIS or lock down their workstation.
- 4) Computers used for HMIS data entry or analysis must have locking screensavers with password protection. Screensavers should lock after five minutes of inactivity

Procedures: The following procedures correspond with the above policy requirements and are mandatory for all CHOs.

- 1) Monitor placement plays a role in establishing security within an organization. End users should consider placing the monitor in a manner so that it is difficult for others to see the screen. This will help to protect the privacy of client PPI.
- 2) Never post HMIS login and password information under your keyboard, on your monitor, or out in the open. Implementation of this policy will make it much more difficult for others to obtain your login information and achieve access into the HMIS.
- 3) End users stepping away from their computers must log completely out of the HMIS. Locking down the workstation is also a good policy if PPI is stored locally.
- 4) CHO IT departments must implement locking screen savers on all computers used for HMIS data entry or analysis.

H. Password Privacy Requirements

Policy: It is imperative that end users never share their login information with anyone; including coworkers or managers. Each end user must fill out an HMIS user agreement form and have distinct login information that is not shared. Additionally, when HMIS end users leave or are terminated from the organization, agency staff must notify the HMIS administrator immediately so that the end user can be deactivated from the HMIS.

Procedures: If someone is having trouble accessing the HMIS or has been locked out of the system, please advise them to contact the HMIS administrator, HMIS Lead Agency, or Homeless Programs Office (HPO). Sharing login information with another person is a direct violation of the HMIS user agreement and this Plan. End users and their CHO are ultimately responsible for all actions occurring in the system under their login information. Auditing and access log functionalities are part of the HMIS system, which implies that specific user tasks and procedures can be traced.

All CHO end users must fill out and email a completed HMIS user agreement to the HPO or HMIS Administrator before access will be established. A copy of the current Hawaii HMIS user agreement is located in Appendix 1. **The HMIS Administrator or HPO must be apprised immediately when HMIS end users exit employment voluntarily, are terminated, or are laid off.** These users will need to be deactivated from the HMIS. This highlights another reason why login information should not be shared. CHOs repeatedly failing to adhere to this policy may see funding adversely affected.

I. HMIS Data Sharing

Policy: HMIS client data cannot be shared with other organizations unless explicitly authorized by the client through the client consent form in Appendix 2. Currently, all organizations have the potential to share data except HIV/AIDS providers. Data sharing must be manually selected for each client in order for it to take effect.

Procedures: The HMIS is capable of sharing client historical data, which includes visits and basic demographic data. It should be noted that a client's SSN and DOB can be seen as part of the search. Organizations associated with visits are shared if the client consents. This and other stipulations are outlined in the client consent form.

CHO users will keep client data confidential at all times and will obtain client consent to share client PPI via the HMIS. The HMIS application allows agencies to share visit records, which allows them to coordinate services more efficiently. Part of the HMIS Lead's monitoring policy will be to ensure that client's electing to share data on paper were also selected to share data via the HMIS. This policy aligns with Section B above.

J. Client Access to Their Records

Policy: Clients have the right to receive a copy of their data that is entered into the Hawaii HMIS. This policy must be present in the HMIS Privacy Notice and is outlined in item A of this section. Agencies must be able to accommodate this item but are advised not to make

copies for clients unless it is requested. Client's may lose or misplace PPI via paper forms, which may increase the likelihood of the information being used for malicious purposes.

Procedures: Clients may request a copy of their information contained within the HMIS. Agencies are required to provide them with a copy of the universal and program specific information if it is requested. Agencies are not required to print out any additional information, although it is optional and allowed.

Case management notes are typically not shared with the client, however, agencies may want to consider providing the client with case-related information such as goals, outcomes, referrals, and services provided if the client requests.

K. Client Grievance Process

Policy: Clients have the right to file a grievance with the CHO concerning violations of their privacy rights regarding their HMIS participation. No action or punishment may be taken against a client if they choose to file a grievance. A CoC-wide policy will be added to the State's current grievance procedures in relation to HMIS participation.

Procedures: A client must request and complete the CoC's standard grievance form. The client may turn the form into an organization not related to the grievance or may mail the form to the HPO.

The HMIS Lead Agency will review the grievance, research the nature of the complaint, and will respond to the grievant within 30 days. The agency named in the grievance, HMIS Lead Agency, and other participating HMIS agencies will not refuse or reduce services to the client because of a filed grievance. A thorough investigation by the HMIS Lead Agency will ensue if a client reports retaliation due to the filed grievance.

L. Research Agreements

Policy: Research agreements between various organizations may be enacted for the purposes of analysis and dissemination of HMIS data. This research may be conducted so long as agreements are drafted between organizations before data is supplied or received. Conclusions and analysis must be presented in the aggregate and must not display any client PPI.

Procedures: Formal agreements must be established between organizations before HMIS data is supplied. An example of a formal research agreement that can be used is presented in Appendices five and six of this Plan. Agencies may revise the agreement as needed.

IV. HMIS Security Standards

The goal of the HMIS Security Standards is to ensure that HMIS data are collected, used, and maintained in a confidential and secure environment at all times. The HMIS Security Standards applies to the HMIS Lead, CHOs, and the overall HMIS software solution. Specific applicability is described in each policy within these security standards. These standards apply to all PPI collected in the HMIS or uploaded through comparable databases.

The HMIS Lead Agency recognizes that agencies may have established their own security policies that meet the HUD security requirements and minimum standards set forth below. The seminal purpose of this document is to outline those standards to all CHOs and define the parameters of compliance with these standards. This document is not intended to supplant individual CHO security policies, but rather to supplement them. As long as CHO policies and practices meet the minimum thresholds established in this plan, they may establish additional or more stringent security requirements. Another key purpose of this document is to describe how the HMIS Lead will meet and maintain security requirements established in HUD's security standards.

A. Levels of User Access and Security

Policy: Each CHO will maintain a written policy detailing organizational management control over access authorization, user levels, and the internal process for activating new HMIS users. The HPO and HMIS Administrator will be solely responsible for establishing new users in the HMIS, and either may be contacted.

Procedures: CHOs must establish an internal point of contact that will be the conduit for establishing new users with either the HPO or the HMIS administrator. Individual staff should not email or request new HMIS users with HPO staff or the HMIS administrator. This is important from a security standpoint, as staff may no longer be employed with the organization. Directors should be copied on the correspondence so that they are aware of new user requests.

The Hawaii HMIS has three levels of user types:

1) **Program Users** – Program users are assigned to one program within the CHO, even if the organization has multiple programs. These users can only perform data entry for the specific program to which they have access. Program users cannot add case managers via the Agency Admin link and have baseline reporting capabilities. Program users can view records for clients in their program and can view visit history via the Edit Activity link if the client has elected to share data.

2) **Agency Users** – Agency users can enter intake information into any program within their organization. These users also have access to the full range of functionality under the Agency Admin link and have access to most reports. Reports are restricted to programs within their organization, however. Agency users can view records for clients in all of their

programs and can view visit history via the Edit Activity link if the client has elected to share data. Both shelter and agency user types cannot add programs or users.

3) **Administrative Users** – Administrative users can view all programs and client histories housed within the HMIS and have access to all client records. These user types are restricted to HUD, HPO, HMIS Lead Agency officials, and the HMIS Administrator.

The default status of all new CHO users will be Agency User unless specifically requested. Requesting shelter user status for front-line program staff may help to prevent data entry error, an example of which could be adding clients to the wrong program. The CHO point of contact must also maintain listings of active users and notify HPO staff or the HMIS Administrator immediately if any HMIS users are no longer employed with the agency.

B. Security Incident Procedures

Policy: Security incident procedures elicit a two tiered approach:

1) A user who breaches the terms of the HMIS user agreement will face sanctions specified by the CoC so that repercussions are uniform and fair for all CHOs. These specifications are required to be documented as part of the CoC's internal security plan. Any breaches related to security or privacy must be reported to the HMIS Lead within three business days of discovery. These breaches will be dealt with on a case by case basis by the HMIS Lead. The CHO assumes all responsibility for negligence due to data breaches or risk of incident within the organization.

2) All HMIS users are obligated to report suspected instances of noncompliance with these Standards that may leave HMIS vulnerable to intrusion or compromise client PPI. The HPO and HMIS Administrator are responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency. Each CHO is responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency.

Procedures: Associated measures for dealing with suspected or actual breaches of the HMIS in accordance with the above policies are outlined below.

1) Penalties may include, but are not limited to: a temporary or permanent ban from using the HMIS and legal action. The CoC will develop and implement baseline written policies for managing a breach of the HMIS user agreement. The CHO HMIS Administrator should use all reasonable measures to ensure staff complies with these policies. At minimum, CHOs will inform users that unauthorized use or disclosure of PPI is considered a serious matter and will result in penalties or sanctions, which may include:

- a) The loss of use or limitation on the use of the HMIS and other office and technology resources;
- b) Financial liability for any costs that may arise through user negligence;
- c) Adverse employment actions including dismissal;
- d) Civil and/or criminal prosecution and penalties

Each CHO will indicate in the Security Certification Checklist (Appendix 5) whether or not such a policy exists. If such a policy does not exist one year from the date of execution of this Plan, the CHO must establish a date not later than three months from the annual date by which such a policy will be developed and implemented. A copy of the policy must be provided to the HMIS Lead Agency by the target date.

2) HMIS users will report any incident in which unauthorized use or disclosure of PPI has occurred. CHO users will report any incident in which PPI may have been used in a manner inconsistent with the CHO Privacy or Security Standards. Security breaches that have the possibility to impact the Hawaii HMIS must be reported to the CHO's HMIS Administrator, HMIS Administrator, and HMIS Lead Agency. Each CHO will maintain and follow CoC-wide procedures related to thresholds for security incident reporting.

The HMIS Lead Agency staff, in conjunction with the HMIS Administrator, will review violations and recommend corrective and disciplinary actions. Each CHO will maintain and follow procedures related to internal reporting of security incidents.

C. Audit and Access Controls

Policy: The Hawaii HMIS will maintain an accessible audit trail that allows the monitoring of user activity. The HMIS will also authenticate user activity via Internet Protocol (IP) address and prevent simultaneous user access.

Procedures: The Hawaii HMIS' ability to restrict access via IP address will be enabled for all users. All new users will be setup so that the HMIS uses the IP to validate the user. Current users will be amended to adhere to the new user protocol above. As an additional security measure, the HMIS will include functionality so that multiple users cannot login to the database using the same login information.

D. Personnel Authentication & Password Protocols

Policy: To the extent possible, a background check should be initiated for all users prior to the provision of HMIS access. Any user with history of crimes related to identity theft or fraud must not be allowed access to the HMIS.

The below outlines password and user inactivity protocols for the Hawaii HMIS:

- 1) All passwords must be unique,
- 2) All passwords must be rotated every three months,
- 3) All passwords must be in a prescribed format,
- 4) Upon the third unsuccessful login try, users will be locked out of the system and the HMIS administrator or HPO must reset.
- 5) All users with no login activity for at least two months will be automatically deactivated.

Procedures: Organizational policy should mandate the denial of access to personnel that have criminal history relating to identity theft or fraud. Relating to items one through five above, all passwords must be unique and in the prescribed format as indicated on the initial HMIS login screen. Passwords for active users must be rotated every three months via HMIS prompt. After three unsuccessful login attempts, the HMIS will automatically lock out the user. All users with no login activity for at least four months will be automatically deactivated. The HMIS Administrator or HPO must be notified and will then have to reactivate.

E. Public Access Protocols

Policy: Each CHO must develop as part of its internal security policy, restrictions regarding access to the HMIS via public forums. This policy should include protocols regarding housing HMIS data on public workstations. The policy should also outline where clients are able to go within an organization.

Procedures: Program staff should be present to monitor workstations containing access to the HMIS. Additionally, as referenced in section 3E above, when workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals. After a short amount of time, workstations should automatically turn on a password protected screen saver when the workstation is temporarily not in use. Password protected screen savers are a standard feature with most operating systems and the amount of time can be regulated by a CHO. If staff from a CHO will be gone for an extended period of time, staff should log off the data entry system and shut down the computer. The HMIS will automatically log users out after 15 minutes of inactivity.

F. Malware and Virus Protection with Auto Update

Policy: All CHOs accessing the HMIS must protect the system by using commercially available malware and virus protection software. CHOs must also protect the workstations accessing the HMIS system from malicious intrusion by maintaining a secure firewall.

Procedures: Virus and malware protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is accessed. A CHO must regularly update virus definitions from the software vendor. There must be a firewall between the workstation and any systems, including the Internet and other computer networks, located outside of the organization.

G. Disaster Protection and Recovery

Policy: The HMIS Lead and each CHO must have a plan for maintaining and recovering access to HMIS data in the event of disaster.

Procedures: The HMIS Lead Agency will include provisions to maintain a backup of the HMIS data at a separate physical location consistent with the most up-to-date HUD HMIS

security standards. The HMIS hosting entity will back up all HMIS data daily. All backups will be held securely at a secondary data center within the hosting entity. To the extent possible, all data will be copied to a second server so that if an entire server malfunctions, data will be available immediately with no service interruption. The failover function will be tested at least once per year and after each major system upgrade.

Each CHO will maintain and follow procedures to copy all HMIS data on a regular basis to another medium and store it in a secure secondary location where the required privacy and security standards would also apply. At minimum, the procedures or provisions must specify that the data will be backed up weekly and that the backup restoration process will be tested at least once per year.

H. Hardware/Software Management & Physical Safeguards

Policy: The HMIS Lead Agency will ensure that the hosting entity maintains protections for the physical security of the facilities and media in which HMIS data is stored.

Procedures: Physical safeguards within the hosting entity include secure site storage, power grids, uninterrupted power supplies, air conditioning, and disaster prevention and recovery systems. The Hawaii Department of Human Services will utilize multiple hard drives and redundant power supplies to minimize interruption to service. At a minimum, the HMIS data will be stored in a facility with appropriate temperature control and fire suppression systems. Surge suppressors must be used to protect systems used for collecting and storing all HMIS data.

I. Wireless Transmission Security

Policy: The HMIS Lead is responsible for ensuring that HMIS SSL certificates are kept current. CHOs will specify in their security standards that sensitive PPI such as SSNs will not be transmitted over the internet through email accounts. Policies regarding the transmittal of HMIS username and password information must be established and assert that each piece of login information must not be sent in the same email. Users accessing the HMIS outside of the workplace are held to all standards within this Plan and assume all risk associated with potential breach of HMIS data.

Procedures: SSL (Secure Sockets Layer) is standard security technology for establishing an encrypted link between a website and a browser. SSL allows sensitive information such as credit card numbers, social security numbers, and login credentials to be transmitted securely. The SSL protocol determines variables of the encryption for both the link and the data being transmitted. It is the responsibility of the HMIS Administrator and solution provider to retain a current certificate.

Each CHO must establish policies within its security plan so that PPI is not transmitted over the internet via email. Username, password, and HMIS URL information must not be sent in the same email as a defense against potential threats to the HMIS. Users accessing the HMIS outside of the natural work environment are expected to adhere to the same policies as

outlined in this Plan. Wherever possible, information should be sent over the phone to communicate usernames and passwords with HMIS end users.

Appendix 1: Hawaii HMIS User Agreement Form

HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER AGREEMENT

Agency Name: _____

Statement of Confidentiality

Staff, volunteers, and any other persons with access to the Homeless Management Information System (HMIS) are subject to certain guidelines regarding its use. HMIS contains a wide range of personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of the HMIS include:

- Personal User Identification and Passwords must be kept secure and are not to be shared.
- Informed client or guardian consent, as documented by a current Authorization to Release form, is required before entering, updating, editing, printing, or disclosing basic identifying information via the HMIS.
- Informed client or guardian consent, as documented by a current Authorization for Release of Information with a HMIS clause, is required before entering, updating, editing, printing, or disclosing information beyond basic identifying non-confidential information.
- Confidential information obtained from the HMIS is to remain confidential, even if my relationship with my employer changes or concludes for any reason.
- Only individuals that exist as clients under the Agency jurisdiction may be entered into the HMIS.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Hawaii regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. The HMIS will not be used to defraud the Federal, State, or local government or any individual entity or to conduct any illegal activity.
- Any unauthorized access or modification to computer system information or interference with normal system operations will result in immediate suspension of your access to the HMIS.

Your signature below indicates your agreement to comply with this statement of confidentiality. Submit a completed agreement to the Department of Human Services (DHS), Benefit, Employment, and Support Services Division (BESSD) in order to receive a new employee user code.

Employee Name: _____

Date: _____

Employee Signature: _____

Supervisor Name: _____

Date: _____

Supervisor Signature: _____

The original Statement of Confidentiality should be kept on file at the Agency. Forms on individuals no longer employed by the Agency should be kept on file for five years. The HMIS Administrator should be notified immediately upon employee resignation or termination.

Appendix 2: HMIS Client Consent Form

**STATE OF HAWAII
COMBINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
AND HALE O MALAMA COORDINATED ENTRY SYSTEM (HOM-CES)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
ONE FORM PER ADULT CLIENT**

I am signing this consent for release of information contained in the attached Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), using Hawaii's Homeless Management Information System (HMIS) and Hale O Malama Coordinated Entry System (HOM-CES), based on the following representations:

_____ is a Partner Agency in Hawaii's Homeless Management Information System (HMIS) and/or Hale O Malama Coordinated Entry System (HOM-CES).

The HMIS is a shared homeless and housing database system administered by Partners In Care, Bridging the Gap, the City and County of Honolulu, the State of Hawaii, and is also funded and used by the Department of Housing and Urban Development. The HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. The HOM-CES program uses the VI-SPDAT to collect information about your individual circumstances in order to help authorized staff at Partner Agencies refer you to appropriate housing and services.

The HMIS and/or the HOM-CES databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS/ HOM-CES database and may remain in the database or databases past the expiration of the consent or after consent is withdrawn.

- Your HMIS and/or HOM-CES information **WILL NOT** be shared with any agency not participating in HMIS and/or HOM-CES (unless required to do so by law).
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS, the HOM-CES database, and/or shared among partner agencies is voluntary. Refusing to give consent **WILL NOT** deny your assistance, however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of your information to be shared with Partner Agencies will also share all prior episodes of homelessness currently in the HMIS or HOM-CES databases including information of all dependents (children under age 18) if applicable. If consent is given to share data, the name of each of the HMIS and/or HOM-CES participating agencies providing services for each prior episode will be shared.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (808) _____.
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (808) _____.

A. Please initial **one** of the following levels of consent:

_____ I give consent for my name and other collected information to be entered into the HMIS and/or
Initials HOM-CES database and to have my information SHARED among Partner Agencies. (Continue to section B below)

_____ I give consent for my name and other collected information to be entered into the HMIS database
Initials only and NOT SHARED among Partner Agencies. (Skip section B and sign below)

B. I further agree to and authorize the following:

_____ I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and
Initials received by the organizations that participate in HMIS and/or the HOM-CES, which include but are not limited to Partners in Care, Bridging the Gap, the State of Hawaii, the City and County of Honolulu, the Department of Housing and Urban Development, the Veteran's Administration, the Hawaii Public Housing Authority, supportive housing providers, homeless services providers, and social services organizations. I understand that the information I provide will be used to determine if I am eligible for partner agency housing, services or related programs. I also understand that each agency may have different eligibility requirements.

_____ I give my consent to contact me, or my case manager, navigator or other contact person, about my survey
Initials information, housing referrals or services referrals.

_____ I specifically give consent for the following information to be disclosed: whether I currently have or
Initials have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

_____ I give my consent to be photographed and that my photograph may be shared with partner agencies for
Initials the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS and/or HOM-CES does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for three years from the date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization pursuant to HRS 346-10.

Printed Name of Client

Signature (or Mark) of Client

Date

This form is on file with:

Name of Agency

Agency Address

Agency Contact Phone Number

Appendix 3: Public Privacy Notice (Posted Sign)

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THAT INFORMATION. PLEASE READ IT CAREFULLY

Effective Date: _____

Our Duty to Safeguard your Personally Protected Information (PPI):

_____ (Agency Name) collects information about which clients utilize services that we provide. We will ask for your permission to enter the information we collect about you and your family (as applicable) into a program called the HMIS. Although the HMIS helps us keep track of your information, individually identifiable information about you is considered “Personally Protected Information”. We are required to protect the privacy of your identifying information and to give you notice about how, when and why we may use or disclose the information.

We are also required to follow the privacy practices described in this Notice, although _____ (Agency Name) reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of this notice at any time.

How We May Use and Disclose Your Information:

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to identify you will never be used for these reports. We will not turn your information over to a national database. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use or disclosure without your permission. Please review the client consent form for further details.

Your Rights Regarding Your Information:

- You have the right to receive services even if you choose NOT to participate in the Hawaii HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.
- You have the right to ask for information about who has seen your information.
- You have the right to view your information and change it, if it is not correct.

**Partners in Care and Bridging the Gap CoC
Homeless Management Information System (HMIS)
Mandatory Collection Notice**

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information as mandated by law or as requested from organizations that fund this program. Other personal information we collect is necessary to operate programs, improve services, and better understand the needs of homelessness. We collect appropriate information only. A Privacy Notice is available upon request.

Appendix 4: Privacy & Security Certification Checklist for Contributing HMIS Organizations

All new and continuing CHOs must comply with the following privacy and security certifications within one year of execution of this Plan. All CHOs will be monitored on the following checklist at least once every two years.

Section	Policy Requirement	Meets Requirement (Y/N)	If No, date when will be met
III.A	Posted HMIS privacy policy at CHO workstations or where data collection occurs.		
III.B	CHOs have the most current HMIS client consent form. Sampled clients entered into the HMIS have a valid consent form. The consent and intake information are kept in a secure location.		
III.G	Screens where HMIS data entry occurs are placed in a manner making it difficult to oversee information being entered.		
	User login and password information are not left out in the open.		
	Locking screensavers are functional at HMIS workstations.		
III.H	CHO internal security policy outlines plan for contacting the HMIS administrator or HPO immediately when personnel exit employment		
III.I	CHO internal policy highlights policy for sharing data via the HMIS. Clients sampled for which data sharing is checked in the HMIS contain appropriate consent forms.		
III.J	CHO HMIS privacy policy contains wording expressing client's right to receive a copy of their information entered into the HMIS.		
III.K	CHO internal security plan accounts for grievances associated with violations of privacy rights regarding HMIS participation. A formal grievance process has been established.		
IV.A	CHO security plan details organizational control and accounting of active HMIS users. A point of contact has been established to make requests to the HMIS Lead.		
IV.B	CHO's internal security plan addresses measures for dealing with suspected or actual HMIS security breaches.		
IV.D	CHOs must have a protocol in place that denies HMIS access to personnel with criminal history relating to		

	identify theft or fraud.		
IV.E	Public workstations with access to the HMIS must have security measures such as locking screensavers or program staff monitoring.		
IV.F	CHO workstations must have malware and virus protections with auto updates.		
IV.G	CHO security policies must define and outline disaster protection and recovery process in the event of disaster.		
IV.H	Physical safeguards for protection of HMIS data must be in place at the organizational and administrative levels.		
IV.I	CHO security and privacy policies must contain language proscribing the transmittal of PPI and user login and password information via email.		
	Organizational policy must establish that users accessing the HMIS outside of the natural workplace assume all risk associated with potential HMIS breach.		

Appendix 5: Data Request for Research Study – Sample Study Form

This Research Study Form should be used as a template for your particular study. All sections should be revised to reflect elements of your study, which will help DHS to determine if the data requested can be granted.

Data Request for Research Study from the Hawaii Department of Human Services, HMIS

_____ is requesting data from the Hawaii Department of Human Services (DHS) to support the _____ Study. The study is funded by _____.

This document is a preliminary request. If the request is accepted, my organization expects to execute a Data Use Agreement with DHS.

Purpose of the Request

The primary research objective of the study is to learn more about the effects of housing and services interventions for homeless individuals and families. Specifically, this study will examine the level of housing stability provided by different housing interventions. The study compares several combinations of housing assistance and services in a multi-site experiment, to determine which interventions work best to promote housing stability, family preservation, child well-being, adult well-being, and self-sufficiency. In twelve study sites, families were randomly assigned to four interventions: rapid re-housing, transitional housing, subsidy, and usual care (emergency shelters).

_____ desires to obtain data from the Hawaii DHS, HMIS solely for the purposes of carrying out this study for _____.

HMIS Data Needs

HMIS data are needed for a number of purposes within the main study, including:

1. ***Need for Housing Assistance:*** The research team will use HMIS data to understanding the extent to which families returned to any housing assistance programs after receiving housing assistance through the study.
2. ***Understanding Take Up of Assigned Interventions:*** The study will use HMIS data to determine whether families enrolled in the housing intervention assigned to them through the study.
3. ***Assessing Crossover:*** The study will also use HMIS to assess whether study families also enrolled in another type of housing program during the study period.

We are interested in analyzing data on all clients served for the period between August 1, 2009 and September 30, 2013.

The table below lists the actual data elements requested and the reason for the request.

Data Element	Purpose
<i>Your Study Name</i>	
Program Name	Need for Housing Assistance; Assessing Crossover; Understanding Take Up of Assigned Interventions
Program Type	Need for Housing Assistance; Assessing Crossover; Understanding Take Up of Assigned Interventions
Program Entry Date	Need for Housing Assistance; Assessing Crossover; Understanding Take Up of Assigned Interventions
Program Exit Date	Need for Housing Assistance
Participant Contact Information	Need to help track families during study period
Participant Study ID (from research organization)	This data will be provided by my organization and used to map data back to research subjects.
First Name (from HMIS)	The HMIS data for equivalent fields will be useful for validating matches.
Last Name (from HMIS)	
Social Security Number (from HMIS)	
Date of Birth (from HMIS)	

Proposed Research Process

1. My organization will send DHS a data request form consisting of key intake and exit variables needed for the research study. My organization will also identify HMIS programs needed for the study. These variables and program identifiers shall include:
 - Program Identifier
 - First Name
 - Last Name
 - Social Security Number
 - Date of Birth
 - Date of Study Enrollment
 - Assigned Housing Program

2. DHS will return to _____ HMIS files with variables outlined above for the aforementioned study.

All data will be exchanged in an encrypted format using a secure FTP process. More information on proposed safeguards is described below.

Timeline

We propose the following general timeline, assuming the proposed research process is used:

- May 3, 2013: Data Use Agreements signed
- May 17, 2013: Data request sent
- July 12, 2013: Preliminary data set for the Study returned by Department of Human Services

- October 2013: Final data set for the Study returned by Department of Human Services

Client Consent

All subjects in the study have consented to participate through their initial HMIS client consent form. This consent allows for researchers to collect data on themselves and their children, both directly through surveys and through other administrative sources, including HMIS.

Protocols for Securing HMIS Personal Protected Information (PPI)

The following list is intended to provide a general understanding of the procedures we will follow to protect the data provided by Department of Human Services.

Limitations on Access and Use

- Personally identifying information, including names and social security numbers, will only be viewed by _____ researchers and consultants with a need to access that information. Such data will only be accessed for de-duplication and matching purposes.
- _____ will not disclose the data for any purposes other than for “The _____ Study” (formerly known as the “The Impact of Housing and Services Interventions on Homeless Families”)
- Additional data analyses will use a dataset that is stripped of identifying information, with the exception of a unique key that will enable future data matching back to the identifying information as needed for analysis.

Physical Safeguards

- Data that are extracted from the HMIS will be transmitted using a secure transmission protocol, with at least 128-bit encryption.
- HMIS data will be maintained on a secure workstation or server that is protected by a firewall.
- The data will be maintained in a directory that can only be accessed by the network administrators and the analysts that are actively working on the data.
- Data on the secure server will be encrypted using an industry standard algorithm incorporating at least 128-bit encryption. The decryption key will only be known to analysts working with the data.
- The organization will back up the data on a regular basis to safeguard against system failures or disasters. Only encrypted versions of the data will be copied to the backup media. Unencrypted HMIS data will not be stored on a laptop or other moveable media such as CDs, diskettes, or USB flash drives.
- Upon completion of all research for the Family Options study, Abt Associates will dispose of all personal identifying information on the working server in a manner that ensures that the information cannot be recovered. Encrypted versions of the data may remain on backup media for a longer period of time, and disposed of in accordance with Abt Associates standard backup procedures.

Key Contacts

The following individuals are requesting the data and will be responsible for appropriate use.

Name	Organization/Role	Phone	Email

Appendix 6: Data Use and Security Agreement – Sample Study Agreement

Expiration Date: _____

Date Effective: _____

Project Name: HUD Impact of Housing and Services Interventions on Homeless Families

Contract Number: In reference to Abt Associates HUD contract # C-CHI-00943, CHIT0003

The Data Use and Security Agreement (hereafter referred to as Agreement) is made by and between Abt Associates Inc. (hereafter referred to as Data Recipient) and Hawaii Department of Human Services, Homeless Programs Office (hereafter referred to as the Primary Coordinating Organization or “PCO”). The PCO and Data Recipient will be collectively referred to as the “Parties.”

This Agreement addresses the terms and conditions under which Abt Associates and PCO agree to exchange and use the data to carry out the Impact of Housing and Services Interventions on Homeless Families (hereafter referred to as Program) for the Department of Housing and Urban Development (hereafter referred to as HUD or Client).

The study of The Impact of Housing and Services Interventions on Homeless Families is designed to help policymakers, community planners, and local practitioners make sound decision about how to prioritize the use of resources and structure local homeless assistance systems for families.

Role of the Parties

As a research and consulting company, Abt Associates under the HUD Program will receive and analyze a variety of client and other administrative data for research purposes. Specifically, Abt Associates will be collecting administrative data including the Homeless Management Information Systems (HMIS) within each of the 12 Continuums of Care that are a part of the study and HUD PIH Information Center (PIC) data, which includes data on families receiving HUD-funded housing assistance.

Hawaii Department of Human Services, Homeless Programs Office is the Primary Coordinating Organization (“PCO”) to obtain access to the local Homeless Management Information System (“HMIS”) that is used to collect client-level data on homeless persons served in the Honolulu CoC as required by the U.S. Department of Housing and Urban Development (HUD). The PCO acts as System Administrator (“SA”), and oversees the operations of the software vendor Hybrid International, LLC and the software Integrated Homeless Management Information System.

The System Administrator is an employee of the PCO and is responsible for the observance of all conditions for use, establishment and maintenance of security agreements as specified in this Agreement to prevent unauthorized use.

This agreement addresses the conditions under which the PCO will disclose the HMIS administrative data to the Data Recipient and the terms in which the Data Recipient may use the data provided under the terms of the scope of work pursuant to HUD contract referenced above. This agreement supersedes all agreements between the Parties with respect to the use of data specified in this Agreement and provided by the PCO.

The Parties agree to the following terms regarding the release, exchange, and use of data.

Data to be Exchanged

Under this agreement, the Data Recipient will be provided access to the HMIS and use the search and reporting tools to create data files for further analysis.

The Data Recipient will obtain the following data from the PCO, on the families who have consented to participate in the Family Options Study:

- a. Name
- b. Social Security Number
- c. Date of Birth
- d. Program Entry and Exit Dates
- e. Program Name and Type

Data Recipient will use the data solely for the purposes of fulfilling the requirement of the U.S. Department of Housing and Urban Development (HUD) study under C-CHI-00943 Task Order, CHI-T0003, “Impact of Housing and Services Interventions on Homeless Families” (also known as “Family Options Study”).

The Data Recipient shall be considered a “Participating Agency” and a “Member” of the HMIS information network for the purposes of obtaining access to the software and to the data in the HMIS, as equivalent to signatories of an Agency Participation Agreement or similar documents. The Data Recipient will not enter any client data into the HMIS.

The Data Recipient agrees to ensure that any agents, including subcontractors, to whom it provides the data, agree to the same restrictions and conditions that apply to the Data Recipient with respect to such information.

The Parties mutually agree that the Data Recipient does not obtain any right, title, or interest in any of the data provided by the PCO.

The Parties mutually agree that the following named individual is designated as the “Custodian” of the data on behalf of the Data Recipient and will be personally responsible for observing the security and privacy arrangements specified in this Agreement.

Name of Custodian

Company/Organization

Street Address

City/State/Zip Code

Phone Number

E-mail Address

The Parties mutually agree that the following named individual is designated as the “Point of Contact” of the data on behalf of the PCO and will be personally responsible for ensuring that that security and privacy arrangements specified in this Agreement are observed.

Name of Contact

Title

Company/Organization

Street Address

City/State/Zip Code

Phone Number

E-mail Address

1. The Parties mutually warrant that the data provided will be used solely for the purposes described in the scope of work under the terms of the contract and for no other purpose.
2. Data Recipient agrees that access to the data provided under this agreement will be limited to the minimum number of individuals necessary to perform the work.

3. The Data Recipient will notify the PCO prior to sending data to third party database administrators or any third party. The PCO retains the right to refuse to allow the sharing of data with any third party. The Data Recipient will execute a Data Use and Security Agreement with any third party prior to sharing data.
4. Operating Policies: Parties agree to follow and comply with the HMIS User Confidentiality Agreement (Attachment A).

Technical Support: The SA and PCO will provide limited technical support as related to obtaining access to the HMIS within budgetary constraints. Data Recipient will identify staff that will use the system and receive user licenses.

5. Training: The PCO shall not be required to provide any HMIS training to the Data Recipient.
6. The Parties mutually agree that the data provided under this Agreement and/or any derivative file(s) may be submitted to HUD, if requested. Any data submitted to HUD will not contain any personal identifiable information (PII) that would allow for simple identification of the program participants. HUD reserves the right to analyze the data collected for the study and make it available to others for independent analysis. At the end of this Agreement, the Data Recipient must return or destroy all original data files, copies or extracts including names, address information or other identifiers. Data destruction must be done using industry best practices.
7. This agreement expires on January 28, 2015, the last date of Abt's contract for the Family Options Study and the date by which all analysis using this data must be complete. If for any reason there is an adjustment to Abt's contract end date, then this agreement will be revisited by the Data Recipient and PCO, to ensure that it is in effect for the necessary period of time to conduct the Family Options Study.
8. The Data Recipient agrees to use appropriate administrative, technical and physical safeguards to protect the data. Authorizations will be based on the principles of need to know, least privilege and separation of duties. Secured storage will be used to protect the data and encryption should be used when transmitting the data.

The Data Recipient agrees to protect the data in accordance with the baseline security standards described in HUD's HMIS Data and Technical Standards. "Department of Housing and Urban Development Homeless Management Information System (HMIS) Data and Technical Standards; Final Notice," 69 Federal Register 104, (July 30, 2004) pp. 45888-45934. <https://www.onecpd.info/resource/1318/2004-hmis-data-and-technicalstandards-final-notice/>

9. Limitation of Liability and Indemnification: No party to this agreement shall assume any additional liability of any kind due to its execution of this agreement or participation in the HMIS network. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity, through

participation in the HMIS network. The parties specifically agree that this agreement is for the benefit of the parties only and that this agreement creates no rights in any third party. In no event shall either party be responsible to the other for special, indirect or consequential damages of any kind.

10. Limitation of Liability: The PCO acting as the Systems Administrator “SA” shall not be liable to the Data Recipient for any cessation, delay, or interruption of services, nor for any malfunction of hardware, software or equipment to the extent that any such event is beyond the reasonable control of the SA and/or is the fault of independent contractors hired by the SA for servicing of pertinent equipment, devices, software or hardware. If such an event continues for more than 30 days, the Data Recipient may terminate this agreement immediately upon written notification to the SA. If the Data Recipient terminates thereby, the parties shall seek mutual resolution to any dispute.
11. Disclaimer of Warranties: The PCO makes no warranties, express or implied, including the warranties of merchantability and fitness for a particular purpose, to the Data Recipient or any other person or entity as to the services of the HMIS or to any other matter.
12. The Parties mutually acknowledge that certain types of personal, health and financial data are protected by Government regulations and laws, including but not limited to the Privacy Act of 1974 (5 U.S.C. 552a et seq.), HIPAA Privacy Rule (104-191 P.L.), the Sarbanes-Oxley Act and the Gramm-Leach-Bliley Act of 1999. The Parties further mutually acknowledge that there are administrative, civil or criminal penalties for disclosure or misuse of these data.
13. By signing this agreement, the Data Recipient agrees to abide by the provisions noted in this Agreement for the protection of the data file(s) noted, and acknowledges having received notice of potential criminal, administrative, or civil penalties for violation of the terms of the Agreement.

The undersigned individual hereby attests that he or she is authorized to commit to this agreement on behalf of the Data Recipient and further agrees to abide by all of the terms specified in this Agreement.

(Name and Title of the person signing the Agreement)

(Signature and Date)

The Custodian, named above, hereby acknowledges and agrees personally and in a representative capacity to comply with all of the terms of this Agreement on behalf of the Data Recipient.

(Signature of Custodian, Title and Date)

The undersigned individual hereby attests that he/she is authorized by the PCO to enter into this Agreement and agrees to all of the terms specified herein.

(Signature, Title and Date)

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

Homelessness has become a top priority of the City Administration and City Council. It is also a top concern expressed by the public. The dire situation is captured by data collected and reported through the State’s 2014 Homeless Service Utilization Report and Point in Time Count Report. Together, the two reports offer the most comprehensive data collected on homelessness in the City and the rest of the State of Hawaii.

Table 30 shows that the 2014 count reported a total of 4,712 homeless which represents a 3 percent (3%) increase from the year before. Table 31 shows that over 36 percent (36%) were counted in the Downtown Honolulu region, over 19 percent (19%) in East Honolulu and the Waianae Coast regions. Table 30 shows that half of the count was for individuals and half for families. Over 3,000 were sheltered of which about two-thirds (2/3) are people in families. Over 1,600 were unsheltered and over 90 percent (90%) were individuals. Table 32 shows that the count included 558 chronically homeless and unsheltered individuals as well as 12 for people in families.

Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	2,168	188	0	0	0	0
Persons in Households with Only Children	1,253	52	0	0	0	0
Persons in Households with Only Adults	915	82	0	0	0	0
Chronically Homeless Individuals	99	558	0	0	0	0
Chronically Homeless Families	5	12	0	0	0	0
Veterans	214	171	0	0	0	0
Unaccompanied Child	7	8	0	0	0	0
Persons with HIV	32	14	0	0	0	0

Table 28 - Homeless Needs Assessment

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

Racial Grouping	Sheltered Adult Individuals	Unsheltered Individuals	Unsheltered Families
American Indian/Alaska Native	19	18	0
Asian	174	113	0
African-American	90	67	2
Hawaiian/Pacific Islander	278	520	62
White	324	401	7
Refused	2	78	3
Multiple Races	-	248	8
Total	887	1445	82
Ethnicity			
Non-Hispanic/Non-Latino	773	1105	65
Hispanic/Latino	79	172	7
Unknown/Refused	35	168	10
Total	887	1445	82

Table 29 - Demographic Characteristics of Oahu's Homeless, 2014

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

	2013 Homeless	2013 Total	2014 Homeless	2014% Total
Total People				
Sheltered	3091	68%	3079	65%
Unsheltered	1465	32%	1633	35%
Total	4556	100%	4712	100%
Individuals				
Sheltered	901	41%	911	39%
Unsheltered	1295	59%	1445	61%
Total	2196	100%	2356	100%
People in Families				
Sheltered	2190	93%	2168	92%
Unsheltered	170	4%	188	8%
Total	2360	100%	2356	100%
Total Family Households				
Sheltered	525	92%	526	91%
Unsheltered	43	8%	52	9%
Total	568	100%	578	100%

Table 30 - 2013 & 2014 Oahu Homeless Composition

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

Region	2012		2013		2014	
	Total	Percent	Total	Percent	Total	Percent
1. Downtown Honolulu	403	30.6%	609	41.06%	598	36.6%
2. East Honolulu	304	23.1%	263	18%	321	19.7%
3. Ewa	50	3.8%	73	5%	115	7%
4. Kaneohe to Waimanalo	113	8.6%	52	3.5%	122	7.5%
5. Wahiawa to North Shore	138	10.5%	99	6.8%	154	9.4%
6. Upper Windward	30	2.3%	21	1.4%	5	0.3%
7. Waianae Coast	280	21.2%	348	23.8%	318	19.5%
TOTAL	1318	100%	1,465	100%	1,633	100%

Table 31 - Regional Distribution of Unsheltered Homeless, 2012-2014

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

Sub-Population	2012	2013	2014
Unaccompanied Chronically Homeless - Sheltered (exclude TH per HUD)	101	187	99
Unaccompanied Chronically Homeless - Unsheltered	485	505	558
Chronically Homeless Families Sheltered (excludes TH per HUD)	8	11	8
Chronically Homeless Families -Unsheltered	10	15	12
Veterans -Sheltered	202	207	214
Veterans-Unsheltered	165	191	171
Severely Mentally Ill- Sheltered	369	413	403
Severely Mentally Ill- Unsheltered	N/A	429	521
Chronic Substance Abuse -Sheltered	144	322	295
Chronic Substance Abuse- Unsheltered	N/A	299	340
People with AIDS- Sheltered	18	32	32
People with HIV/AIDS- Unsheltered	N/A	22	14
Victims of Domestic Violence	105	280	289
Unaccompanied Youth (under 18) -Sheltered	2	3	7
Unaccompanied Youth (under 18 years) -Unsheltered	7	2	8

Table 32 - Subpopulation Data, 2012-2014

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

Indicate if the homeless population is: Has No Rural Homeless

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

Total Homeless has increased from 3,638 to 4,712, or 1,074 persons (29.5%); Sheltered Homeless has increased from 2,445 to 3,079, or 634 persons (25.9%); Unsheltered Homeless has increased from 1,193 to 1,633 or 440 persons (36.9%). Since 2011, the number of sheltered homeless has increased from 2,912 to 3,079 or 167 persons (5.7%) while unsheltered homeless has increased from 1,322 to 1,633 or 311 persons (23.5%).

Sheltered Homeless

There were 3,079 sheltered homeless in the 2014 PIT Count. Of this number, 911 were individuals and 2,168 were part of 526 households with children. These numbers are nearly flat when compared to the last two years, and are indicative of the state of emergency and transitional housing programs on Oahu.

Unsheltered Homeless

There were 1,633 unsheltered homeless enumerated in the 2014 PIT. 188 people were part of 52 households with children, which rose slightly from 43 in 2013. There were 118 people in multi adult households; an increase of 16 when compared to 2013, and 1,327 of the total unsheltered homeless were singles, which saw an increase of 134 people from 2013.

Homeless Subpopulation

- Chronically homeless families seen overall reductions of -6 families to 20 families (-23.1%) in 2014.
- People with HIV/AIDS also showed reductions with a decrease of -8 persons to 46 persons (-14.8%).
- Veterans reflected an overall decrease of -13 persons to 385 persons (-3.3%).
- Unaccompanied Youth reported an increase in 10 persons to 15 (200%) with six of the 10 persons being unsheltered.

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	324	408
Black or African American	90	69
Asian	174	113
American Indian or Alaska Native	19	18
Pacific Islander	278	582
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	79	179
Not Hispanic	779	1,170

Alternate Data Source Name: Statewide Homeless Point-in-Time Count

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

According to the 2014 Point-in-Time count, there were 526 families with children in shelters, this is close to the amount of 525 in 2013. For unsheltered families with children, the count was 106 families, which is greater than the count of 90 in 2013..

Table 32 shows that the 2014 count for veterans in shelters was 214. The prior year's count was 207. For unsheltered veterans, the latest count was 171. This is down from 2013 count of 191. The Point-in-Time count did not cover families of veterans.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

About 68 percent (68%) of 887 sampled adult individuals in shelters were White, Hawaiian, or Pacific Islander. About 64 percent (64%) of 1,445 sampled unsheltered individuals were one of these three races. About 7 percent (7%) of 82 sampled unsheltered families were Native Hawaiian or Pacific Islander.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

Homelessness in Honolulu is a major contributor to the State's status as one of the top States in terms of homelessness. The increase has been a historical high and takes place at a time when overall homelessness in the country is decreasing. The 2014 Point-in-Time Count Report established the profile of homelessness in the City, which is provided in Table 31.

Discussion:

The City has adopted a Housing First-Scattered Site approach to address the needs of the chronically homeless. The Housing First strategy reverses the existing practice of "stabilizing" first before housing an individual. The transition therefore is not only about the construction of permanent supportive housing but also a transformation of a delivery system. The City's Islandwide Housing Strategy Action Plan seeks partnerships in providing gap financing and acquiring/rehabilitating up to 155 units for Housing First clients.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

Using HUD's definition, special needs populations include the following:

- Elderly
- Frail Elderly
- Severely Mentally-Ill
- Developmentally Disabled
- Physically Disabled
- Persons with Alcohol/Drug Addictions
- Persons with HIV/AIDS

An array of housing solutions and diversity of supportive services needs are indicated by the information and data in the various reports from the City's Elderly Affairs Division (EAD), the State Executive Office on Aging, the DOH and other entities. The special needs of the City's non-homeless population are great and the resources or solutions to address them fall short. The relatively higher cost of doing business in Hawaii (housing, cost of living) increases the gap in needed housing and services further. The lack of appropriate low-cost housing and employment are complicating issues for populations with special needs. Homelessness and the threat to homelessness among special populations have increasingly drawn the attention of the City's non-profit partners.

Describe the characteristics of special needs populations in your community:

Elderly and Frail Elderly. The major change in special needs population centers on the aging of the population. The City's General Plan Update of 2011 highlighted the need to adjust the affordable housing stock to accommodate elderly needs. Such elderly accommodations may include an increase of units for handicapped residents and housing with pedestrian access to social services and public transportation. It is projected that the population who are 65 years and older will grow by 26,440 or 16 percent (16%) during the Consolidated Plan Implementation period.

The State's Executive Office on Aging provides a projected distribution of the elderly population in 2030 (See Chart 1). The Pacific Disaster Center also provides information on the location of current senior housing on the Island (See chart 3). A comparison suggests that areas where the elderly are concentrated do not necessarily have a concentration of public senior housing projects. In addition, there is a need to ensure that the location of solutions and services matches the location of the elderly and frail elderly.

The 2011 Census data presents the disability status of an aging population that will need to be addressed. As Table 34 suggests, there are more females than males with disabilities. Ambulatory difficulty is the most frequent problem. This is followed by independent living difficulty for the females and hearing difficulty for the males.

Persons with Severe Mental Illness. The State DOH used the Substance Abuse and Mental Health Services Administration's recommended method for estimating the prevalence of Serious and Persistent Mental Illness among the adult population. For 2012, Oahu was estimated to have 40,106 adults with Serious Mental Illness. Of these, 19,310 had persistent mental illness. It was reported that 33 percent (33%) or 6,362 of those with persistent mental illness were treated. This leaves more to be treated.

Mental health treatment for special populations is also for:

- Those in prison where the rate of suicide has gone up nationally
- Older adults who are reported to have the most hospitalization from complications of diabetes and mental health
- Asians with disproportionately more depressive disorder
- Native Hawaiian/Pacific Islanders given the highest suicide death rate
- Veterans faced with stigma and a high suicide rate
- Lesbian, Gay, Bisexual, and Transgender (LGBT) needing trauma care.

Persons with Disability. Among people with disability, the poverty rate is disproportionately high for those 35 years and older. It gets worse for those 75 years and older. A comparison between those with disability and no disability is summarized below:

Persons with Developmental Disability. The State Department of Health reported to the 2013 State Legislature that its Developmental Disabilities programs served 3,238 persons statewide and did not have a waiting list.

Persons with Alcohol/Drug Addictions The State Department of Health's 2012 Report to the State Legislature cited a 2004 Assessment Report which estimated that about 59,459 or 9.46 percent (9.46%) of the total 628,853 adults on Oahu were in need of treatment for alcohol and/or other drugs.

What are the housing and supportive service needs of these populations and how are these needs determined?

Elderly and Frail Elderly. The latest available Department of Community Services, Elderly Affairs Division, Four-Year Area Plan On Aging identifies the following general needs:

- Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies;
- Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home- and community-based services, including support for family caregivers;

Develop Oahu's Aging and Disability Resource Center (ADRC) to its full capacity to serve as a highly visible and trusted place where all persons, regardless of age, income and disability, can find information on the full range of long-term support options;

- Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist persons at risk of institutionalization and impoverishment;
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Persons with Severe Mental Illness. Table 35 identifies the types of housing needs of those with severe mental illness, the DOH provided the following living situation profile for its AMHD consumers across the State.

Persons with Disability and Persons with Developmental Disability. The needs for Persons with Disability and Persons with Developmental Disability were met through four programs namely:

1. DD/ID Home and Community-Based service (HCBS) Medicaid Waiver program;
2. Long Term Adult Supports and Resources (LASR);
3. Family Support Services Program (FSSP); and
4. Crisis Network Services.

A 2008-2011 Plan by the Hawaii Statewide Council on Developmental Disabilities reflected the following needs:

- Support necessary to live in the home of their choice including respite and relief during emergencies;

- Access to appropriate, safe, and timely transportation options in order to participate in their communities;
- Access to needed medical and dental care;
- Appropriate family-centered, community-based, culturally-appropriate services and supports will be available to all children with special needs;
- Employment consistent with their interests and abilities.

Persons with Alcohol/Drug Addictions An Alcohol and Drug Treatment Service Report covering 2003-2012 was completed by the University of Hawaii Center on the Family. During the ten-year period, the annual number of Oahu residents admitted for treatment was always in the thousands. In 2012, admission reached 3,557. Since admission depended on funding and available treatment at any given time, the treatment admission statistics is a conservative estimate of the likely need for services.

Special populations include:

- Substance abusing women who are pregnant and women with dependent children;
- Offenders or those in prison;
- People living with HIV/AIDS;
- Injection drug users (methadone);
- Dual substance abusers.

For 2012 on Oahu, the DOH reported that 861 or 24 percent (24%) did not have a stable living condition at admission, 674 or 20 percent (20%) at discharge, and 45 or 3 percent (3%) at follow-up.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

Persons with HIV/AIDS. HIV Surveillance data reports that there were at least 2,323 cases of AIDS reported. They are underserved as reported by Gregory House Program during the most recent CAPER (i.e. 210 need Short-Term Rental, Mortgage, and/or Utility Assistance).

HIV Housing Need (HOPWA Grantees Only)

The Gregory House Program, the primary non-profit organization that provides housing assistance to individuals and households living with HIV/AIDS, identified level of unmet housing needs for persons with HIV/AIDS can be found in Table 37.

HOPWA

Current HOPWA formula use:	
Cumulative cases of AIDS reported	2,323
Area incidence of AIDS	42
Rate per population	0
Number of new cases prior year (3 years of data)	205
Rate per population (3 years of data)	0
Current HIV surveillance data:	
Number of Persons living with HIV (PLWH)	1,660
Area Prevalence (PLWH per population)	170
Number of new HIV cases reported last year	0

Table 33 – HOPWA Data

Data Source: CDC HIV Surveillance

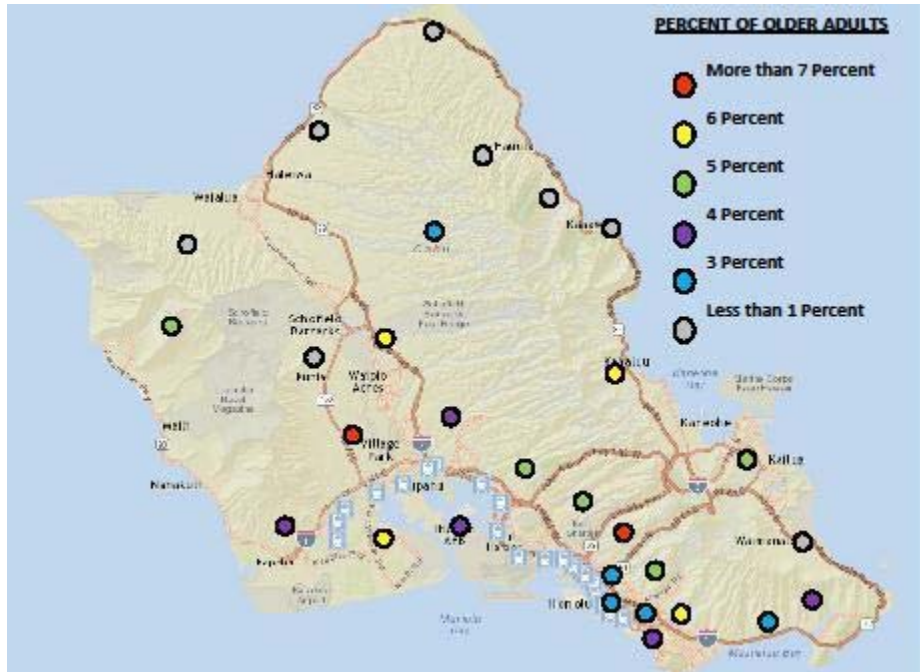


Chart 1 - Projected Distribution of Older Adults by 2030

Source: State of Hawaii Executive Office on Aging Informational Briefing to the State Legislature

Disability Status	Male	Female
65 to 74 years		
With any disability	7,068	6,982
With a hearing difficulty	2,990	1,827
With a vision difficulty	714	1,137
With a cognitive difficulty	1,531	1,919
With an ambulatory difficulty	3,687	5,142
With a self-care difficulty	1,493	1,012
With an independent living difficulty	1,897	2,834

Disability Status	Male	Female
75 years and over		
With any difficulty	12,043	20,607
With a hearing difficulty	6,158	8,130
With a vision difficulty	1,495	2,916
With a cognitive difficulty	3,304	7,386
With an ambulatory difficulty	6,967	14,259
With a self-care difficulty	2,463	3,954
With an independent living difficulty	5,458	12,383

Table 34 - Disability Status of Population 65 Years and Older

Data Source: dbedt.Hawaii.gov

	Private Residence	Residential Care	Crisis Residence	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	NA	Total
18-24 yrs	4,218	395	21	53	114	473	2,715	7,989
65+	407	124	1	11	1	16	238	798
Not Available	0	0	0	0	0	0	1	1
Total	4,625	519	22	64	115	489	2,954	
Female	2,435	312	12	43	77	296	1,667	4,842
Male	2,190	207	10	21	38	193	1,283	3,942
Not Available	0	0	0	0	0	0	4	4
Total	4,625	519	22	22	115	489	2,954	8,788

Table 35 - Living Situation Profile for AMHD Consumers

Source: DOH Behavioral Health Administration Homeless Overview/Accomplishment March 7, 2013 Handout

Definitions: Private Residence –house, apartment, hotel, dorm, barrack, and/or single room occupancy; Residential Care – Residential care facility and level of care may include – group home, therapeutic group home, residential treatment, rehabilitation center, agency-operated residential care facilities; Crisis Residence -24hrs/day stabilization program for those experiencing sudden deterioration such that they are clinically at risk of hospitalization but may be treated in this alternative setting; level of care include skilled nursing intermediate care facility, nursing homes, inpatient psychiatric hospital, psychiatric health facility, and State hospital; Jail/Correctional Facility – jail or correctional facility with care provided 24/7; Homeless – reported homeless, sheltered or unsheltered.

Age Group	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
Total Estimated Population	145,780	210,762	358,030	75,145	68,362
Population with Disability	5,502	8,648	34,705	15,837	32,202
With income in the past 12 months below poverty level	4%	4%	10%	21%	47%
Population with No Disability	140,278	202,114	323,325	59,803	36,160
With Income in the past 12 months below poverty level	15%	12%	7%	5%	7%

Table 36 - Population Below Poverty Line, With and Without Disability, By Age Group

Data Source: dbedt.Hawaii.gov

HIV Housing Need (HOPWA Grantees Only)

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	380
Short-term Rent, Mortgage, and Utility	210
Facility Based Housing (Permanent, short-term or transitional)	60

Table 37 – HIV Housing Need

Alternate Data Source Name: Gregory House Program HOPWA CAPER, PY 2013

Total Resident Population by Age Group	Year 2015	Year 2020	Percent	Change (+/-)
0-4 yrs	66,030	66,690	.01	930
5-11 yrs	78,310	83,590	.07	5,280
12-13 yrs	21,750	21,810	.00	60
14-17 yrs	43,280	43,010	(0.01)	(270)
18-64 yrs	601,400	596,470	(0.01)	(4,930)
Over 65 yrs	165,420	191,860	0.16	26,440

Table 38 - American Community Survey Demographic 2012

Data Source: www.census.gov

Discussion:

See discussion above.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

There is a need for permanent supportive housing facilities and related services to support the strategy of Housing First, especially through a scattered-site approach. Available homeless facilities and services in the City remain inadequate given the current number and types of homeless reported in Section NA 40. There is a need to preserve all possible shelters to ensure that no emergency shelter or transitional housing beds are lost to neglect or wear and tear. There are an inadequate number of beds for particular sub-populations, namely veterans and people living with HIV/AIDS. The lack of permanent supportive housing beds is readily noticeable and especially affects the chronically homeless and those with severe mental illness and/or chronic substance abuse issues. HUD issued its 2014 Continuum of Care Homeless Assistance Programs – Housing Inventory Count Report on November 25, 2014 and the number of available beds can be accounted for in Table 54.

Facilities and Housing Targeted to Homeless Households

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	2,427	61	1,875	0	0
Households with Only Adults	1,070	0	452	0	0
Chronically Homeless Households	0	0	0	0	0
Veterans	11	0	324	0	0
Unaccompanied Youth	16	0	14	97	0

Table 54 - Facilities and Housing Targeted to Homeless Households

Alternate Data Source Name: HUD COC HAP Housing Inventory Count Report

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

The City's residents are served by mainstream programs and services of: the State of Hawaii DOH including its Adult Mental Health Division (AMHD) programs; DHS including its Benefit, Employment, and Support Services Division programs, Social Service Division programs (BESSD), HEALTH-MedQuest Division programs, Office of Youth Services (OYS) programs, Division of Vocational Rehabilitation (DVR) programs; the City and County Oahu WorkLinks programs for employers, jobseekers and youth programs; and the City and County Community-Based Development Division programs.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Within the PIC, there are providers who specialize in providing outreach and assistance to homeless individuals and families.

Addressing the emergency and transitional housing needs of homeless persons

The City will continue to utilize the Emergency Solutions Grant to fund Emergency Shelter Services (essential services and operational costs) to assist shelters and transitional housing programs with the operating costs of those facilities. Rapid Re-Housing, under ESG, allows persons in emergency and transitional housing programs that come from the streets and or shelters to be quickly housed.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The Housing First approach represents the City's broad and long-term strategy for ending homelessness. This includes the active involvement of the Continuum-in-Care Oahu (Partners-in-Care Oahu) in identifying priorities for allocating ESG funds. It also involves the deployment of a vulnerability assessment indexing tool to ensure that needs of eligible clients are addressed successfully. It requires benchmarking, e.g. HMIS and Point-in-Time Count reporting.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Based on prior ESG funding history, homelessness prevention ranks first in the use of ESG funds in Honolulu. The City anticipates that ESG funded organizations will continue to utilize a majority of the ESG grant funds on homelessness prevention activities. These activities include financial assistance, and activities meant to help a household maintain its permanent housing after discharge from the program. Case management is focused on improving a family's ability to remain in permanent housing, including acquiring any Federal, State, or other benefits that may be available.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

The City and County of Honolulu, Department of Community Services, operates a rehabilitation loan program to preserve Oahu's housing stock. Eligible homeowners and landlords may apply for loans of Community Development Block Grant funds to bring a unit up to housing standards. When an applicant with a unit built before 1978 obtains a loan, program procedures require lead testing and abatement.

The City's Rehabilitation Loan program is expected to continue its role in preserving the housing stock that will especially meet the needs of low- to moderate-income homeowners and landlords that rent to low- and moderate income households.

How are the actions listed above related to the extent of lead poisoning and hazards?

Inspection and remediation by qualified entities are part of standard procedures in assessing properties to be rehabilitated.

To better protect young children from the dangers of lead based paint, the City distributes pamphlets on lead poisoning prevention and utilizes various disclosure forms for its housing rentals and lease programs.

In addition, landlords with TBRA units are subject to physical inspections prior to the tenants move-in and annually thereafter.

How are the actions listed above integrated into housing policies and procedures?

The above actions ensure that potential lead-based paint hazards are identified in any buildings assisted with federal funds.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The City's goals, programs, and policies for reducing the number of poverty-level families focus on:

Housing Assistance. The City's Section 8 Housing Choice Voucher Program provides rental subsidies to extremely low- and low-income families that are primarily elderly, disabled and those with special needs. The Hawaii Public Housing Authority also administers a Section 8 program on Oahu. The rental subsidy is "invisible" so that households receiving rental subsidies are not identified or labeled as being "low-income or poor." On behalf of the tenant, Section 8 pays the rent subsidies to landlords so they are assured of regular payments. Tenants also pay their share of the rent to their landlord. In addition to rental assistance, the Section 8 Housing Choice Voucher program is required to administer a Family Self-Sufficiency (FSS) program to help families obtain employment that will lead to economic independence and self-sufficiency. The City's Department of Community Services (DCS) operates both FSS programs for the state and county. The FSS program helps families overcome significant barriers to employment and life in order to obtain higher-paying jobs. Through the FSS program, increases in income do not necessarily lead to an increase in rent, which would create a work disincentive. Instead, FSS staff help participants develop a five-year Individual Training and Service Plan to address personal barriers and build savings. By the time a participant graduates from the FSS program, the family has reduced debt, increased credit scores, obtained higher paying jobs with benefits, and may have even obtained homeownership.

The City's Homeownership Option Program (HOP) allows eligible Section 8 families to apply their Section 8 Housing Choice Voucher Program assistance towards a homeownership subsidy rather than rent. Eligible families receive case management services, credit repair counseling, money management education, and referrals to community homebuyer education classes. HUD's American Dream Downpayment Initiative grants and the City's Downpayment Loan Program have been used by Section 8 HOP families to help with their purchase. Though these families begin with very low incomes, as of December 31, 2008, the City's HOP and FSS programs had assisted 20 families in achieving their dream of homeownership with 12 of those families no longer needing the Section 8 subsidy.

Employment Training. The WorkHawaii Division of DCS administers the 7 Oahu Worklinks sites that provide employment training to economically disadvantaged adults and youth. Services provided by WorkHawaii include case management, occupational skills training, educational remediation, motivation and life skills training, job development and placement, and support services such as child care and transportation. Funding for WorkHawaii is provided through the federal Workforce Investment Act. Since 2006, DCS has also provided work readiness services targeting persons experiencing homelessness.

CDBG funds have also been utilized in the past for microenterprise training and community-based economic development efforts to help individuals start their own businesses and become self-sufficient.

The Housing First strategy will also strengthen these efforts.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

These are coordinated through two offices, the City's Department of Community Services and the Mayor's Office of Housing. The powers, duties, and authority of the Director of the Department of Community Services and that of the Executive Director of Housing allow leadership to coordinate these plans.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The Department of Budget and Fiscal Services, administers the CDBG, ESG, HOPWA and HOME programs. Throughout all aspects of the administration of these programs, the Federal Grants staff reviews and monitors the City's compliance with specific program regulations as well as other overlay statutes and Executive Orders (i.e., National Environmental Policy Act, Labor Standards provisions, Uniform Relocation and Real Property Acquisition Policies Act, Fair Housing and Equal Opportunity requirements, etc.)

The City's Department of Budget and Fiscal Services publishes a notice annually in a newspaper of daily general circulation inviting minority and women's business enterprises who are interested in contract/vendor opportunities funded by the CDBG, HOME, ESG and HOPWA programs to submit an application and their resume. Registered minority and women's businesses are subsequently informed of contract, subcontract, and other opportunities to provide goods and services that are available under these programs.

The Department of Community Services is responsible for monitoring open ongoing projects. At the start of each program year, DCS conducts a risk analysis to determine which projects require on-site monitoring. Factors that DCS considers include: 1) experience of subgrantee, 2) staff turnover, 3) previous compliance problems, and 4) nature of activity.

The City also requires subrecipients to provide periodic program updates and monthly payment requests as a means of conducting remote monitoring. Facility or infrastructure projects with Davis-Bacon requirements are also required to submit labor reports. If a report or request revealed a performance or compliance issue, DCS staff provides technical assistance to resolve the problem.

For the City's HOME funded Downpayment Loan Program, the DCS enforces the recapture provisions, which requires that HOME funds be recaptured if the dwelling unit does not continue to be the principal residence of the owner for the duration of the affordability period.

The City's Fair Housing Officer reviews and approves all Affirmative Fair Housing Marketing Plans to ensure the process for minority outreach is effective. The Federal Grants Unit staff also monitors Federal legislation to identify regulatory changes affecting CDBG, ESG, HOPWA and HOME programs to ensure the timely implementation (including program cost analyses) of such changes.

(b) An eligible applicant shall be placed on the waiting list.

(c) An applicant determined to be ineligible for admission or participation in the program shall be accorded an opportunity to request for an informal review as set forth in section 15-185-71. [Eff

DEC 03 2001] (Auth: HRS §201G-15) (Imp: HRS §201G-15; 24 C.F.R. §982.554)

§15-185-25 Local preferences. (a) Eligible applicants shall be given preference for certification in the program in the order of the dates of their applications if, at the time they are seeking housing assistance, they fall within the following preference categories:

- (1) ~~The following preferences shall be given first priority but have equal weight within this group:~~
 - (A) Involuntarily displaced;
 - (B) Victims of domestic violence; or
 - (C) Homeless.
- (2) ~~The following preferences shall be given second priority but have equal weight within this group:~~
 - (A) Living in substandard housing; or
 - (B) Paying more than fifty per cent of annual income for rent.
- (3) The following are other preferences that have equal weight:
 - (A) Working families and those unable to work because of age or disability;
 - (B) Veterans and veterans' surviving spouse;
 - (C) Residents who live or work in the jurisdiction (by county); or
 - (D) Victims of reprisals or hate crimes.

(b) Each preference in each priority group is of equal weight and an applicant who qualifies for any of the preferences shall receive assistance before any other applicant who is not so qualified regardless of:

- (1) Place on the waiting list; or

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http://www.hpha.hawaii.gov/referenceinformation/Admin_Rules/17-2028_2014-03-20.pdf

(b) The authority may not concentrate very low-income families in dwelling units in certain public housing projects or certain buildings within projects. Additionally, the authority may not concentrate higher income families in dwelling units in certain housing projects or certain buildings within projects.

(c) In order to effectuate the policies stated in this section, the authority may reserve a certain percentage of units for applicant placement for applicants who do not qualify for a preference as described in section 17-2028-34. [Eff 7/21/05; am and comp 9/4/07; am and comp **MAY 24 2014**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§5.607, 903.1, 903.2, 960.204, 960.205, 960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-34 Local preferences. (a) Subject to section 17-2028-33(c), eligible applicants shall be given preference for admission in the program in the order of the dates of their applications if, at the time they are seeking housing assistance, they fall within the following preference priority groups:

- (1) Involuntarily displaced;
- (2) Victims of domestic violence who are participating in a program with case management through a domestic violence shelter, program, or clearinghouse; or
- (3) Homeless persons who are participating in a federally or state funded homeless transitional shelter or program, and who are in compliance with a social service plan.

(b) Subject to section 17-2028-33(c), each preference in each priority group is of equal weight and an applicant who qualifies for any of the preferences shall receive assistance before any other applicant who is not so qualified regardless of:

- (1) Place on the waiting list; or
- (2) Date or time of submission of an application.

(c) A single applicant who is elderly, disabled or displaced shall be given preference over all other

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<http://www.hpha.hawaii.gov/documents/15-193.pdf>

- (10) Provide a social security number for all family members who are over five years old or certify that the person does not have a social security number; and
- (11) Furnish evidence that the applicant is a citizen of the United States or a resident alien. [Eff **DEC 13 2001**] (Auth HRS §201G-4) (Imp: HRS §§201G-4, 201G-42)

§15-193-22 Notification of eligibility. (a) An applicant shall be notified in writing by the staff as to the applicant's eligibility after a determination is made and the notification shall specifically state the reasons for determination.

(b) An eligible applicant shall be placed on a waiting list.

(c) An ineligible applicant may request an informal hearing within fourteen days after date of the written notification. The informal hearing shall be conducted by someone other than the person or the person's subordinates who made or approved the decision. [Eff **DEC 13 2001**] (Auth: HRS §201G-4) (Imp: HRS §201G-42)

SUBCHAPTER 3

TENANT SELECTION

§15-193-30 Nondiscrimination. Tenant selection and assignment shall be made without regard race, sex, color, religion, marital status, familial status, ancestry, disability, age, or HIV (human immunodeficiency virus) infection. [Eff **DEC 13 2001**] (Auth: HRS §201G-4) (Imp: HRS §§201G-5, 201G-42, 515-3)

§15-193-31 Preference. (a) Except for those units design for a specific purpose (such as units for person with disabilities), applicants for admission into state public housing projects shall be given

preference for placement in a state-aided family housing project in the following order:

- (1) The elderly;
- (2) The displaced;
- (3) Disabled veterans with service connected disabilities;
- (4) Families of deceased veterans whose death was determined to be service connected;
- (5) Other veterans;
- (6) Families residing in a transitional shelter for the homeless and who have successfully completed a social service plan; and
- (7) Other families determined by the staff.

(b) Regardless of the date and time of application, an applicant who will be the sole occupant of a unit and who is not elderly, or displaced, or a person with disabilities, shall not have preference over elderly, displaced, or disabled families with up to two members. [Eff

(Auth: HRS §201G-4) (Imp: HRS §201G-42)

DEC 13 2001

§15-193-32 Loss of preference. An applicant who declines an offer, without just cause, of a housing unit or who voluntarily requests cancellation of the application after declining an offer shall lose all preferences and priorities for a period of twelve months from the date the offer was declined or from the date of the request for cancellation. [Eff

§§201G-4, 201G-42) (Auth: HRS 201G-4) (Imp: HRS

DEC 13 2001

§15-193-33 Waiting lists. (a) The corporation shall maintain a waiting list of all apparently eligible applicants for each of state-aided family housing projects.

(b) Applicants shall be notified of the opportunity to apply for and be placed on any and all waiting lists through notices posted in a conspicuous place at the corporation's offices which accept applications and a printed statement in the corporation's informational material on its application process.

(c) Placement of applicants on a waiting list shall be based upon the following:

- (1) Type of project;
- (2) Size of dwelling unit required based on occupancy standards;
- (3) Type of dwelling unit required (e.g., accessible for persons with disabilities);
- (4) Applicable state preference; and
- (5) Date and time of receipt of application.

(d) An applicant must notify the corporation of any change, which will affect applicant's place on a waiting list and the corporation's ability to contact applicant. Changes include, but are not limited to, family status, financial status, preference status, mailing address, and current residence.

(e) An applicant may continue to be on a waiting list even though applicant is a tenant in or receiving housing assistance from another housing program. [Eff

DEC 13 2001] (Auth: HRS §201G-4) (Imp: HRS §§201G-4, 201G-42)

§15-193-34 Removal from waiting lists. An applicant shall not be removed from a waiting list unless:

- (1) The applicant requests that applicant's name be removed;
- (2) The applicant fails to notify the corporation of applicant's continued interest for housing at least once every twelve months;
- (3) The applicant no longer meets the eligibility criteria set forth in section 15-193-21;
- (4) The applicant fails to respond to the corporation's reasonable contact efforts. Correspondence to the last known address will constitute reasonable effort to contact;
- (5) The applicant fails without good cause to keep a scheduled interview or to provide requested information necessary to determine eligibility; or
- (6) The applicant misrepresents any material information to the corporation in the application or otherwise. [Eff **DEC 13 2001**] (Auth: HRS §201G-4) (Imp: HRS §201G-42)

Bridging the Gap (Balance of State Continuum of Care) HMIS Memorandum of Agreement (MOA)

Between
Bridging the Gap
Statewide HMIS Data Committee
And Homeless Programs Office

This Memorandum of Agreement (hereinafter "MOA"), dated September 4th, 2015, is made by and between Bridging the Gap (BTG), the Statewide Homeless Management Information System (HMIS) Data Committee, and the Homeless Programs Office (HPO).

RECITALS

WHEREAS, pursuant to the U.S. Department of Housing and Urban Development's (HUD) HEARTH ACT, federal regulations state that each Continuum of Care (CoC) must designate one HMIS software and one HMIS Lead in compliance with parts 24 CFR 91, -576, -580, -583.

WHEREAS, in accordance with such federal regulations, BTG, the HI-500 Balance of State Continuum of Care, has designated HPO the HMIS Lead and CaseWorthy as the Hawaii HMIS software for BTG.

WHEREAS, BTG is the HI-500 Balance of State Continuum of Care, an entity comprised of participants and members from the counties of Hawaii, Kauai, and Maui.

WHEREAS, the Statewide HMIS Data Committee is a formal planning body comprised of participants and members from BTG (the Continuum of Care for the counties of Hawaii, Kauai and Maui) and Partners In Care (the Continuum of Care for the county of Honolulu), that use the Hawaii Homeless Management Information System.

WHEREAS, the State of Hawaii's Department of Human Services, Homeless Programs Office (HPO) is the Collaborative Applicant and HMIS Lead for BTG.

WHEREAS, the purpose of this MOA is to clarify the duties and responsibilities of BTG, the Statewide HMIS Data Committee, and HPO as set forth in the BTG Charter, which is attached and incorporated as Exhibit A.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and self-sufficiency of which is hereby acknowledged, BTG, Statewide HMIS Data Committee, and HPO hereby agree as follows.

BTG's duties and responsibilities shall be:

1. Planning, selecting software and the HMIS Lead agency.
2. Establishing HMIS policies/protocols at least annually and monitoring compliance with HUD Data and Technical Standards for programs utilizing the Hawaii HMIS within BTG.
3. Providing accurate, reliable data reporting for the following: Annual Homeless Assessment Report (AHAR), Housing Inventory Count (HIC), Point In Time (PIT) Count, HMIS utilization rates, Emergency Solutions Grant (ESG), Consolidated Annual Performance and Evaluation Report (CAPER), data required for the Continuum of Care Consolidated Application, HUD performance measures, Coordinated Assessment System, SAMSHA PATH program, and local reporting as directed by BTG, and other HUD required HMIS reporting (note: Domestic Violence agencies are excluded from participating in HMIS).
4. Working with HPO to ensure and enforce the standards established by the HMIS Data Quality Plan and the HMIS Security and Privacy Plan system-wide and at the provider-program level.
5. Participating in the Statewide HMIS Data Committee to help agree on an annual HMIS plan that will guide HMIS activities and improvements.
6. Reviewing and approving at least annually HMIS policy documents created through the Statewide HMIS Data Committee such as the HMIS Data Quality Plan, the HMIS Security and Privacy Plan, and the HMIS Policies and Procedures Manual.

The Statewide HMIS Data Committee's duties and responsibilities shall be:

1. Making formal HMIS policy recommendations on behalf of both CoCs with members seated from both CoCs. The Statewide HMIS Data Committee will be comprised of HMIS experts and community representatives that are capable of making salient recommendations to the BTG and PIC.
2. Collaborating with BTG, PIC, and the Hawaii Interagency Council on Homelessness (HICH) to improve HMIS reporting, outcomes and analysis.
3. Communicating recommendations provided to BTG, PIC, and HICH at monthly meetings. The communication of these recommendations will assist with reporting, outcomes analysis, and evaluation as they pertain to CoC planning and Coordinated Assessment activities.
4. Making formal HMIS recommendations to BTG and PIC based on analysis of program data.
5. Proposing and reviewing HMIS policy documents at least annually.
6. Proposing an annual strategic HMIS plan for BTG and PIC that will guide Hawaii HMIS activities and improvements.

HPO's duties and responsibilities shall be:

1. Working with BTG to implement the HMIS recommendations and policies as described above.
2. Working with BTG to locate funds (without any obligation to pay) to carry out the annual HMIS plan and to meet matching requirements for the federal, annual

CoC application.

3. Working with BTG to ensure and enforce program compliance with the standards established by the HMIS Policies and Procedures, HMIS Data Quality Plan and the HMIS Security and Privacy Plan.
4. Applying for HUD HMIS funds on behalf of BTG.
5. Administering BTG HMIS funds for management of HMIS operations.
6. Administering BTG HMIS funds to implement the annual HMIS plan that the Statewide HMIS Data Committee proposes.
7. Seating the representation for the Statewide HMIS Data committee on behalf of BTG.

Time of Performance:

This MOA shall be in effect from September 4th, 2015 through September 3rd, 2016 unless earlier terminated as provided herein.

Modification of the MOA:

Any modification, alteration, or change to this MOA shall be by mutual, written and executed, amended agreement by all parties listed and signed below.

Termination of the MOA:

This MOA may be terminated earlier than the designated termination date by any of the parties listed and signed below, but only by written notice sent no later than thirty (30) days prior to the termination date. Such notice shall include a brief statement of the reason for the termination.

Binding Effect of the MOA:

This MOA is a binding agreement. It is not intended to create any rights, interests, or remedies for any third party beneficiaries. Third parties may not rely upon this MOA to assert any claim against the State of Hawaii or any State employee, whether individually or in their official capacity. The parties are not legally "partners" to the extent that encompasses joint and severability. Each party is responsible for its own employees and representatives.

IN WITNESS WHEREOF, Bridging the Gap, the Statewide HMIS Data Committee and the Department of Human Service's Homeless Programs Office, have executed this MOA effective date as written above.

Authorized representative of BTG
(Bridging the Gap)

By: Mouad R. Amin

Date: 9/4/15

Authorized representative of the
Statewide HMIS Data Committee

By: Erin Weatherford

Date: 9/4/15

Authorized representative of HPO
(Homeless Programs Office)

By: Ravi Dabahu

Date: 9/4/2015

**Bridging the Gap (Balance of State Continuum of Care)
HMIS Memorandum of Agreement (MOA)
Chart**

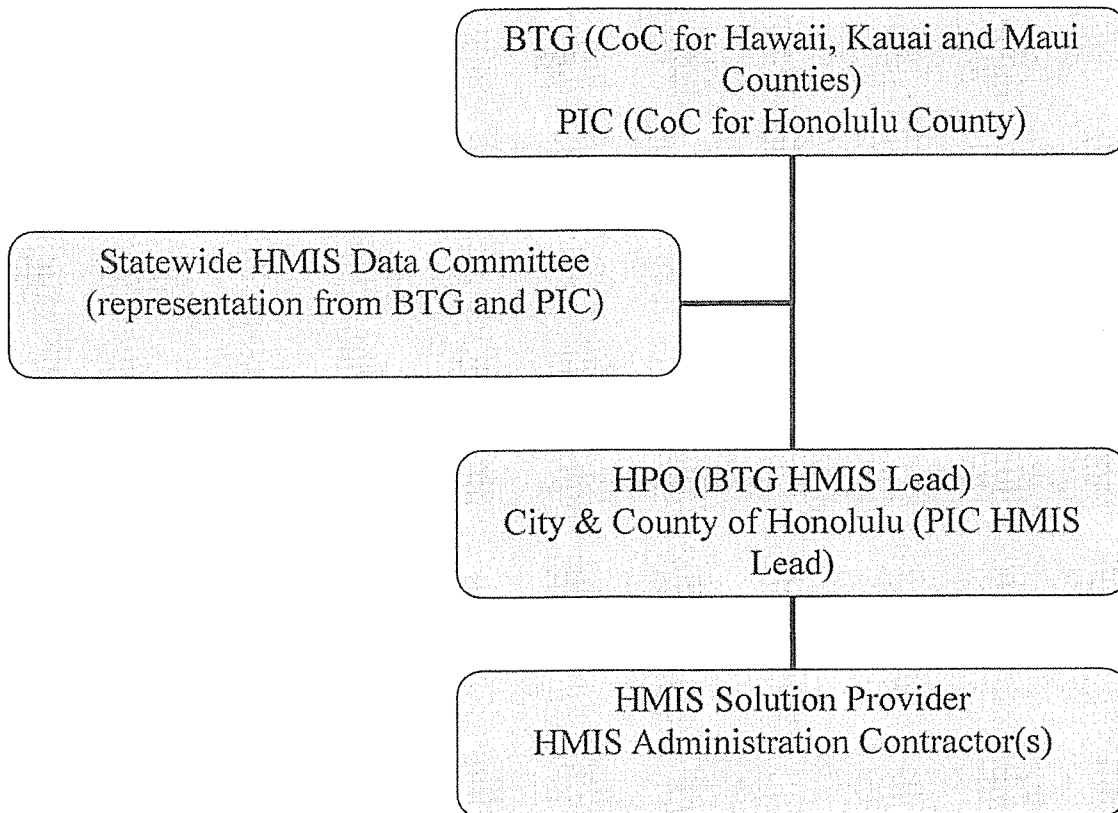


Exhibit A

Partners in Care (Honolulu CoC) HMIS Memorandum of Agreement (MOA)

Between
Partners in Care
Statewide HMIS Data Committee
And Homeless Programs Office

This Memorandum of Agreement (hereinafter "MOA"), dated September 4, 2015, is made by and between Partners in Care (PIC) the Statewide Homeless Management Information System (HMIS) Data Committee, and the Homeless Programs Office (HPO).

RECITALS

WHEREAS, pursuant to the U.S. Department of Housing and Urban Development's (HUD) HEARTH ACT, federal regulations state that each Continuum of Care (CoC) must designate one HMIS software and one HMIS Lead in compliance with parts 24 CFR 91, -576, -580, -583.

WHEREAS, in accordance with such federal regulations, Partners in Care, (PIC), the HI-501 Continuum of Care, has designated HPO the HMIS Lead.

WHEREAS, the Statewide HMIS Data Committee is a formal planning body comprised of participants and members from BTG (the Continuum of Care for the counties of Hawaii, Kauai and Maui) and Partners In Care (the Continuum of Care for the City and County of Honolulu), that use the Hawaii Homeless Management Information System.

WHEREAS, the State of Hawaii's Department of Human Services, Homeless Programs Office (HPO) is the Collaborative Applicant and HMIS Lead for BTG.

WHEREAS, the State of Hawaii's Department of Human Services, Homeless Programs Office (HPO) has recently been named the HMIS Lead for PIC.

WHEREAS, the purpose of this MOA is to clarify the duties and responsibilities of PIC, the Statewide HMIS Data Committee, and HPO as set forth in the PIC Charter, which is attached and incorporated as Exhibit A.

WHEREAS, Caseworthy Solution has been selected by PIC and Bridging the Gap to be the State's HMIS provider.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and self-sufficiency of which is hereby acknowledged, PIC, Statewide HMIS Data Committee, and HPO hereby agree as follows.

PIC's duties and responsibilities shall be:

1. Planning, selecting software and the HMIS Lead agency.
2. Commitment to include all HMIS related grants, without reduction in funding, to Tier 1 of any and all federal application for funds, and to waive the submission of hard copy proposals to the CoC.
3. Establishing HMIS policies/protocols at least annually and monitoring compliance with HUD Data and Technical Standards for programs utilizing the Hawaii HMIS within PIC.
4. Providing accurate, reliable data reporting for the following: Annual Homeless Assessment Report (AHAR), Housing Inventory Count (HIC), Point In Time (PIT) Count, HMIS utilization rates, Emergency Solutions Grant (ESG), Consolidated Annual Performance and Evaluation Report (CAPER), data required for the Continuum of Care Application, HUD performance measures, Coordinated Entry System, SAMSHA PATH program, and local reporting as directed by PIC, and other HUD required HMIS reporting (note: Domestic Violence agencies are excluded from participating in HMIS).
5. Working with HPO to ensure and enforce the standards established by the HMIS Data Quality Plan and the HMIS Security and Privacy Plan system-wide and at the provider-program level.
6. Participating in the Statewide HMIS Data Committee to help agree on an annual HMIS plan that will guide HMIS activities and improvements.
7. Reviewing and approving at least annually HMIS policy documents created through the Statewide HMIS Data Committee such as the HMIS Data Quality Plan, the HMIS Security and Privacy Plan, and the HMIS Policies and Procedures Manual.

The Statewide HMIS Data Committee's duties and responsibilities shall be:

1. Making formal HMIS policy recommendations on behalf of both CoCs with members seated from both CoCs. The Statewide HMIS Data Committee will be comprised of HMIS experts and community representatives that are capable of making salient recommendations to the BTG and PIC.
2. Collaborating with BTG, PIC, and the Hawaii Interagency Council on Homelessness (HICH) to improve HMIS reporting, outcomes and analysis.
3. Communicating recommendations provided to BTG, PIC, and HICH at monthly meetings. The communication of these recommendations will assist with reporting, outcomes analysis, and evaluation as they pertain to CoC planning and Coordinated Assessment activities.
4. Making formal HMIS recommendations to BTG and PIC based on analysis of program data.
5. Proposing and reviewing HMIS policy documents at least annually.
6. Proposing an annual strategic HMIS plan for BTG and PIC that will guide Hawaii HMIS activities and improvements.
7. Reviewing HMIS budgets and recommendations for funding from HPO, and to the extent possible, assist with identifying additional sources of funding for HMIS-

related costs.

HPO's duties and responsibilities shall be:

1. Working with PIC to implement the HMIS recommendations and policies as described above.
2. Working with PIC to locate funds (without any obligation to pay) to carry out the annual HMIS plan and to meet matching requirements for the federal, annual CoC application.
3. Working with PIC to ensure and enforce program compliance with the standards established by the HMIS Policies and Procedures, HMIS Data Quality Plan and the HMIS Security and Privacy Plan.
4. Collaborating with the City and County of Honolulu (PIC's Collaborative Applicant) to apply for HUD HMIS funds on behalf of PIC.
5. Administering PIC HMIS funds for management of HMIS operations.
6. Administering PIC HMIS funds to implement the annual HMIS plan that the Statewide HMIS Data Committee proposes.

Time of Performance:

This MOA shall be in effect from September 4, 2015 through September 3, 2016 unless earlier terminated as provided herein.

Modification of the MOA:

Any modification, alteration, or change to this MOA shall be by mutual, written and executed, amended agreement by all parties listed and signed below.

Termination of the MOA:

This MOA may be terminated earlier than the designated termination date by any of the parties listed and signed below, but only by written notice sent no later than thirty (30) days prior to the termination date. Such notice shall include a brief statement of the reason for the termination.

Binding Effect of the MOA:

This MOA is a binding agreement. It is not intended to create any rights, interests, or remedies for any third party beneficiaries. Third parties may not rely upon this MOA to assert any claim against the State of Hawaii or any State employee, whether individually or in their official capacity. The parties are not legally "partners" to the extent that encompasses joint and severability. Each party is responsible for its own employees and representatives.

IN WITNESS WHEREOF, Partners in Care, the Statewide HMIS Data Committee and the Department of Human Service's Homeless Programs Office, have executed this MOA effective date as written above.

Authorized representative of PIC
(Partners in Care)

By: 

Greg Payton

Date: 9/4/2015

Authorized representative of the
Statewide HMIS Data Committee

By: 

Date: 9/4/2015

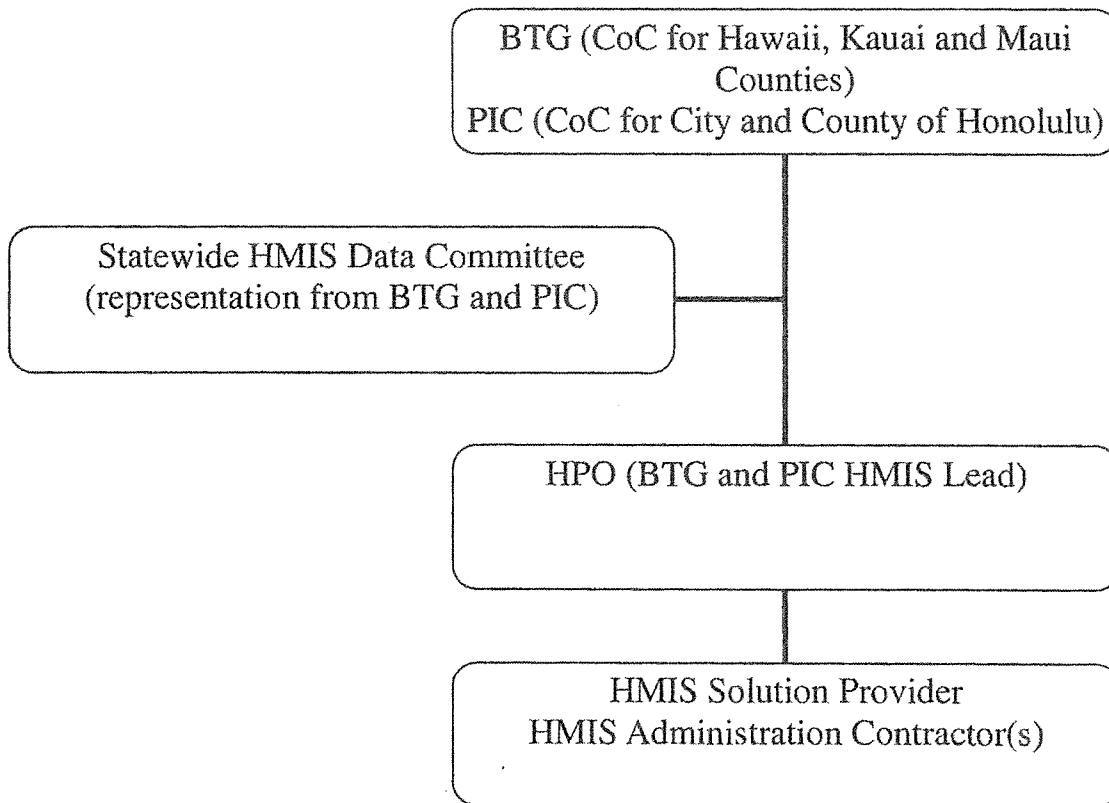
Authorized representative of HPO
(Homeless Programs Office)

By: 

Date: 9/4/2015

Exhibit A

**Partners in Care (Honolulu CoC)
HMIS Memorandum of Agreement (MOA)
Chart**





PARTNERS IN CARE
COORDINATED ENTRY SYSTEM
POLICY AND PROCEDURES
HONOLULU, HI

Versions, Editions, and Updates to This Document

Date	Name	Agency/Organization	Changes
5/19/15	Greg Payton (?)	Partners In Care (PIC)	NA – First Draft from PIC
6/2/15	Joy Rucker Darlene Pires	Partners In Care Exec Com	Comments – 1 st Draft
7/15/15	Greg Payton	Partners In Care Exec Com	Feedback from PIC & providers: Marlen Sommers Darlene Pires Marc Gannon Erin Rutherford Connie Mitchell Jason Espero

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Introduction

Regulatory Requirement

The Continuum of Care (CoC) Program interim rule¹ requires that a CoC establish a Coordinated Entry System (CES) to ensure assistance is allocated as effectively as possible and that it is easily accessible to all homeless households in need of a housing intervention. In order to be compliant with the CoC Program interim rule, Partners In Care (PIC), Oahu's CoC, has established the following policy and procedures to ensure all local CoC Program and Emergency Solutions Grant (ESG) funded agencies participant in, and adhere to, the CES established within this document. PIC requires that all provider organizations enter into a Memorandum of Understanding (MOU) agreeing to follow the CES Policies and Procedures (CES P&P). The purpose of the MOU is to ensure clear communication and understanding of everyone's roles and responsibilities within the CES. The MOU will protect certain populations that are regulated by HIPAA, public safety, Violence Against Women Reauthorization Act (VAWA), and/or other privacy laws. The CES P&P include eligibility and prioritization order for all types of housing interventions available within the Honolulu CoC.

PIC's CES was designed to be clear, transparent, and ensure that households who are in the most need for housing and/or services are prioritized for the most appropriate resources first. The CES prioritizes assistance based on vulnerability and severity of service needs. In order to achieve efficiency within the CES, it is PIC's goal to include as many local and other leveraged resources as possible. PIC's Executive Committee will be responsible for the implementation and oversight of CES P&P and will recommend changes as needed to PIC's general membership.

Access

PIC's CES begins with the first point of contact made by a household experiencing homeless through any of the defined access/entry points or by outreach staff in the field. There are multiple access points to CES organizations throughout the Honolulu CoC. The multiple access point system ensures that each household is evaluated according to the priorities established by the CoC, housing providers, stakeholders, service providers, and funders.

Access Points

Many Portals. Initial access to CES can be initiated by an individual or family, or through an access point which includes, but is not limited to, a healthcare provider, outreach worker, case manager, primary care physician, psychiatrist, mental health provider, substance abuse treatment agency, hospital staff, local business, or police department.

Advertisement of Access Points to Coordinated Entry

- Community Portal - Aloha United Way 211. PIC's CES may also be accessed by calling 211 with Aloha United Way. Callers will be asked to respond to a brief phone interview and will be provided information about local provider organizations.
- Partners In Care Website. PIC will provide access points to CES on the website. PIC will also provide information about assessment for services and about options for housing placement.

¹ 24 CFR Part 578.7(a)(9) Homeless Emergency Assistance and Rapid Transition to Housing; Continuum of Care Program; Interim Final Rule

Initial Contact

The initial contact with a person experiencing a housing crisis is an opportunity to assess their current situation for immediate safety and general needs. This assessment is necessary to triage for appropriate referral to the service provider that will:

- Address the health and safety of someone who may be very vulnerable (victim of domestic violence or someone in immediate distress).
- Have specialized expertise to address a special demographic population (veterans, families, elderly, recently released offender, etc.).
- Clinical capacity to meet the service needs of other special populations (mentally ill, substance abusers, etc.).

Capacity to triage reduces frustration on the part of the individual seeking assistance that might be referred to multiple service providers before they find one that can provide the help they need and who can offer a program for which the person is eligible. It also adds efficiency to the delivery of homeless services by speeding access to services that will be most helpful in exiting homelessness.

Access Themes

PIC has implemented a *Housing First* approach that provides a range of housing services to persons experiencing, or at-risk of, homelessness, including outreach and engagement, emergency and transitional housing, safe haven housing, rapid re-housing, and permanent supportive housing. PIC has incorporated the *Housing First* model as well as non-discrimination policies into the CES.

Housing First

- *Housing First* is a programmatic and systemic approach that centers first on providing housing and then engaging the housed individual or family in appropriate services as needed.
- Housing is not contingent on compliance with services.
- Participants are expected to comply with a standard lease agreements and are provided with services and supports to help maintain housing and prevent eviction.
- Services are provided post-housing to promote housing stability and well-being.
- All programs are expected to ensure low barriers to program entry for program participants.

Non-discrimination

- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes including the Fair Housing Act² and the Americans with Disabilities Act³.
- PIC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Honolulu, including, but not limited to, veterans,

² United States Department of Justice. The Fair Housing Act. Accessed May 2015. <http://www.justice.gov/crt/about/hce/title8.php>.

³ US Department of Housing and Urban Development. Section 504 of the Rehabilitation Act of 1973. Accessed May 2015. <http://portal.hud.gov/hudportal/HUD?src=/programdescription/sec504>.

youth, families, and people experiencing domestic violence (ensuring compliance with HUD's regulations relative to the Violence Against Women Act, VAWA, of 2013).

Assessment and Screening

Participant assessment is part of the intake process during which a household is interviewed and entered into CES by a Housing Navigator (HN). The process of conducting the assessment is critical to an expedient and appropriate housing placement for each household. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as his or her strengths, needs, abilities, and preferences. The screening process may include public sources (e.g. local businesses), eligibility, private pay resources, or third-party funding. An interview can be done in person, via the telephone, or by other technological means, and may include parents, guardians, or others. Screening interviews shall be conducted using a common assessment tool agreed upon by PIC, and be completed by outreach workers and appropriate personnel through face-to-face contact with the person served whenever possible. PIC will document the assessment score and recommendations in HMIS.

Common Assessment Tool

Using a common assessment tool is vital for CES because it establishes a baseline for prioritization of all clients entering the homeless system within the Honolulu CoC. PIC has agreed to use the Vulnerability Index-Service Prioritization and Decision Assessment Tool (VI-SPDAT) and Vulnerability Index-Family Service Prioritization and Decision Assessment Tool (VI-FSPDAT) to assess all people initially entering the system and in need of housing resources. The assessment tool is designed to provide a preliminary understanding of a participant's needs. It does not provide the same depth of information as a clinical assessment, which may be completed later in the screening process.

The assessment tool has the advantage of being simple to use and can be completed during street outreach or at shelter entry. Non-clinical staff or volunteers can be trained in about 15 minutes to produce reliable and consistent results. Additional tools may be used by PIC provider organizations, within the scope of the employees credentials and position, but the additional tools must be consistent with PIC and present no additional barriers or entry criteria above funder mandated criteria (i.e. a mental health provider may require their funded PSH units be filled only with people who have serious mental illness and can benefit from those services).

Release of Information

The Release of Information (ROI) form is used to ensure that the homeless person has a clear understanding of their rights. PIC will discuss the ROI in a manner that is understandable. The method used for communication will reflect the needs of the homeless person and may include verbal presentation, large print formats, written or oral translation into a different language, or use of a representative for the person served. The ROI forms will comply with applicable laws and identify at a minimum:

- a. The name of the person whose information is to be released.
- b. The content to be released.
- c. With whom the information will be shared.
- d. The purpose of the release.
- e. The date the release is signed.
- f. The date, event, or condition upon which the authorization expires.

- g. Information as to how and when the authorization can be revoked.
- h. The signature of the person who is legally authorized to sign the release.

Specialty Populations

Specialty Protected Information (SPI). According to the Health Information Portability and Accountability Act (HIPAA), State and/or Federal laws and regulations define SPI that requires *more stringent protection* than afforded by HIPAA. SPI may not be disclosed even for treatment, payment or healthcare operations, except as permitted by the special laws and rules affecting this information, and includes, but is not limited to, the following:

- a. Alcohol and drug abuse diagnosis and treatment.
- b. HIV, AIDs, and ARC diagnosis and treatment.
- c. Mental illness diagnosis evaluation and treatment (even if included within standard medical records), including therapy by a psychiatrist, social worker, psychologist, graduate student under the supervision of a licensed psychologist, or licensed mental health clinical specialist.
- d. Other Protected Health Information (PHI) with more stringent protections from Disclosure as described in the Summary of Federal and State Privacy Restrictions.

Behavioral Health Services refers to mental health, alcohol and other drug services, and related services defined as a “covered entity”. Uses and disclosures of PHI must be consistent with uses and disclosures described in the behavioral health provider’s Notice of Privacy Practices. PHI used, disclosed, or requested from another covered entity or business associate, should be minimized to the amount of PHI that is reasonably necessary for the specific purpose. PIC will limit PHI disclosed to that which is "reasonably necessary" to accomplish the purpose for which disclosure is sought, to include limiting disclosure to only the amount of PHI specifically requested, and where the amount of PHI requested appears unreasonable in light of the purpose for the disclosure, professional judgment shall be used to seek a more narrow disclosure. PIC shall review requests for disclosure in accordance with such criteria. PIC will not use, disclose, or request a participant’s entire data set unless the entire data set is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request. Exceptions to the Minimum Necessary standard include the following:

- a. When it is needed for client care.
- b. When it is requested by the client who is the subject of the information.
- c. When it is requested by another covered entity or a business associate who states that the information requested is the Minimum Necessary.
- b. When required by law and permitted by HIPAA.

Alcohol and Other Drug Services (AOD). Substance abuse assessments and referrals for services will be made based on the person’s location and/or any service provider preference. An AOD release of information applies to a specific AOD provider. A general release is not allowed by law (See Federal Law 42CFR).

Domestic Violence Services. According the Violence Against Women Reauthorization Act of 2013 (VAWA - Federal Register / Vol. 80, No. 62 / Wednesday, April 1, 2015 / Proposed Rules), Housing Providers (HP) will “keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information, or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or

stalking against the tenant. HP must not allow any individual administering rental assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law. HP must not enter information into any shared database or disclose your information to any other entity or individual”.

Data Entry

Assessments that are completed in hard copy format must be entered into the HMIS system within seven business days. Hard copy forms must be stored in a locking storage container. All agencies processing hard copy forms will be HIPAA compliant and follow HIPAA regulations by securing the privacy of the person assessed. Assessments may also be completed with mobile devices at the time of contact. Domestic Violence shelters are exempt from entering participant information into HMIS and may use an alternative method that meets VAWA regulations.

Step one - HIMS generates a Unique Client Identifier (UCI) when participant information is first entered into CES. The UCI allows participant information to be entered without exposing personal information. It is important to confirm that the participant does not already have a UCI in order to avoid duplication. If not already in the system, staff must have the participant sign the ROI before entering the name, date of birth, and social security number in HMIS in order to generate the participant’s UCI.

Step two - Enter the household into HMIS. If coordinating with an additional matching database, it will likely require a “Program Entry” date as well as the UCI.

Step three - The assessment tool results are entered into the matching database.

Document Retention and Storage

All digital entry and processing of household information is protected by the HMIS database and is HIPAA compliant. However, it is critical that hard copies of the assessment be appropriately stored and/or disposed of per HIPAA guidelines, i.e. retained hard copy documents must be stored in a locked container during transportation and for long-term storage.

Written Standards for Eligibility and Prioritization

In July 2012, HUD published the new CoC Program interim rule.⁴ The CoC Program interim rule requires that the CoC establish and consistently follow written standards for providing CoC assistance in consultation with recipients of the ESG program.

At a minimum, these written standards must include:

- Policies and procedures for evaluating individual and family eligibility for assistance in the CoC Program.

⁴ US Department of Housing and Urban Development. (2012). *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program*. (HUD 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29). Washington, DC. Retrieved from https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid re-housing assistance.

The goals of the written standards are to:

- Establish community-wide expectations on the operations of projects within the community.
- Ensure that the system is transparent to users and operators.
- Establish a minimum set of standards and expectations in terms of the quality expected of projects.
- Make the local priorities transparent to recipients and sub-recipients of funds.
- Create consistency and coordination between recipients and sub recipients projects within the Honolulu CoC.
- Ensure that CoC Program standards comply with the Violence Against Women Act (VAWA) regulations.

The Honolulu CoC, through PIC, agrees that these standards must be applied consistently throughout the entire geographic area covered by the Honolulu CoC. Additionally, PIC members agree to administer their assistance programs in compliance with the CoC's written standards on awarding CoC funds.⁵ Recipients and sub-recipients of CoC and local funds may develop additional standards for administering program assistance, but these additional standards cannot be in conflict with those established by the Honolulu CoC or the CoC Program Interim Rule.

Eligibility and Prioritization for Permanent Supportive Housing Programs

Eligibility - For Permanent Supportive Housing (PSH) programs, households must meet both the HUD definition of homelessness under Category I and have a disability. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Prioritization - Of those eligible households the following populations will be prioritized. PICs defined target populations are in accordance with the Hawaii Interagency Council on

⁵ US Department of Housing and Urban Development. (2012). *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program*. (HUD 24 CFR Part 578 [Docket No. FR-5476-I-01] RIN 2506-AC29). Washington, DC. Retrieved from https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

Homelessness plan to end homelessness; the U.S. Interagency Council on Homelessness plan to end homelessness (*Opening Doors*); and HUD guidance on prioritization of chronically homeless households. PIC has established the following priority populations for **Permanent Supportive Housing** for participants. These priorities have been established because we believe that quickly transitioning the most vulnerable and highest utilizers of resources to PSH is the best way to allocate resources and to reach PIC's goal of ultimately eradicating homelessness. PIC's CES will provide data to prioritize based on the following criteria:

1. VI-SPDAT and VI-FSPDAT score between 10 and 20 inclusive.
2. Length of time homeless; this will ensure the people who have been homeless the longest (most chronic) will be prioritized.
3. Age (elderly as the highest priority).
4. Be "document ready" (must have at minimum a picture id), if a requirement.

Eligibility and Prioritization for Rapid Re-Housing Programs

Eligibility - For Rapid Re-Housing (RRH) programs, households must meet the HUD definition of homelessness under Category I. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Prioritization - RRH programs provide housing relocation and stabilization services, and short or medium-term rental assistance as needed, to help homeless individuals or families move as quickly as possible to permanent housing and achieve stability in that housing. This prioritization fully encompasses PICs CES Hale O' Malama. Of those eligible households the following populations will be prioritized. PICs defined target populations are in accordance with the Hawaii Interagency Council on Homelessness plan to end homelessness; the U.S. Interagency Council on Homelessness plan to end homelessness (*Opening Doors*); and HUD guidance on prioritization of chronically homeless households. PIC has established the following priority populations for **Rapid Re-Housing** for individuals and families. These priorities have been established because we believe that quickly transitioning the most vulnerable and highest utilizers of resources to RRH is the best way to allocate resources and to reach PIC's goal of ultimately eradicating homelessness. PIC's CES will provide data to prioritize based on the following criteria:

1. VI-SPDAT and VI-FSPADT score between 5 and 9 inclusive.

2. Must have income that is sustainable moving beyond short-term assistance offered in the RRH program to pay rent⁶ (i.e. be temporarily unemployed when on RRH program, but have the ability and access to gainful employment etc.).
3. Determine income source on a case by case basis⁷.

Policy for Determining Rent for Rapid Re-housing Programs

PIC has developed the following standards for determining eligible assistance and rent amounts for households in RRH programs:

- Short-term housing assistance and supportive services to assist homeless households to obtain and maintain stability in permanent housing (1 to 3 Months).
- Medium-term housing assistance and supportive services to assist homeless households to obtain and maintain stability in permanent housing (4 to 24 months).
- Rental assistance is limited to no more than 24 months, which may be consecutive or cumulative.
- Each household will be assessed at program entry and will pay rent based on a sliding scale percentage of their eligible monthly adjusted income.
- A household must not pay more than 50% of their eligible monthly adjusted income towards rent and utilities, unless other resources are regularly available to sustain the household's monthly cost of living.

Eligibility and Prioritization for Transitional Housing Programs

Eligibility - For Transitional Housing (TH) programs, households must meet the HUD definition of homelessness under Category I, II and/or IV. Domestic violence transitional housing programs are not required to meet Category I and II definitions. If the household meets the definition, they are then prioritized by PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less AND where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Category II: Imminent Risk of Homeless

- Will lose primary nighttime residence within 14 days **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

⁶ This is a case by case basis and may need to be streamlined at some point in the programs

⁷ Typically if a household is on a fixed income (i.e. SSI) they will not meet the second prioritization; this is done on a case by case basis

Category IV: Fleeing/Attempting to Flee Domestic Violence

- Fleeing, or is attempting to flee domestic violence **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Prioritization - The process for prioritizing participants in TH programs will first include eligible participants based on HUD's homeless definition and then secondly based on the below prioritization/shared eligibility criteria. TH programs facilitate the movement of homeless individuals and families to permanent housing within 24 months.

Shared Criteria: Currently, each individual shelter/program has its own eligibility criteria. This may be based on the sub-population served, i.e. age, gender, family composition, severity of behavioral health issues, etc.

1. VI- SPDAT and VI-FSPDAT score between 0 and 4 inclusive.
2. Length of time homeless.

All referrals to TH programs and assessment for type and level of services will come through PIC CES. The following minimum standards will be applied to TH programs:

- Maximum length of stay cannot exceed 24 months.
- Assistance in transitioning to permanent housing must be made available.
- Support services must be provided throughout the duration of stay.
- Program participants in TH must enter into a lease, sublease, or occupancy agreement for a term of at least one month. The lease, sublease, or occupancy agreement must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.
- TH programs will screen potential participants using the common assessment form (VI-SPDAT or VI-FSPDAT). Special consideration will protect certain populations that are covered by HIPAA, public safety, and/or other privacy laws.

Eligibility for Supportive Services Only programs

Eligibility - For Supportive Services Only (SSO) programs, households must meet the HUD definition of homelessness under Category I, II and/or IV. If the household meets the definition, they are then prioritized according to PICs target populations.

Category I: Literally Homeless

- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelters, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs).
- Exiting an institution where they resided for 90 days or less **AND** where they resided in emergency shelter or place not meant for human habitation immediately prior to entering the institution.

Category II: Imminent Risk of Homeless

- Will lose primary nighttime residence within 14 days **AND**

- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Category IV: Fleeing/Attempting to Flee Domestic Violence

- Fleeing, or is attempting to flee domestic violence **AND**
- No subsequent residence has been identified **AND**
- No resources or support networks to obtain permanent housing.

Process for Determining Eligible households for SSO Projects

After a household is determined to meet HUDs definition of eligibility for SSO programs, the household will then complete a program eligibility determination process by:

- Engaging with SSO agency staff to complete an assessment for services needed by the household. If the household's service needs are outside of the SSO agency's service area, the agency staff shall refer the household to another agency that may be able to assist.
- Meeting additional agency requirements, if any. If household does not meet additional agency requirements, agency staff shall refer the household to another agency that may be able to assist.
- Engaging with SSO agency staff through service delivery until completion.

Housing Navigation

The housing placement process starts in earnest with the housing navigator, who is responsible for facilitating the household to receive an appropriate housing intervention. The navigator serves as a bridge between the household and the agency that is offering the housing intervention(s).

The navigator's role is to prepare the household for housing and/or services, which include setting housing goals, gathering essential documents, and assisting participants through the coordinated entry process. At a minimum, head of household must have a picture identification to be considered 'document ready'. This can be either a current state identification or driver's license. Generally bus passes would not be accepted as valid picture identification. Some programs may require additional documentation beyond picture identification; this information will be communicated to the navigator once the household has been referred.

Best Practices

It is important that the role of the housing navigator is explained, clearly defined, and effectively communicated to households who are in need of housing. Initial messaging can help to prepare households for housing and/or services, as well as manage expectations. It is important to explain what the housing navigators can and cannot do for the households (e.g. can assist with transportation, paperwork, etc.; cannot accelerate the housing placement process once the household is ready to be matched). It is important that housing navigators reinforce the purpose and goals of the coordinated entry system.

Assignments

Housing navigators are typically a homeless outreach worker or emergency/transitional shelter worker that has an existing relationship with the household being referred to a housing resource. The role of the navigator typically ends when a household is successfully placed into the appropriate intervention and a “warm hand off” is made to the case manager.

Once a client enters the coordinated entry system via the access point and has been assessed, the community coordinator assigns participants, based on their score and local priorities, to a housing navigator.

At times housing navigators will have difficulty finding or placing a participant and may then choose to move on to a different client after a period of two weeks. At that point the household stays on the housing navigator’s caseload, ~~but is essentially inactive until something changes to resolve the problem.~~ The housing navigator continues to stay in touch with the homeless person to ensure that if they are selected, they may easily be found. If there is a case manager already involved, that case manager is made aware of the client’s housing navigation status and invited to assist with the gathering of documents needed for housing.

Housing Navigator Assignment

Once the household has been assessed and the assessment form is completed online, the client assessment, along with the UCI, is submitted to the community coordinator of Hale O Malama, who will begin the process of matching that client to a Housing Navigator if the person who conducted the initial interview and VISPDAT is not a housing navigator.

Updating Assessments

If a household’s status changes significantly causing a potential change in their assessment score, it is important to capture this by updating the VISPDAT and submitting it to the community coordinator). (This might include an accident which renders the person disabled, a drug or alcohol relapse, or the person obtaining employment.)

If the original assessment appears to be incorrect or incomplete, the person conducting intake or the housing navigator assigned to the household should locate the original assessment and update, clarify or change answers as appropriate. It is important to note that changing information in the original assessment may change the participant’s score and prioritization, and in some cases their eligibility for certain types of housing.

Reviewing Participant Information

Each navigator should access information about their households’ assignments through HMIS and from coordinated entry team meetings monthly. The coordinated entry team consists of staff from the following; service provider agencies, Honolulu City/County staff, and applicable CoC providers. Details such as a client’s physical appearance, DOB, phone number, where they receive services and where they completed their initial VI-SPDAT assessment can be helpful in locating the client. The coordinated entry team meeting should be used as an opportunity to collaborate around locating and assisting clients.

Locating the Participant

Some best practices for locating a newly assigned client include developing a plan for searching based on input from the person who conducted the intake and assessment, other practitioners who may know the client, the client’s history and HMIS profile.

It can also be helpful to contact providers identified in the client's HMIS profile (the VI-SPDAT ROI covers this provider). Understanding that housing navigators work with several clients, if a housing navigator is unable to locate the client after several attempts, it is appropriate to begin working with a new client, but the HN should continue to request information on the original client at coordinated entry team meetings. Once the client is located, the navigator is expected to resume working with them.

Preparing the Client for Referral

Once the household has been located, the navigator should contact them and explain the CoC's coordinated entry system, the steps to housing placement, and the role of the navigator in this process. It is important to confirm their identity (full name and DOB) using a photo ID, if available.

The navigator should review the Documents Checklist with the household to ensure understanding of documentation necessary to achieve housing, give them a copy, and determine a plan for locating required documents. Discussion occurs on what the participant can do and what kind of help is needed from the navigators. . If a household has all their documents on hand, they are deemed "document ready".

Matching

Once the household has obtained all required documents the navigator will make a copy of the information or file a copy of necessary documentation as it comes in, to make available to the housing/service provider. All documents containing personal identifying information should be stored according to standard protocol at the navigator's parent organization, protecting the participant's privacy..

Matching a housing resource occurs in the "coordinated entry team meeting" and also through communication with the community coordinator between meetings. Each housing program has their own eligibility requirements. Once a referral form has been submitted, the matcher will identify a housing provider with an available resource to work with the household. This is done according to the household's level of vulnerability and the provider's match criteria. If the household appears to be eligible based upon criteria identified in PIC's provider program descriptions, the household will be referred to the housing intervention/resource. If both parties accept the housing placement, the housing provider should immediately advise the Matcher and Housing Navigator that the client will be moving forward to housing placement, and then schedule the intake process to bring the client into their program.

Updates on the client's housing navigation process is shared with the community coordinator through Hale O Malama meetings and regular correspondence as soon after it occurs as possible. Once the participant is placed in housing s/he is removed from the Housing Navigator's caseload. It is expected that the Navigator maintains contact with the participant throughout the placement process or stand by to assist an assigned case manager in the case where one exists.

Denial/Ineligibility

Applicable PIC clinical staff members assess whether PIC personnel and/or programs and services have the capacity and expertise to provide the services necessary to meet the needs of persons served. In the situation that a household is determined to be ineligible for PIC/CoC resources, the household and referral source is informed of the reasons for ineligibility. At that point the household can dispute the decision and appeal to PIC Executive Committee.

Recommendations for alternative services may be made for the household by the referring and denying agency. All disputes and recommendation efforts and resolutions should be documented by the community coordinator.

Resource Assignment

Assisting homeless households to successfully obtain a housing intervention with an appropriate level of supportive services is the ultimate goal of PICs coordinated entry systems. That goal requires coordination of housing resources, primarily funding for housing and supportive services, as well as housing stock. All three of these represent major bottlenecks for Honolulu and other communities struggling to address homelessness. A major component of housing placement, then, is strategizing around identifying, organizing, and even generating these resources.

Vacancy

Providers communicate that they have a “vacancy,” or available resource to dedicate to a participant waiting in the CAHP system to the community coordinator. As vacancies are announced they are entered into the Coordinated Assessment and Housing Placement (CAHP) system; once a client is matched to that resource it is removed from the system.

Housing Providers

This section explains the roles of programs that supply funding for housing and/or services (here referred to as housing/service providers) and the organizations or individuals who supply the physical units in which participants are housed (i.e. landlords). Both are essential components of any housing placement and the two should be coordinated accordingly.

Once matched to a program the provider agency uses whatever housing subsidy their agency administers, as well as any supportive services accessible, both internal and external to the agency. It is the provider’s job at this point to ensure the enrollment of the participant for subsidies or services, as necessary. (For example, the provider assists with income benefits, healthcare insurance etc.) to increase stability of the client before and after housing is achieved. t.)

The participant cannot be housed without finding a physical unit of housing. this responsibility is shared between the housing navigator, housing provider, and the participant. Housing navigators and housing providers are encouraged to facilitate participants’ efforts in finding housing when appropriate. In all cases this is a shared responsibility and will depend on agency resources and their relationships with the participant.

The CoC participates in Landlord recruitment opportunities and events as they arise to bolster inventory of affordable units for CoC housing programs.

Reporting & Evaluation

Appendix 1: Authorization to Request and/or Release Medical Information.

Appendix 2: State of Hawaii Combined Homeless Management Information System and Hale O Malama Coordinated Entry System Client Informed Consent for Release of Information.

Appendix 3: Hale O Malama Coordinated Entry System Guidelines for Prioritization of Housing Resources.

Appendix 4: Hale O Malama: Role of the 'Navigator' in the Housing Placement Process.

Appendix 5: PIC Written Standards for Eligibility and Prioritization for Permanent Supportive Housing, Rapid Re Housing, Transitional Housing and Supportive Services Only Programs.

Appendix 6: Definitions.

Appendix 1: Authorization to Request and/or Release Medical Information.

AUTHORIZATION TO REQUEST AND/OR RELEASE MEDICAL INFORMATION

Section A: I, the person named herein, authorize the disclosure of my personal health information as listed in Section B to the persons, agency or agencies listed below. This authorization is voluntary. I understand that _____, also known as the Partner Agency, will not condition my treatment, services, enrollment or eligibility for benefits on the signing of this authorization except as allowed by law. I hereby give permission for the disclosure of my personal health information in the manner described below:

Name: _____

Address: _____

Phone number(s): _____

Section B:

<p>RECORDS AUTHORIZED TO BE RELEASED: _____ All medical information relevant to the purposes requested. _____ Date(s) of Service: All past and future dates of service(s) by provider agencies. _____ VI-SPDAT, F-VI-SPDAT, or other assessment tool information and/or results. Other (Please specify): Name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, and contact information.</p>	<p>PURPOSES OF USE AND/OR DISCLOSURE: _____ To release information to verify my eligibility for appropriate housing and/or other services. _____ To release information to submit an application on my behalf for appropriate housing and/or other services. _____ Legal Representation. _____ Other - (Please specify): _____</p>
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_____ By initialing here, I also agree to the release of the following information related to the diagnosis, evaluation or treatment of the following conditions, should it be contained in my medical record: Acquired Immune Deficiency Syndrome (AIDS), HIV, or AIDS-related complex; Alcohol and/or drug abuse; Behavioral and/or mental health services (Unless I specifically agree, the information will not be disclosed).

Person/ Entity Authorized to Receive and Use Information: I authorize the Partner Agency to disclose my personal health information described above to the person, entity, or entities named below:

The Homeless Management Information System (HMIS) and/or Hale O Malama Coordinated Entry System (HOMCES), and PHOCUSED, a non-profit organization.

Unless otherwise revoked, this authorization will expire one year from the date of signature below.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Partner Agency. I understand that the revocation will not apply to any information that is already released or used in reliance on this authorization and there may be other legal restrictions on my ability to revoke this authorization.

I understand that the health information released under this authorization may be re-disclosed by the Recipient without my permission and may no longer be protected under the HIPAA privacy regulations.

I have had full opportunity to read and consider the contents of this authorization. I understand that, by signing this form, I am confirming my authorization for the use, request, and release of my protected health information, as described in this form.

Requestor's Signature: _____
 Individual or Legally Authorized Representative

To be completed only if requestor is not the named individual:

Printed Name: _____

Relationship to named individual: _____ Date: _____

A parent may authorize disclosure of a minor child's protected health information, subject to applicable laws regarding the rights of minors to confidentiality of their protected health information.

Appendix 2: State of Hawaii Combined Homeless Management Information System and Hale O Malama Coordinated Entry System Client Informed Consent for Release of Information.

**STATE OF Hawai'i
COMBINED HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
AND HALE O MALAMA COORDINATED ENTRY SYSTEM (HOM-CES)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
ONE FORM PER ADULT CLIENT**

I am signing this consent for release of information contained in the attached Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), using Hawai'i's Homeless Management Information System (HMIS) and Hale O Malama Coordinated Entry System (HOM-CES), based on the following representations:

_____ is a Partner Agency in the Hawai'i HMIS and/or HOM-CES.

HMIS is a shared homeless and housing database system administered by Partners In Care, Bridging the Gap, the City and County of Honolulu, the State of Hawai'i, and is also funded and used by the Department of Housing and Urban Development. HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. The HOM-CES program uses the VI-SPDAT to collect information about your individual circumstances in order to help authorized staff at Partner Agencies refer you to appropriate housing and services.

HMIS and/or the HOM-CES databases operate over the Internet and use many security protections to ensure confidentiality. The information collected may either be kept in separate databases or in a joint HMIS/ HOM-CES database and may remain in the database or databases past the expiration of the consent or after consent is withdrawn.

- Your HMIS and/or HOM-CES information **WILL NOT** be shared with any agency not participating in HMIS and/or HOM-CES (unless required to do so by law).
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS, the HOM-CES database, and/or shared among partner agencies is voluntary. Refusing to give consent **WILL NOT** deny your assistance; however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of your information to be shared with Partner Agencies will also share all prior episodes of homelessness currently in the HMIS or HOM-CES databases including information of all dependents (children under age 18) if applicable. If consent is given to share data, the name of each of the HMIS and/or HOM-CES participating agencies providing services for each prior episode will be shared.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (808)_____.
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (808)_____.

A. Please initial **one** of the following levels of consent:

_____ I give consent for my name and other collected information to be entered into the HMIS and/or
Initials HOM-CES database and to have my information SHARED among Partner Agencies. (Continue to
section B below)

_____ I give consent for my name and other collected information to be entered into the HMIS database
Initials only and NOT SHARED among Partner Agencies. (Skip section B and sign below)

B. I further agree to and authorize the following:

_____ I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and
Initials received by the organizations that participate in HMIS and/or the HOM-CES, which include but are not limited to Partners in Care, Bridging the Gap, the State of Hawai'i, the City and County of Honolulu, the Department of Housing and Urban Development, the Veteran's Administration, the Hawaii Public Housing Authority, supportive housing providers, homeless services providers, and social services organizations. I understand that the information I provide will be used to determine if I am eligible for partner agency housing, services or related programs. I also understand that each agency may have different eligibility requirements.

_____ I give my consent to contact me, or my case manager, navigator or other contact person, about my
Initials survey information, housing referrals or services referrals.

_____ I specifically give consent for the following information to be disclosed: whether I currently have or
Initials have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

_____ I give my consent to be photographed and that my photograph may be shared with partner agencies for
Initials the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS and/or HOM-CES does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for three years from the date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization pursuant to HRS 346-10.

Printed Name of Client

Signature (or Mark) of Client

Date

This form is on file with:

Agency Name _____

Agency Address _____

Agency Contact Phone Number _____

Appendix 3: Hale O Malama Coordinated Entry System Guidelines for Prioritization of Housing Resources.

Appendix 4: Hale O Malama: Role of the 'Navigator' in the Housing Placement Process.

Appendix 5: PIC Written Standards for Eligibility and Prioritization for Permanent Supportive Housing, Rapid Re Housing, Transitional Housing and Supportive Services Only Programs.

Appendix 6: Definitions

Community Coordinator - Individual responsible for maintaining coordinated entry system database and assigning clients (persons experiencing homelessness) to housing navigators.

Coordinated Entry System (CES) - a clear, transparent system for homeless households to access, be assessed and referred to appropriate housing interventions.

Homeless Management Information System (HMIS) - a local information technology system used to collect client-level data and data on the provision of housing and services to homeless households.

Housing Navigator (HN) - Individual responsible for engaging and preparing a client for housing and/or services once assigned to a resource through the coordinated entry system; typically a homeless outreach or emergency shelter worker that has an existing relationship with the homeless household in need of an intervention.

Hale O Malama (HOM) - PIC's adopted name for the Honolulu Continuum of Care coordinated entry system.

Housing First - A practice defined by the U.S. Interagency Council on Homelessness, which offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing without clinical prerequisite like completion of a course of treatment or evidence of sobriety and with a low-threshold and no barriers to program entry.

Matcher - Individual responsible for maintaining list of housing resources and pairing them to match-ready clients.

Permanent Supportive Housing (PSH) - Housing intervention that includes the following key components: long-term housing assistance (24+months) where supportive services are provided to assist homeless persons with a disability to live independently; lease/sublease that is held by the tenants without limits on length of stay; the housing does not have an end date and is provided until the program participant chooses to exit the project; assistance can only be provided to individuals with disabilities and families in which one adult or child has a disability (specific to HUD CoC funded PSH). Services within PSH are individually tailored and flexible supportive services that are voluntary, can be accessed 24 hours a day/7 days a week, and are not a condition of ongoing tenancy.

Partners In Care (PIC) - Honolulu Continuum of Care planning body.

Rapid Re-housing (RRH) - The practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, key components of RRH programs include: short term (1-3 months), or medium term (4-24 month) rental assistance; housing assistance and support services are provided to assist homeless persons obtain and maintain stability in permanent housing; rental assistance for a household is limited to no more than 24 months.

Release of Information (ROI) - A consent form used along with the common assessment tool to authorize sharing of personal identifying information.

Transitional Housing (TH) - A temporary housing intervention that includes the following key components: facilitates the movement of homeless individuals and families to permanent housing within 24 months; program participants must have a lease, sublease, or occupancy agreement for a term of at least one month; housing ends in 24 months and cannot be extended beyond 24 months (for HUD CoC funded programs); and support services are typically provided throughout the duration of stay in transitional housing.

Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT and VI-FSPDAT) - Proprietary tool designed for cursory evaluation of client housing needs. Utilizes a points system wherein clients scoring 1-4 qualify for no intervention, 5-9 transitional housing or rapid rehousing, and 10-20 permanent supportive housing.