

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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while 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 this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

1A-2. Collaborative Applicant Name: Aloha United Way

1A-3. CoC Designation: CA

1A-4. HMIS Lead: DHS, Homeless Programs Office

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	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	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Other Funders in CoC - Aloha United Way	Yes	Yes	Yes
Other Funders in the CoC - Hawaii Community Foundation	Yes	Yes	No
Organizations Serving Medically Fragile Homeless Individuals	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness 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.

The CoC maintains an inclusive structure by conducting open, standing, public meetings for general membership, and all subcommittees and workgroups. Notice of monthly general meetings is sent via email 24 hours prior to a list of 160 individuals and organizations with knowledge, capacity, and will to end homelessness. On 6/30/16 the CoC solicited members to serve on the 2016 NOFA workgroup to develop project priorities and the ranking and review process. Membership included a victim service provider. Further a non-CoC funded youth homeless organization evaluated and scored project applications for inclusion in the 2016 application. The CoC encouraged two new organizations with no prior CoC funding to submit project applications, including ASI and Kahikolu Ohana Hale O Waianae. ASI's project was ranked and included in the CoC application. The other application was rejected but encouraged to join the general membership and apply for CoC funding in future competitions.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Hawaii Youth Services Network	Yes	Yes	No
Hale Kipa	Yes	Yes	No
Waikiki Youth Outreach	No	Yes	Yes
Salvation Army Family Intervention	Yes	Yes	No
State Office of Youth Services	No	No	No
PACT	No	Yes	Yes
Partners In Development Foundation	No	No	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Child and Family Service	Yes	No
Parents and Children Together	Yes	Yes
Hawaii State Coalition Against Domestic Violence	No	No
Domestic Violence Action Center	No	No
Legal Aid of Hawaii	Yes	Yes

1B-2. 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 new projects in 2016. (limit 1000 characters)

The CoC continuously encourages new partners to join and participate in the planning and implementation of a coordinated, comprehensive strategy to end homelessness. In a 7/19/16 public meeting the General Membership voted to reallocate 10-20% of the 2016 ARD for new PH projects in order to address critical PH shortages. The CoC published this decision and released an RFP on its website on 7/21/16 encouraging new project applicants and disseminated this information via email to over 160 recipients. As a result, the CoC received 9 new project applications, 3 of which came from entities that had not previously received funds. The CoC prioritized PH project types serving the people experiencing chronic homelessness, unsheltered homelessness, and in emergency shelters. The CoC gave first preference to renewal PH projects performing well with at least 85% of beds dedicated to chronically homeless, and secondary preference for new PH projects with the same number of dedicated beds.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
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
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
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
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborated with one out of one Con Plan jurisdictions. Collaboration included attending monthly planning meetings to participate and provide information to help the Consolidated Plan and coordination services throughout the CoC. In addition, CoC leadership regularly provided information to Con Plan leadership over the phone and via email for completion of the Con Plan. The CoC coordinated with ESG Grantees, and projects funded by HOPWA, TANF, RHY, Head Start, CCDF, home visiting, Healthy Start, and both CoC funded and non CoC funded partners and providers to provide information and assist with the implementation of the Consolidated Plan to end homelessness in Hawaii. These partners represented over 36 organizations and agencies statewide.

1C-2b. Based on the response 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)

The CoC provides consultation to ESG recipient, the City and County of Honolulu, to determine the ESG allocation and performance plans, and participates in evaluating ESG project activities in order to determine funding decisions. Further the ESG recipient participates on the CoC Planning Committee in order to consult on the plan for allocating ESG funds, as well as reporting on and evaluating the performance of recipient and sub-recipients. The CoC provides the ESG recipient with PIT, HMIS, HIC and other data reports to update and inform the local Con Plan. The CoC evaluates outcomes of ESG project activities by serving on the evaluation committee that reviews and ranks ESG project proposals for funding.

1C-3. Describe 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 directly supports 60% of all DV providers on Oahu. All DV providers are active members of the CoC. Victims fleeing DV are offered available safe housing and services from programs funded by the CoC, ESG, DOJ, and HHS. Other locally available programs like Aloha United Way 211 and community hotlines also assist with coordination of community-wide resources and information. In the CoC all data about a household is shared between victim service providers and homeless assistance providers in a manner where all

data and identifiable information remains confidential. Data received from DV provider agencies is not directly entered into the coordinated data system. Rather data is submitted via encrypted documents, ensuring that demographics inclusive of names, birthdates, addresses, SSN, are not shared among providers. Only general information in regards to utilization, improvements in income, general demographics, and non-specific health insurance information is released.

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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Hawaii Public Housing Authority HI001	25.00%	Yes-Public Housing
City and County of Honolulu HI003	4.00%	Yes-HCV
Hawaii Public Housing Authority HI901	22.00%	Yes-HCV

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)

This May, the State of Hawaii released \$5 Million for the Coordinated Statewide Homeless Initiative, a nimble and dynamic program that provides short-term financial assistance via rental payments, security deposits, and rental arrears. The program has also prevented many individuals and families from becoming homeless and allowed many to remain in their homes instead of facing eviction. Since Jan. 2015, the CoC has made a concentrated effort to reaching functional zero for homeless Veterans. The SSVF program is able to provide homeless prevention assistance to Veteran households. In addition to the CSHI and SSVF programs, the community also has HPRP, EFSP and a TANF-funded program that provides deposits and first month's rental assistance. Recently, the Hawaii Community Foundation started an innovative, three-year family housing program called HousingASAP through its Pathways to Resilient Communities Initiative, with the goal of moving more families into stable housing faster.

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.

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"/>
Other:(limit 1000 characters)	
	<input 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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 type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Local hospitals make every effort to find suitable housing placements for people experiencing homelessness in the appropriate level of care via the 1147 assessment. The greatest barriers to better discharge planning are patient refusal of housing assistance and lack of housing inventory. The CoC has established two 24/7 supervised guest homes serving people experiencing homelessness discharged from hospitals for medical respite. Unfortunately, length of stay is limited to 6 weeks unless authorized by the referring hospital, and if a care manager can find appropriate housing by the end of her or his stay. The CoC recently established a Rapid Triage Program through ESG funds for medically fragile patients, working closely with the local hospitals to provide special follow-up and support for medication adherence and housing placement while providing bridge shelter.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**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)**

Anyone in need of homeless services will enter the CES through her or his own initiative or with the assistance of a natural helper (pastor, police, teacher, healthcare provider, etc). Referrals are made into three different entry portals: Aloha United Way 211 line, local emergency shelters, and outreach teams. Each portal is equipped to screen and connect people with appropriate resources. Assistance is prioritized according to vulnerability and length of time homeless. Street outreach specialists target those who may not access services or reject services. The CoC plans to use television, radio, and newspaper PSAs to advertise the program. A key component of the CES is biweekly case conferencing by outreach personnel where the team reviews and prioritizes for housing the individuals and families with highest vulnerability scoring on the assessment tool. Participants are also informed of the array of mainstream housing options beyond those that are offered through service providers.

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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUW 211	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
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 2016 CoC Program Competition?	12
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	80.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<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"/>
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)

PIC considered the severity of needs and vulnerabilities experienced by program participants in the review, ranking, and selection process. First, the CoC awarded greater narrative points to project applicants that described adoption of the updated order of priority for dedicated and prioritized PSH in accordance with Notice CPD-16-11. Second, PIC ranked PSH projects higher that served at least 85% chronically homeless individuals and families. Third, in review of RRH projects, PIC ranked projects higher if primarily targeting those persons residing longest in places not meant for human habitation, in emergency shelters, and in safe havens. Fourth, PIC prioritized projects serving populations vulnerable to victimization by giving high priority to TH projects serving victims of domestic violence.

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. Evidence of the public posting must be attached. (limit 750 characters)

On 7/15/16 the CoC issued on its website an RFP soliciting project proposals from qualified nonprofit agencies providing shelter and supportive services to persons experiencing homelessness. Included as an attachment to the RFP was the 2016 narrative scoring criteria for project applications. On 7/21/16 the CoC publicly announced on its website the decision to reallocate between 10% and 20% of the 2016 ARD to new projects, and encouraged new and existing providers to apply for new PH projects. On 8/10/16 the CoC publicly posted additional information on the website regarding the process and priorities for ranking and review of project applications and the evaluation score sheet.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

All CoC recipients recently received desk monitoring including a review of APR submissions and utilization rates, increased housing stability, participant eligibility, length of time homeless, destination upon program exit, increasing income, and connecting to mainstream benefits and other income sources. Desk review triggered three on-site monitoring visits where CoC leadership met with recipients to discuss performance improvement plans. All recipients will receive further monitoring and performance improvement follow-ups in December 2016 and March 2017. This monitoring will include review of project system performance measures, HMIS data entry and quality, and continued review of current monitoring areas mentioned above.

1G-2. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. Governance Charter pg 12, PIC MOU HMIS pg 1-3

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 Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Caseworthy

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$236,753
ESG	\$54,247
CDBG	\$0
HOME	\$6,000
HOPWA	\$3,652
Federal - HUD - Total Amount	\$300,652

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
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City	\$0
County	\$0
State	\$417,889
State and Local - Total Amount	\$417,889

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$56,980
Private - Total Amount	\$56,980

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$775,521
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,443	98	1,337	99.41%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	1,978	46	1,932	100.00%
Rapid Re-Housing (RRH) beds	131	11	120	100.00%
Permanent Supportive Housing (PSH) beds	1,677	0	1,107	66.01%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The only program not reporting 100% of its HIC beds in HMIS is the VASH program serving Oahu. Absent the VASH program, the PSH rate is 100%. On Aug 1, 2016, a meeting was convened with the local HUD Field Office Director, the HMIS Lead (State of Hawaii), VA officials, and CoC members to discuss integration of VA VASH program data. The group of stakeholders continues to address data sharing challenges (both nationally and locally) while developing short-term and long-term solutions. This remains a critical area of focus moving forward. It's also worthy to note that the 2016 HIC did not include certain PSH and RRH data due to data entry errors; however, those errors were specific to the HIC and affected agencies had been reporting data into HMIS. Therefore, we included their information when calculating the Bed Coverage Rate.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/24/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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) 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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 2016 PIT Count.	<input checked="" 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 mainly derived from HMIS. To help ensure that client data was reliable, organizers contacted shelters leading up to the count and confirmed that all clients sleeping in their facilities on the night of the count

had active HMIS enrollment and subpopulation data. Follow-up with providers ensured that actual census counts matched HMIS active enrollments. Organizations not participating in HMIS (DV providers) were contacted and asked to provide the number of individuals and families experiencing homelessness in their programs on the night of the count, in addition to specific subpopulation data. PIC selected this methodology as an efficient and accurate mode of acquiring PIT information because the system has high bed coverage rates across its programs and low rates of missing & unknown data. This methodology can easily be replicated to produce accurate demographic & subpopulation statistics for any designated date.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

The only change in provider coverage between 2015 and 2016 was the addition of one emergency shelter program. This new project, IHS' Hale Mauiola Program (Sand Island), was listed in the 2016 HIC. It had recently opened at the time of PIT count, so only 19 out of 79 beds were filled during the count. There have not been any expansions to existing programs. Differences in bed counts can be seen between the 2015 and 2016 HIC, but these can be attributed to data quality issues rather than representing real life changes. Higher data standards have since been implemented along with greater provider involvement, and this has resulted in a higher degree of accuracy in the 2016 HIC.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
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 2015 to 2016 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 methods). (limit 1000 characters)

In 2015, the HMIS lead for the Hawaii statewide continuum launched new software for housing and operating HMIS. Due to the CoC's reliance on this system for the sheltered PIT count methodology, the HMIS lead along with PIC performed extensive software training prior to the count. For organizations using HMIS, testing was carried out before the PIT count to ensure quality data was being recorded and could readily be retrieved. For the remaining non-HMIS providers, a survey was created and circulated through the various shelters. HUD's request for a higher level of data collection detail in the 2016 PIT count led the continuum to make the appropriate changes to the 2015 non-HMIS survey.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/24/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent 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 this unsheltered PIT count methodology. (limit 1000 characters)

Survey forms were revised in an effort to provide the CoC and stakeholders with meaningful data on homeless subpopulations within the CoC. Surveys & trainings emphasized minimizing duplication. HMIS served as the repository for survey data collection & analysis. Outreach providers and volunteers extensively canvassed rural and urban areas where people experiencing homelessness frequently congregate, public gathering places, and service centers such as food distribution sites and healthcare centers. As in 2015, the CoC employed this methodology due to the broad network of providers and volunteers throughout the regions. Providers were responsible for the regions they normally outreach – where they are familiar with the geography and clientele. This methodology assures the highest degree of accuracy and completeness.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

N/A

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? No

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

The CoC will increase collaboration with youth-specific service providers and the Department of Education to identify common areas where youth experiencing homelessness gather, and for affective methods for collecting input. DOE homeless coordinators make referrals to CoC service providers when homeless youth are identified. The CoC will increase HMIS' capacity to incorporate data relevant to this subpopulation. Collecting and entering data, including unique housing options. Recently, the CoC successfully advocated for the allocation of \$300,000 for a new outreach contract specifically targeting unsheltered youth to better track and address Oahu's youth homelessness. Unaccompanied gang-related youth have also been targeted for intervention by a new partnership with Adult Friends for Youth who are focused on reconnecting youth with school, exploring personal development and transforming group culture to be more prosocial. Youth providers will meet to develop and manage a by-name-list.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

- 1) PIC, collaboratively with its service providers, conducted two additional trainings to ensure outreach coordination and accuracy.
- 2) The local VA provided reimbursements to incentivize PIT count surveyor participation. These reimbursements could be used for staffing, mileage, printing, and miscellaneous items.
- 3) PIC developed a more concise survey form to mitigate barriers to gathering information.
- 4) An HMIS module was created for unsheltered canvassing data to streamline

the data entry process and improve quality.

5) For the first time within the CoC, one service provider, Waikiki Health, suspended normal outreach operations to solely conduct the PIT count in its regions.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4,903	4,940	37
Emergency Shelter Total	995	987	-8
Safe Haven Total	26	26	0
Transitional Housing Total	1,943	1,754	-189
Total Sheltered Count	2,964	2,767	-197
Total Unsheltered Count	1,939	2,173	234

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	6,651
Emergency Shelter Total	3,396
Safe Haven Total	0
Transitional Housing Total	3,838

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 of becoming homeless.

(limit 1000 characters)

First time homeless individuals and families are targeted for diversion through housing subsidy programs and other mainstream supports. Every effort is made to minimize the length homelessness and to make it rare and brief in the CoC. The CoC has rapid re-housing programs targeting those experiencing or at risk of homelessness for the first time with referral to the State’s Housing Placement Program or the AUW Comprehensive Statewide Homeless Initiative. A critical component of this program is financial literacy and budget counseling. Efforts have also been made to use some units offered by the YMCA to use as bridge housing for some first time homeless individuals and families encountered during outreach. Seniors who are also experiencing homelessness for the first time are being connected with programs offered by the Office of Aging to provide age-appropriate supports for this population.

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 has adopted this measure for prioritizing housing placement in the CoC’s coordinated entry system, with the provision formerly adopted in the CES Policies and Procedures (attachment). A homeless family programs consortium recently convened to establish prioritization criteria for CES and also voted to make “length of time homeless” the top priority following general VI-SPDAT score for awarding homeless families PSH. Some CoC shelters are also using these criteria as rationale for prioritizing case management and housing support resources for such households.

*** 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:
 Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	525

Of the persons in the Universe above, how many of those exited to permanent destinations?	412
% Successful Exits	78.48%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	1,140
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?	1,076
% Successful Retentions/Exits	94.39%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

This May, the State of Hawaii released \$5 Million for the Coordinated Statewide Homeless Initiative, a nimble and dynamic program that provides short-term financial assistance via rental payments, security deposits, and rental arrears. The program has also prevented many individuals and families from becoming homeless and allowed many to remain in their homes instead of facing eviction. Since Jan. 2015, the CoC has made a concentrated effort to reach Veteran's homelessness functional zero. The SSVF program is able to provide homeless prevention assistance to Veteran households. In addition to the CSHI and SSVF programs, the community also has HPRP and a TANF-funded program that provides deposits and first month's rental assistance. The Aloha United Way 211 line's trained phone specialists provide callers with resources tailored to their needs. HMIS uses data inputted by providers to record returns to homelessness by program participants who exit into housing.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

All CoC shelters offer employment support services. One partner, Waikiki Health, offers a vocational program that provides community cleanup services. Individuals and families experiencing homelessness are also connected to the

City's Oahu WorkLinks program, a one-stop center for employment support. People who have been relocated or have a disability are often referred to the State Division of Vocational Rehabilitation, which administers the SSA's Ticket to Work program. Veterans seeking employment get referred to the DOL VETS (Veterans and Employment Training) Division. CoC member ASI operates a farm-to-restaurant employment program as well as community catering services. Our CoC works with employment organizations that provide childcare, thereby allowing parents to have more time for seeking and maintaining employment. The CoC also considers returns earned income in ranking/review of project applicants.

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)

Members of the CoC represent the interests of people experiencing homelessness on the Hawaii Workforce Development Council, which implements the State's Workforce Investment and Opportunity Act plan. Employment goals of the homeless community have been integrated into the plan, including expanded specific training opportunities for people experiencing homelessness. The CoC continues to integrate the opportunities offered by the state WIOA plan into its goals and programming. Legal Aid Society of Hawaii offers annual training on mainstream benefits to all CoC members, providing information on the myriad conventional benefits available to help stabilize the incomes of people experiencing homelessness. When possible, families with two parents and one working parent are encouraged to have the second parent to seek employment that includes free or affordable childcare. The CoC also considers increased other income in ranking/review of project applicants.

3A-7. 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)

No areas were excluded from the CoC's unsheltered PIT count. All regions of the island were covered by four major service providers that had regularly performed outreach to the unsheltered homeless of those areas. Survey teams were assigned regions to ensure that many of the high-density areas frequented by unsheltered homeless were surveyed. With approval from HUD, the unsheltered count spanned the week of January 25th. Due to this familiarity and sufficiency of time, there was no need to exclude geographic areas from the unsheltered PIT count.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, No

including areas that are uninhabitable (e.g. disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

No geographic areas were excluded from the CoC's unsheltered PIT count.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/13/2106

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

N/A

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	868	1,090	222
Sheltered Count of chronically homeless persons	160	121	-39
Unsheltered Count of chronically homeless persons	708	969	261

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

Oahu experienced a decreased in chronically sheltered homeless persons, but this decrease was offset by the increase of unsheltered chronic homeless individuals. The 25.5% overall increase was attributed to several factors: more intensive outreach conducted during PIT Count; the high rates of mental illness (33.6%) among unsheltered homeless coupled with a dearth of long term inpatient psychiatric beds for stabilization and treatment; and the evolving substance abuse among unsheltered homeless (33.2%) to include the IV use of methamphetamine and the increase use of heroin and resulting opiate epidemic that impacts the entire nation. The CoC's inventory of Public Housing also diminished with a backlog of repairs in PH units completed and units quickly leased up. The housing market remains unfriendly to Section 8 voucher holders. Further Oahu's housing market in general is intensely competitive at every level, with escalating rents and a long wait for affordable housing.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	345	505	160

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The CoC improved data quality and collection for the 2016 HIC by proactively researching all available PSH beds available in the CoC, both directly funded and non-CoC funded.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Pages 1 and 2

Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC has a major affordable housing crisis, with low inventory and rising prices. In response the City of Honolulu has awarded the 2nd increment of 100 HF PSH to begin October 1 with another 100 vouchers to be procured by the end of the 2016 in an effort to end chronic homelessness. The CoC also prioritizes CH and length of time homeless as part of their CES. The housing agenda is urgent with widespread public education about the cost/benefit of permanent supportive housing, and local and state policymakers in support of Housing First principles. The City will also allow permitting set asides to encourage commercial development of affordable housing, and the Transit Oriented Development plan mandates set asides for affordable housing with two new developments dedicated to homeless housing: Hassinger-45 units and Kuwili Street-35 units.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

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

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

Homeless family service providers have come together to prioritize the housing of unsheltered families with children. The state has poured \$4.7 million into the community for short and moderate term housing subsidies that are largely directed at reducing family homelessness. Both the City/County of Honolulu and the State have sponsored landlord summits to facilitate the use of housing subsidies and vouchers. Homeless outreach teams connect unsheltered homeless families with housing navigation or a family shelter. The State is also developing a Family Housing Navigation Center that will open at the end of the Sept. 2016. Our CES system also diverts families on the precipice of homelessness to access housing vouchers that would prevent or end their homelessness in short time.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	83	83

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, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
--	--	------	------------

Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	556	513	-43
Sheltered Count of homeless households with children:	485	436	-49
Unsheltered Count of homeless households with children:	71	77	6

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The CoC experienced an overall 7.7% decrease in homeless family households from 556 in 2015 to 513 in 2016. The total number of family households decreased in 2016 to 2143 from a total of 2340 in 2015 due to a significant decrease in sheltered homeless families. The 6 family household increase among the unsheltered count may be attributed to the diminishing inventory of public housing where most homeless households hoped to gain access to an affordable home.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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 checked="" 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 including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	100	104	4

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$128,101.00	\$1,286,958.00	\$1,158,857.00
CoC Program funding for youth homelessness dedicated projects:	\$128,101.00	\$316,958.00	\$188,857.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$970,000.00	\$970,000.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

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):	15

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC youth outreach teams routinely collaborate with educational authorities and local school districts regarding attendance issues of homeless youth. In August 2016, the CoC convened a group of youth service providers and local stakeholders for a day-long discussion of a cross-sector, statewide strategy for ending youth homelessness on Oahu that resulted in an actionable plan to address the specific needs of this subpopulation. Recently CoC leadership attended a meeting of all homeless liaisons and coordinators to collaborate regarding services and programs for homeless children and families in the CoC.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

All sheltered and unsheltered homeless families with children are informed of their rights to access education through school issued transportation vouchers and tutoring under the McKinney Vento Act. The DOE's homeless liaisons

attend CoC general meetings to inform members of new initiatives by the department to better identify homeless families in order to better serve them. Families are also informed of their children's right to remain in the school in which they are enrolled under MVA and also encouraged to access other entitlements that would help mitigate the impacts of homelessness on the family (free meals and family SNAP benefits).

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Under written agreement, Aloha United Way's 211 information and referral call center is actively working with the Action Strategy Network on developing "Keiki Central," a information portal for caregivers of young children. Keiki Central will serve as a one-stop-shop for information on services for infants, toddlers, and young children.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	467	413	-54
Sheltered count of homeless veterans:	240	224	-16
Unsheltered count of homeless veterans:	227	189	-38

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

N/A

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

While conducting a VI-SPDAT assessment, outreach teams always ask whether or not a person has served in the U.S. military. If a person responds "yes," then the outreach teams will ask the person if they have a DD214 form to verify their

Veteran status. If a Veteran does not have a DD214 form, outreach teams will ask the individual to sign the VA's Release of Information (ROI). If the Veteran meets eligibility criteria for discharge status and length of time served, she or he will be referred to either VASH or SSVF, or to another community housing assistance resource (i.e. Shelter Plus Care, HPRP). The CoC conducts bimonthly Veteran's case conferencing attended by VA outreach staff, SSVF and VASH reps, and community homeless outreach staff. During these meetings, providers discuss Veterans who are currently active on the By-Name-List and work collaboratively to ensure that unsheltered Veterans are linked to VA services and/or other community resources as appropriate.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	299	413	38.13%
Unsheltered Count of homeless veterans:	143	189	32.17%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. 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 2016? (limit 1000 characters)

N/A

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	24
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	21
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	88%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Hawaii State has a very robust healthcare coverage system that allows all persons to access health care coverage. When a homeless provider determines someone to be in need, they will collaborate with several different FQHCs to ensure that persons are enrolled for healthcare coverage. Emergency application for Medical Insurance often will be completed for those exiting a correctional setting or for new clients that claim to have no coverage and are in urgent need of medications or healthcare. If someone was previously covered under Medquest, reinstating him/her can be accomplished very quickly

by completing a new application with the help of a homeless service provider. Additionally, the CoC coordinates with regional Public Health Nurses offices to facilitate medical outreach to clients and identify homeless households for insurance enrollment.

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

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	19
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 2016 competition:	19
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	19
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	19
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	---

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" 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 populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	131	131

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 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 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 type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input 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. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
TAC, collaborative applicant change	03/07/2016	4
HomeBase, developing a CES	10/03/2016	
ICF International, HMIS		4
HomeBase, H2 initiative	02/02/2016	4

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	evidence of the C...	09/13/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Website Posting o...	09/13/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	ranking and revie...	09/13/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting of...	09/13/2016
05. CoCs Process for Reallocating	Yes	Process for Reall...	09/13/2016
06. CoC's Governance Charter	Yes	PIC Governance Ch...	09/13/2016
07. HMIS Policy and Procedures Manual	Yes	Hawaii HMIS Polic...	09/13/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Letter and Applic...	09/13/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	PIC MOU HMIS	09/13/2016
11. CoC Written Standards for Order of Priority	No	CoC Written Order...	09/13/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	System Performanc...	09/13/2016
14. Other	No	CES policies and ...	09/13/2016
15. Other	No	Reallocation - Pu...	09/13/2016

Attachment Details

Document Description: evidence of the CoC's communication to rejected participants

Attachment Details

Document Description: Website Posting of Consolidated App

Attachment Details

Document Description: ranking and review procedures

Attachment Details

Document Description: Public Posting of RFP on Website

Attachment Details

Document Description: Process for Reallocation and Priorities

Attachment Details

Document Description: PIC Governance Charter

Attachment Details

Document Description: Hawaii HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: Letter and Applicable Sections

Attachment Details

Document Description: PIC MOU HMIS

Attachment Details

Document Description: CoC Written Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: System Performance Measures - 8-13-16

Attachment Details

Document Description: CES policies and procedures

Attachment Details

Document Description: Reallocation - Public Posting

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/13/2016
1B. CoC Engagement	09/13/2016
1C. Coordination	09/13/2016
FY2016 CoC Application	Page 61
	09/13/2016

1D. CoC Discharge Planning	09/07/2016
1E. Coordinated Assessment	09/13/2016
1F. Project Review	09/13/2016
1G. Addressing Project Capacity	09/13/2016
2A. HMIS Implementation	09/13/2016
2B. HMIS Funding Sources	09/08/2016
2C. HMIS Beds	09/13/2016
2D. HMIS Data Quality	09/07/2016
2E. Sheltered PIT	09/13/2016
2F. Sheltered Data - Methods	09/13/2016
2G. Sheltered Data - Quality	09/13/2016
2H. Unsheltered PIT	09/13/2016
2I. Unsheltered Data - Methods	09/13/2016
2J. Unsheltered Data - Quality	09/13/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/13/2016
3B. Objective 2	09/13/2016
3B. Objective 3	09/13/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/13/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

SENT VIA HAND DELIVERY AND EMAIL

August 29, 2016

Jonathon Berliner
Gregory House Programs
200 North Vineyard Boulevard, Ste. A310
Honolulu, HI 96817

Dear Mr. Berliner,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank Gregory House Programs for providing critical housing and support services to persons living with HIV/AIDS on Oahu. Unfortunately, on Friday, August 26, 2016 the Executive Committee voted not to renew the City and County of Honolulu Project with Sub-recipient Gregory House Programs – Permanent Housing under grant number 2016HI0034L9C011508 based on recommendations from the Planning Committee and NOFA Task Force.

While PIC recognizes the critical need to provide housing and services to those living with HIV/AIDS, the CoC has adopted the updated order of priority for dedicated and prioritized permanent supportive housing in accordance with HUD Notice CPD-16-11. Pursuant to this notice, the Executive Committee of PIC established the attached review process and order of priorities in order of importance, in rank and review of project applications.

1. Renewal PH projects: performing well based on project performance review; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
2. New PH with organizational capacity and/or in collaboration with other CoC project applicants; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
3. Renewal TH projects that serves youth or DV subpopulations, and performing well based on project review.
4. Renewal HMIS projects.
5. New SSO projects, specifically for coordinated entry.
6. Renewal TH that are serving other subpopulations and performing well based on project review and overall system performance;



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7. Renewal SSO regardless and performing well based on project review and overall system performance; and
8. New HMIS.

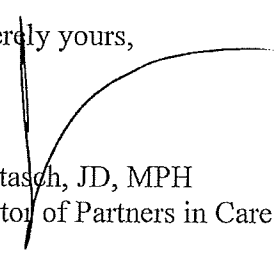
Please know that Partners in Care will work collaboratively with federal, state, local and private partners to formulate a plan for continued funding for *Gregory House Programs, Permanent Housing* for those living with HIV/AIDS. In addition, we would like to the opportunity to work with Gregory House Programs in formulating a transition plan for funding, and a communication strategy for the community and media.

In addition, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee not to renew. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

Again, Partners in Care recognizes the critical importance of providing homeless services to all subpopulations, but must prioritize permanent housing programs that dedicate at least 85% of beds to chronically homeless individuals and families under the HUD definition.

I look forward to working with Gregory House Programs, as a valuable member of PIC, to formulate a plan for sustained funding from other funding sources. Please feel free to contact me directly at 543-2282 or jstasch@auw.org with any questions or concerns.

Sincerely yours,



Jen Stasch, JD, MPH
Director of Partners in Care



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

SENT VIA US MAIL AND EMAIL

August 29, 2016

Darryl J. Vincent
Chief Operating Officer
US VETS – Barbers Point
Bldg 37, Shangrila Road
Kapolei, HI 96707

Dear Mr. Vincent,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank US Vets, Barbers Point Transitional Housing Program for serving our veterans. However I regret to inform you that on Friday, August 26, 2016 the Executive Committee voted not to renew the transitional housing program under grant number HI0018L9C011508 for inclusion in the 2016 CoC application to HUD, based on recommendations from the Planning Committee and NOFA Task Force.

The Executive Committee of PIC established the following project priorities included in the attached review process of project applications for inclusion in the 2016 CoC application to HUD:

1. Renewal PH projects: performing well based on project performance review; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
2. New PH with organizational capacity and/or in collaboration with other CoC project applicants; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
3. Renewal TH projects that serves youth or DV subpopulations, and performing well based on project review.
4. Renewal HMIS projects.
5. New SSO projects, specifically for coordinated entry.
6. Renewal TH that are serving other subpopulations and performing well based on project review and overall system performance;
7. Renewal SSO regardless and performing well based on project review and overall system performance; and



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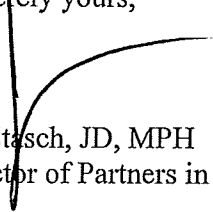
8. New HMIS.

Please know that Partners in Care will work collaboratively with federal, state, local and private partners to formulate a plan for continued funding for US Vet's Barbers Point Veterans-In-Progress program.

In addition, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee not to renew. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

I look forward to working with US Vets- Barbers Point, as a valuable member of PIC, to formulate a plan for sustained funding from other funding sources. Please feel free to contact me directly at 543-2282 or jstasch@auw.org with any questions or concerns.

Sincerely yours,



Jen Stasch, JD, MPH
Director of Partners in Care



PARTNERS IN CARE

Oahu Continuum of Care

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SENT VIA US MAIL AND EMAIL

August 29, 2016

Ms. Rona Fukumoto
Catholic Charities Hawaii
1822 Keeaumoku Street
Honolulu, HI 96822

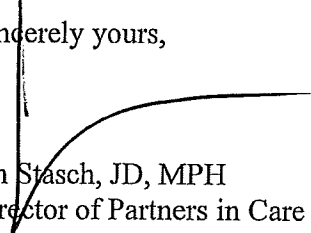
Dear Ms. Fukumoto,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank Catholic Charities for submitting a new project application for CCH Family Rapid Re-housing 2016. After careful review of the new project application, I regret to inform you that on Friday, August 26, 2016 the Executive Committee voted not to include the project for inclusion in the 2016 CoC application to HUD, based on project evaluation, and recommendations from the Planning Committee and NOFA Task Force.

Please know that, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2016 CoC Competition. Please feel free to contact me directly at 543-2282 or jstasch@auw.org with any questions or concerns.

Sincerely yours,


Jen Stasch, JD, MPH
Director of Partners in Care



PARTNERS IN CARE

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SENT VIA US MAIL AND EMAIL

August 29, 2016

Pastor Curtis Tsuzaki
Executive Director
Kahikolu Ohana Hale o Waianae
85-979 Farrington Hwy., Ste. C
Waianae, HI 96792

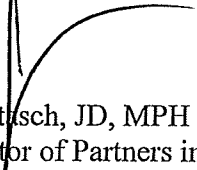
Dear Pastor Tsuzaki,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank Kahikolu Ohana Hale o Waianae for submitting a new project application for Permanent Housing. After careful review of the new project application, I regret to inform you that on Friday, August 26, 2016 the Executive Committee voted not to include the project for inclusion in the 2016 CoC application to HUD, based on project evaluation, and recommendations from the Planning Committee and NOFA Task Force.

Please know that, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2016 CoC Competition. Please feel free to contact me directly at 543-2282 or jstasch@auw.org with any questions or concerns.

Sincerely yours,



Jen Stasch, JD, MPH
Director of Partners in Care



PARTNERS IN CARE

Oahu Continuum of Care

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SENT VIA EMAIL AND HAND DELIVERED

August 29, 2016

Mr. Marc Gannon
VP Community Impact
Aloha United Way
200 N. Vineyard Boulevard, Ste. 700
Honolulu, HI 96817


Dear Mr. Gannon,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank Aloha United Way for submitting a new project application for AUW 211. After careful review of the new project application, I regret to inform you that on Friday, August 26, 2016 the Executive Committee voted not to include the project for inclusion in the 2016 CoC application to HUD, based on project evaluation, and recommendations from the Planning Committee and NOFA Task Force.

Please know that, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2016 CoC Competition. Should you have any questions or concerns please feel free to contact me directly at 543-2282 or jstasch@auw.org.

Sincerely yours,



Jen Stasch, JD, MPH
Director of Partners in Care



PARTNERS IN CARE

Oahu Continuum of Care

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SENT VIA US MAIL AND EMAIL

August 29, 2016

Erika Teska
Operations & Grants Administrator
Women In Need
P.O. Box 414
Waimanalo, HI 96795

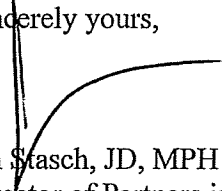
Dear Ms. Teska,

On behalf of Partners in Care (PIC), Oahu Continuum of Care (CoC), I would like to thank Women In Need for submitting a new project application for Permanent Housing 2016. After careful review of the new project application, I regret to inform you that on Friday, August 26, 2016 the Executive Committee voted not to include the project for inclusion in the 2016 CoC application to HUD, based on project evaluation, and recommendations from the Planning Committee and NOFA Task Force.

Please know that, pursuant to Section V of the CoC RFP, project applicants may appeal the decision of the Executive Committee. Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel.

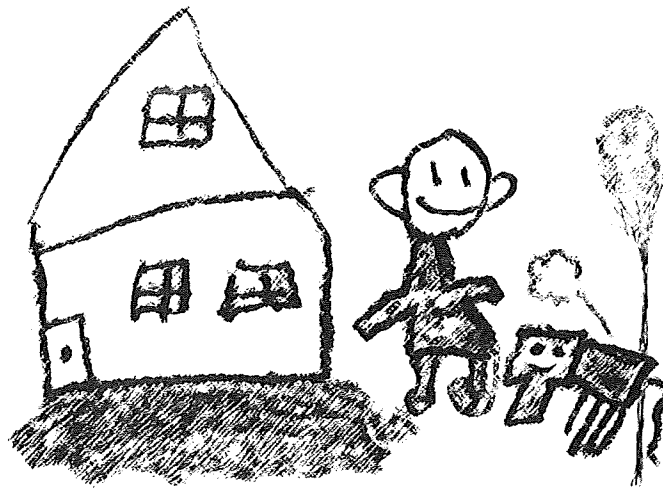
Thank you for your hard work and dedication, and for submitting a proposal for review during the 2016 CoC Competition. Please feel free to contact me directly at 543-2282 or jstasch@auw.org with any questions or concerns.

Sincerely yours,



Jen Stasch, JD, MPH
Director of Partners in Care

REQUEST FOR PROPOSALS (RFP)
FY 2016 HUD Continuum of Care (CoC) Program Competition
HI-501 Honolulu City and County
Homeless Assistance Programs



~~Homeless~~

PARTNERS IN CARE
Oahu Continuum of Care

REQUEST FOR PROPOSALS (RFP)
FY 2016 HUD Continuum of Care (CoC) Program Competition
HI-501 Honolulu City and County
Homeless Assistance Programs

I. SUMMARY

Aloha United Way (AUW), as the Collaborative Applicant (CA) for Oahu's Continuum of Care (CoC) known as Partners in Care (PIC), is issuing this Request for Proposals (RFP) to seek applications from qualified nonprofit agencies providing shelter and supportive services to persons experiencing homelessness. Selected applicants will be included in the Honolulu Continuum of Care's federal grant application for funds under the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care Program (CoC).

The CoC Program (24 CFR Section 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

The CoC Program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act, (42 U.S.C 11381-11389) (the "Act"), and the CoC program regulations are found in 24 CFR Section 578 (the CoC Interim Rule). The FY 2016 funds for the CoC Program were authorized by Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113, approved December 18, 2015, the "FY 2016 HUD Appropriations Act").

AUW submits the consolidated application to HUD as the CA in partnership with the Honolulu CoC, known as Partners in Care (PIC). PIC is a membership organization of homeless service providers, others professionals, units of local and state government, program participants, and other community representatives. PIC is also a planning, coordinating, and advocacy body that develops recommendations for programs and services to fill gaps in Honolulu's CoC. Membership of PIC is not required for submission of interest in response to this RFP.

Total funding available is determined by the Annual Renewal Demand (ARD) [(24 CFR 578.17(b)(2)], which is the total amount of all CoC funding directly with HUD, and is the total amount of all CoC's projects that will be eligible for renewal in the FY 2016 CoC Program Competition, before any required adjustments to funding for leasing, rental assistance, and operating budget line items based on FMR changes. The ARD for Honolulu CoC for the FY 2016 CoC Program Competition is estimated at **\$9,099,981**.

In the FY 2016 CoC Program Competition, in addition to requests for renewal projects and CoC planning, CoCs may submit requests for new projects through the process of reallocation or the permanent housing bonus. The FY 2016 Appropriations Act establishes certain requirements for the Competition:

- CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance;
- HUD must base an increasing share of the CoC score on performance criteria; and
- HUD must prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

The following types of projects may only be created using funds that the CoC has made available through reallocation. Through the reallocation process CoCs may create the following types of new projects:

- New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
- New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
- New Supportive Service Only project specifically for a centralized or coordinated entry system.
- New dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.

CoCs may create new projects through the permanent housing bonus up to 5% of the CoC's FPRN for the following types of new projects:

- New permanent supportive housing projects that will serve 100% chronically homeless individuals and families; and
- New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

New permanent housing projects will be evaluated using the same criteria regardless of whether the CoC has identified them as bonus or reallocation projects.

HUD will continue the Tier 1 and Tier 2 funding process. HUD will establish Tier 1 and Tier 2 amounts based on the final HUD-approved GIW. A report that lists each CoC's ARD Tier 1 amount, CoC planning, and permanent housing bonus amount available will be posted on the HUD Exchange website no earlier than August 2, 2016. Allocations are subject to changes.

The tiers are financial thresholds. Tier 1 is equal to 93% of the Honolulu CoC's ARD, estimated at \$8,462,982.33. Tier 2 is the difference between Tier 1 and CoC's ARD plus any amount available for the permanent housing bonus as described in Section II.B.4 of the 2016 NOFA. The CoC Application score and the project application score(s) will determine which projects in Tier 2 will be conditionally selected for award.

The HUD Notice of Funding Availability (NOFA) for the FY 2016 CoC Program Competition is posted on the HUD Exchange and posted at www.partnersincareoahu.org. Every potential application should review the NOFA carefully in its entirety in conjunction with the CoC Program interim rule (24 CFR Section 578) in order to gain a comprehensive understanding and to comply with CoC Program requirements.

II. BACKGROUND INFORMATION

PIC is the CoC for Oahu, Hawaii, which serves the City and County of Honolulu. PIC works to:

- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States and local governments to re- house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness;
- Promote access to and effective use of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.

PIC develops policies and procedures conforming to the HUD requirements detailed in 24 CFR part 578.1 to designate an agency to serve as the CA to support year-round CoC planning of homeless and homeless prevention housing and services.

PIC has designated AUW to serve as the CA, and as such is the sole eligible applicant for the HUD CoC Program Planning Grant funds, and shall manage the required HUD process on behalf of PIC to ensure the maximum amount of HUD CoC Program funds are received by the PIC and that the CoC is in compliance with all applicable HUD rules and regulations.

AUW has been supporting the community for the past 95 years. During the past eight years, AUW has evolved from supporting individual services to developing broader projects and collaborations, striving to address not just immediate need, but the conditions that create need, so the community can benefit from long-term, sustainable solutions.

III. SCOPE OF SERVICES

Provisions of 24 CFR 578.37 state that CoC funds may be used for only projects under the following program components which are fully described at 24 CFR 578.37.

1. Permanent Housing (PH), defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The CoC Program may fund two types of PH:
 - a. Permanent Supportive Housing (PSH), defined as housing with indefinite leasing or rental assistance paired with services to help homeless people with disabilities achieve housing stability; and
 - b. Rapid Re-Housing (RRH), a model that emphasizes housing search and relocation services and short -and medium-term rental assistance to move homeless people as rapidly as possible into permanent housing.
2. Transitional Housing (TH), which may be used to cover the costs of up to 24 months of housing with accompanying support services, providing a period of stability to enable homeless people to transition successfully to and maintain permanent housing within 24 months of program entry. Program participants must have a lease or occupancy agreement in place when residing in transitional housing. Please review 24 CFR Section 578.79 for limitations on TH

where HUD may discontinue assistance for a TH project if more than half of the homeless individuals or families remain in that project longer than 24 months.

3. Supportive Services Only (SSO), which is limited to recipients and subrecipients providing services to individuals and families not residing in housing operated by the recipient. SSO recipients and subrecipients may use funds to conduct outreach to sheltered and unsheltered homeless persons, link clients with housing or other necessary services, and provide ongoing support. SSO projects may be offered in a structure or structures at one central site, or in multiple buildings at scattered sites where services are delivered. Projects may also be operated independent of a building (e.g. street outreach) and in a variety of community-based settings, including homeless programs operated by other agencies.
4. Homeless Management Information System (HMIS), where funds under this component may be used only by HMIS leads for leasing a structure in which the HMIS operates for operating the structure in which the HMIS is housed, and/or for covering other costs related to establishing, operating, and customizing a CoC's HMIS. Other recipients and subrecipients may not apply for funds under the HMIS program component, but may include costs associated with contributing data to the CoC's HMIS within their project under another program component (PH, TH, or SSO).

All projects and services proposed under this RFP must align with the goals articulated in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* and the following HUD Policy Priorities as outlined in Section II of the 2016 NOFA (<https://www.usich.gov/opening-doors>):

1. Create a systemic response to homelessness through system performance measurement and the creation of an effective Coordinated Entry process.
2. Promote participant choices made by those experiencing homelessness.
3. Working together as a collaborative system by coordinating homeless assistance and mainstream housing and service providers to ensure that people experiencing homelessness receive assistance as quickly as possible, and that the assistance is focused on helping them obtain and retain housing.
4. Make the delivery of homeless assistance more open, inclusive, and transparent.
5. Strategically allocate resources using cost, performance, and outcome data.
6. End chronic homelessness by targeting those with the highest needs and longest history of homelessness for existing and new permanent supportive housing.
7. End family homelessness by expanding rapid rehousing programs.
8. End youth homelessness by supporting projects with better outcomes for youth.
9. End veteran homelessness by prioritizing veterans and their families when they cannot be effectively assisted with VA services.
10. Using a Housing First approach by using data to quickly and stably house homeless persons, engaging landlords and property owners, removing barriers to entry, and adopting client – centered service methods.

IV. ELIGIBILITY

The CoC Program interim rule at 24 CFR part 578 details the requirement which grants awarded under this Competition must comply. Project Applicants should review in detail. As required in the Code of Federal Regulations (CFR) at 2 CFR 25.200 and 24 CFR Part 5 Subpart K, all applicants for financial assistance must have an active Data Universal Numbering System (DUNS) number

(<http://fedgov.dnb.com/webform>) and have an active registration in the System for Award Management (SAM) (www.sam.gov) before submitting an application. Getting a DUNS number and completing SAM registration can take up to four weeks.

Eligible Project Applicants. Eligible Project Applicants for the CoC Program Competition are, under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies, as defined in 24 CFR 5.100, without limitations or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

Renewal Projects. Project Applicants should review in detail Section IV(B)(1) and Section V(C) of the 2016 NOFA for eligibility information for renewal projects. Awards made under the CoC Program, Supportive Housing Program (SHP), and Shelter Plus Care (S+C) are eligible for renewal for FY 2016 if they have executed grant agreement by December 31, 2016 and have expiration date that occurs in Calendar year (CY) 2017 (between January 1, 2017 and December 31, 2017).

Applicants that were eligible under the SHP and S+C programs but are no longer eligible under the CoC Program, will continue to be eligible for renewal of leasing, operating, supportive services, rental assistance, HMIS, and project administration costs under 24 CFR 578.33(d)(1), so long as their project continues to serve the same population and the same number of program participants or units in the same type of housing as identified in their most recently amended grant agreement signed before August 30, 2012. No new Safe Haven projects will be funded; however, existing Safe Haven projects may be renewed to continue to carry out activities that are eligible costs under Subpart D of the CoC Program interim rule.

In addition, HUD will not select a renewal project for an award for FY 2016 funds in the FY 2016 CoC Program Competition unless the project meets one of the following additional eligibility requirements:

- Any CoC Program, SHP, or S+C grants awarded in a preceding Competition that expire in CY 2017.
- Any S+C grant awarded prior to FY 2002 for which funding is expected to run out in CY 2017, and which has never applied for renewal funding.
- Any SHP or S+C grant originally awarded in the FY 2010 Homeless Assistance Programs Competition and, notwithstanding the expiration date, that has funds expiring in CY 2017 or later and has not been renewed in a previous competition.

The total request for each renewing project may not exceed the ARA approved by HUD for that project. Because funds for acquisition, new construction, and rehabilitation may not be renewed, grants being renewed whose original expiring award included those funds may only renew leasing, supportive services, rental assistance, operating, and HMIS costs and may not exceed 10% in administrative costs. HUD will recapture grant funds remaining unspent at the end of the previous grant period when it renews a grant.

HUD encourages the consolidation of appropriate renewal grants when the grants are with the same recipient, have the same component and expire in the same year. However, projects that have not yet been consolidated must submit separate project applications for individual renewal grants (2016 NOFA Section V.C.4).

Shelter Plus Care projects renewing for the first time under this NOFA are allowed to indicate a higher number of units than approved in the original application on the GIW during the FY 2016 CoC Program Registration process (2016 NOFA Section V.C.5). Renewal project instructional guide is available on the HUD Exchange.

New Projects. PIC encourages new and existing providers to apply for new projects, and the CoC aims to reallocate to new projects in the FY 2016 CoC Program Competition. The following are the types of new projects that will be accepted pursuant to 2016 NOFA Section II.B.3:

- New PSH projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3;
- New RRH projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons who meet the criteria of paragraph (4) of the definition of homeless pursuant to 24 CFR 578.3;
- New Supportive Services Only projects for centralized or coordinated entry systems; and
- New HMIS Project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead.

Permanent Housing Bonus. A report that lists each CoC's ARD Tier 1 amount, CoC planning, and permanent housing bonus amount available will be posted on the HUD Exchange website no earlier than August 2, 2016. CoCs may create new projects through the permanent housing bonus up to 5% of the CoC's FPRN for the following types of new projects:

- New permanent supportive housing projects that will serve 100 % chronically homeless families and individuals; and
- New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

CoC Planning Grant. AUW as the CA will submit through collaboration with PIC an application that complies with the activities of 24 CFR 578.39. The grant seeks the maximum funding amount available which will be posted on the HUD Exchange website no earlier than August 2, 2016.

Matching. All eligible funding costs, except for leasing, must be matched with no less than 25% cash or in-kind contribution. No match is required for leasing. See Section IV, Terms and Conditions herein and 24 CFR 578.73 for information regarding match requirements.

Indirect Costs. Indirect costs defined at 2 CFR 200.56 represent the expenses of doing business that are not readily identified with particular cooperative agreement, grant, contract, project function, or activity, but are necessary for the general operation of the applicant organization and the conduct of activities it performs.

Applicants selected for funding pursuant to this NOFA may charge indirect costs to the award. Applicants with approved federally negotiated indirect cost rate must submit with their application a copy of their approved Indirect Cost Rate Proposal to substantiate the request. Applicants that do not have an approved federally negotiated indirect cost rate may charge a maximum rate of 10% of modified total direct costs pursuant to 2 CFR 200.414(f).

Other Project Eligibility Requirements. Project applicants should review 2016 NOFA Section V.G for additional Statutory and Regulatory Requirements, and Threshold Requirements.

V. EVALUATION

All new applicants will be initially reviewed to determine if the proposed project meets minimum requirements for participation in the CoC Program pursuant to Section V of the 2016 NOFA. Applications will be reviewed by PIC Director to determine that: 1) the application is submitted by an agency eligible to receive assistance through the CoC programs; 2) the proposed project will serve eligible CoC beneficiaries; and 3) the activities proposed are eligible for assistance under the CoC programs and appropriate for the population to be served. Applications must meet a threshold score based on these minimum requirements. Applications that do not meet minimum requirements will be returned to the proposing agency.

Process for Rating and Ranking of Renewal and New Projects

The Honolulu CoC, PIC, will use the following process to rank all project/program applications in the 2016 Continuum of Care Program Competition.

HUD Requirements

The U.S. Department of Housing and Urban Development (HUD) published the Notice of Funding Availability (NOFA) for the Continuum of Care (CoC) Homeless Assistance Program on June 29, 2016 under Funding Opportunity Number FR-6000-N-25. The deadline for submitting applications to HUD for the FY 2016 CoC Program Competition is September 14, 2016, 7:59:59 pm eastern time at www.hud.gov/esnaps.

Ranking Requirements

The NOFA requires that each CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and creation of new projects. Ranking of renewal projects must incorporate regularly collected data on project performance and effectiveness and should reflect compliance with the CoC's established processes and priorities.

Re-Allocation

CoCs may use funds taken in whole or in part from existing grants to create new projects through re-allocation. Two types of projects may be created:

- Permanent Supportive Housing (PSH) serving chronically homeless people
- Rapid Re-Housing (RRH) serving homeless families coming from streets or shelters (not transitional housing)

Bonus

PIC's intent is to align with HUD on any opportunities for additional funding or bonus points.

Tiers

As previously mentioned, to ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, HUD requires that CoCs rank projects in 2 tiers. The tiers are financial thresholds. Tier 1 is equal to 93% of the CoC's Annual Renewal Demand (ARD) amount. Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available

for the permanent housing bonus (before adjustments are made to permanent housing leasing, operating, and rental assistance line items based on changes to FMV) as described in Section II.B.4 of the 2016 NOFA. Projects placed in Tier 2 will be assessed for eligibility and threshold requirements, and funding will be determined using the CoC Application score as well as factors listed in Section II.B.17 of the 2016 NOFA.

HUD Priority Order

The Honolulu CoC will rank projects pursuant to HUD'S Policy Priorities for this CoC Program Competition as described herein and in Section II.A of the 2016 NOFA.

1. Create a systemic response to homelessness;
2. Strategically allocate resources;
3. End chronic homelessness;
4. End family homelessness;
5. End youth homelessness;
6. End veteran homelessness; and
7. Use a Housing First Approach.

PIC Policy on Project Re-Allocation, Ranking and Tiering

Policy Objectives

In developing our local policy governing project ranking, re-allocation, and tiering, PIC's objectives are to:

- Comply with all HUD requirements;
- Use a coordinated, inclusive, and outcome-oriented community process for the solicitation, objective review, ranking and selection of CoC Program project applications;
- Use objective criteria including past project performance and monitoring results in review, ranking and selection process of CoC Program project applications;
- Consider severity of needs, barriers to care, and vulnerabilities experienced by program participants, which includes but is not limited to: low or no income, current or past substance abuse, criminal record, and chronic homelessness.
- Preserve funding for high performing projects that are operated in alignment with PIC's initiatives, priorities, and other best practices; and
- Reallocate from lower performing projects to create new higher performing projects.

General Project Review and Ranking Policy

The CoC will invite submissions for new and renewal projects, and will conduct a review and ranking in accordance with established procedures. The CoC will prioritize the following project types in order of priority during 2016 CoC Program Competition:

1. Renewal and new PH – PSH and RRH, renewal safe haven, HMIS, SSO for centralized or coordinated entry system, or transitional housing that exclusively serves youth homeless projects;
2. Renewal transitional housing for those nonexclusively serving youth; and
3. Renewal SSO project applications other than for centralized or coordinated assessment system.

Rating and Ranking Process

A Request for Proposals (RFP) will be issued by PIC and AUW (as the CA) to gather relevant performance documentation from each renewal and new project applicant. Data obtained through the

RFP process will be used to calculate a score for each application. All projects will be ranked by a review panel using objective scoring tools approved by PIC.

The general approach to rating and ranking will be to organize projects into four groups. Each group is ranked for meeting the following minimum project quality threshold levels and Eligibility Information as described in Section V.G of the 2016 NOFA. Projects are then scored and ranked by the Evaluation Committee for operating in alignment with HUD'S Policy Priorities for this CoC Program Competition as described in Section II.A of the 2016 NOFA (CoC may implement higher minimum quality thresholds then described in the 2016 NOFA) and adherence to our local objectives for ranking, re-allocation and tiering:

1. New Permanent Housing – PSH and RRH (Minimum quality threshold of 3 of 5 points):
 - a. The type of housing, number and configuration of units fits the needs of program participants (1 point);
 - b. The type of supportive services offered will ensure successful retention or help obtain permanent housing (1 point);
 - c. There is a specific plan for ensuring participants are assisted with obtaining the benefits of mainstream health, social, and employment programs (1 point);
 - d. Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (1 point); and
 - e. At least 75% of the proposed program participants come from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence (1 point).
2. New Supportive Services Only projects for centralized or coordinated assessment systems (Minimum quality threshold 2 of 4 points):
 - a. The centralized or coordinated assessment system is easily accessible for all persons within Honolulu City and County who are seeking information regarding homeless assistance (1 point);
 - b. A strategy for advertising the program that is designed specifically to reach homeless persons with the highest barriers (1 point);
 - c. Standardized assessment process (1 point); and
 - d. The program ensures that program participants are directed to appropriate housing and services that fit their needs (1 point).
3. New HMIS Projects (Minimum quality threshold 2 of 4 points):
 - a. Funds expended in a way that is consistent with the CoC funding strategy for HMIS and furthers the CoC's HMIS implementation (1 point);
 - b. HMIS collects all Universal Data Elements as set forth in HMIS Data Standards (1 point);
 - c. HMIS un-duplicates client records (1 point); and
 - d. HMIS produces all HUD-required reports and provide data as needed for HUD reporting.
4. Project Renewal for projects expiring in CY 2017 (Must meet minimum project eligibility, capacity, timeliness and performance standards identified in the 2016 NOFA):
 - a. Review of APRs, information in eLOCCS, monitoring reports, and audit reports;
 - b. Project applicant's performance met the plans and goals established in the initial application;

- c. Project applicant demonstrated all timeliness standards for grants being renewed;
- d. Project applicant performance in assisting program participants to achieve and maintain independent living and records of success;
- e. No evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site; and
- f. The CoC will reduce or reject funding request from project applicants for outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; audit findings for which a response is overdue or unsatisfactory; history of inadequate financial management accounting practices; evidence of untimely expenditure on prior award; history of other major capacity issues that have significantly affected the operation of the project and its performance; history of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

Within each group, projects will be scored using HUD established scoring tools, the attached NOFA 2016 Project Evaluation, and placed in their ranked order.

Review Panel

The Collaborative Applicant, with support from the PIC NOFA Task Force and Planning Committee, will convene an unbiased Evaluation Committee to review and score each project application. The Evaluation Committee will review the applications and score each application as described above. The Evaluation Committee will review and average their scores, and arrive at a proposed final ranking for recommendation to the PIC Executive Committee.

Final Project Priority List and Notification to Applicants

Once the rating and ranking processes for new and renewal projects are complete, the Collaborative Applicant will create a proposed Project Priority List for review and approval by the PIC Planning Committee and the PIC Executive Committee. This proposed list can include recommendations to adjust the placement of projects in Tier 2 in order to maximize the total funding award for Oahu or strengthen the consolidated application. After the Project Priority List is approved, notice of the results will be sent to applicants and posted on the PIC website at www.partnersincareoahu.org.

Tiering Policy

Once the rank order of projects has been determined, the projects at the bottom of the list (up to an amount equal to a % determined by HUD of ARD) will fall into Tier 2. The PIC Executive Committee reserves the option of re-ordering the project list to place projects into Tier 2 to best position Oahu to receive the maximum amount of funding.

Appeal Process

Applicants may appeal any of the following decisions:

- Project ranking in Tier 1
- Placement of project into Tier 2
- Reduction of renewal grant amount (i.e. renewal grant partially re-allocated to a new project)

- Elimination of renewal grant (i.e. entire grant re-allocated to a new project) if not previously notified that grant was to be re-allocated as a result of low performance.

Appeals must be submitted in writing to the PIC Executive Committee and received by 4:00 p.m. on Wednesday, September 7, 2016 at AUW, 200 N. Vineyard Boulevard, Ste. 700, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted members of the PIC Executive Committee who did not serve on the initial review panel. The decision of the appeal panel is final.

VI. TERMS AND CONDITIONS

CoC program participants shall be responsible for compliance with all applicable federal, state, and local laws, ordinances, directives, rules, and regulations, including but not limited to the program requirements of 24 CFR 578.

All eligible funding costs, except leasing, must be matched with no less than a 25 % cash or in-kind contribution. No match is required for leasing. The match requirements apply to project administration funds, CoC planning costs, and UFA (Unified Funding Agency) costs, along with the traditional expenses – operations, rental assistance, supportive services, and HMIS. Match must be met on an annual basis.

For an in-kind match, the recipient or subrecipient may use the value of property, equipment, goods, or services contributed to the project, provided that, if the recipient or subrecipient had to pay for such items with grants funds, the costs would have been eligible. If third party services are to be used as a match, the recipient or subrecipient and the third-party services provider that will deliver the services must enter into a memorandum of understanding (MOU) – before the grant is executed – documenting that the third party will provide such services and value towards the project. To be eligible for match, the cash or in-kind services must provide services that are eligible under the activities listed in 24 CFR 578 Subpart D.

HUD considers any matching funds above and beyond the minimum required amount to be leverage. Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served. While leveraging includes all cash matching funds, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

Successful applicants are expected to initiate approved projects promptly after execution of the grant agreement. HUD may take action if certain performance standards are not met. In addition, applicants are expected to expend grant funds on a timely basis.

PIC reserves the right to amend or revise the terms and conditions of this RFP at any time, and will publish any and all amendments at www.partnersincareoahu.org. Applicants should review this website, regularly, for any and all amendments to the RFP FY 2016 HUD Continuum of Care (CoC) Program Competition HI-501 Honolulu City and County, Homeless Assistance Programs.

VII. PROPOSAL REQUIREMENTS

HUD requires the electronic submission of CoC Project Applications through their e-snaps system, which is available at www.hud.gov/e-snaps or can be accessed from HUD's OneCPD Resource Exchange at <https://www.onecpd.info/e-snaps/>. For assistance with e-snaps, renewal project applicants will find detailed instructions at <https://www.hudexchange.info/resources/documents/renewal-project-application-detailed-instructions.pdf> and new project applicants will find detailed instructions at <https://www.hudexchange.info/resources/documents/new-project-application-detailed-instructions.pdf>.

1. "SUBMIT" Project Application with ALL supporting documents into e-snaps at www.hud.gov/e-snaps by the required deadline of Friday, August 12, 2016 at 4:00 p.m. HT.
2. Submit six (6) hard copy sets (1 Original and 5 copies) of the following documents (please use a binder clip) to PIC c/o AUW by the required deadline of Friday, August 12, 2016 at 4:00 p.m. HT (must receive date stamp by AUW Receptionist on 7th Floor by required day and time). All documents must also be attached to the Project Application in e-snaps.
 - a. Completed e-snap Project Application (please use esnaps project export into PDF format).
 - b. Project Proposal: maximum 10 pages; 12 pt. font; single or double spaced; using section headings as outlined in the attached *Project Evaluation Criteria*; and providing narrative, charts and graphs in response to evaluation criteria of each section. Project proposals will be ranked for meeting minimum project quality threshold levels and Eligibility Information as described in Section V.G of the 2016 NOFA. Project proposals are then scored by the Evaluation Committee using *Project Evaluation Criteria* which are in alignment with HUD'S Policy Priorities for this CoC Program Competition as described in Section II.A of the 2016 NOFA and adhere to local objectives for ranking, re-allocation and tiering. See Evaluation Section of this RFP.
 - c. Match/Leverage Documentation.
 - d. Project Budget.
 - e. Agency Financials including income statement and balance sheet for 1) the most recent completed fiscal year, and 2) most recent YTD financial statements for 2016.
3. Other required attachments to completed project application in ensaps, in addition to those in section 2 above, combined into one attachment in e-snaps in PDF format:
 - a. 501(c)(3) certification
 - b. Most recent FY Independent Financial Audit with Management Notes and Corrective Actions, if applicable
 - c. Current list of agency's Board of Directors including contact information and affiliations
 - d. Charter of Incorporation
 - e. Bylaws
 - f. SF-424 Application for Federal Assistance
 - g. HUD Form 2880, Applicant/Recipient Disclosure/Update Report
 - h. SF-LLL, Executed Disclosure of Lobbying Activities, if applicable
 - i. Applicant Code of Conduct
 - j. HUD-50070, Certification for a Drug-Free Workplace
4. FOR RENEWAL PROJECTS ONLY: submit as attachment to completed application in e-snaps and as hard copies included with project proposal described above:
 - a. Relevant sections of the project's 2015 CoC application

- b. The most recent HUD and/or City monitoring letter(s) describing the results of the monitoring. If findings and issues were cited, provide the corrective action plan implemented by your agency
- c. The project's most recently completed Annual Performance Report (APR)

Proposals may be mailed or hand delivered but must be received and date stamped by reception on Friday, August 12, 2016 at 4:00 p.m. Mail or deliver proposal submissions to:

Partners in Care
c/o Aloha United Way
200 N. Vineyard Boulevard, Ste. 700
Honolulu, HI 96817

VIII. POINTS OF CONTACT:

Jen Stasch, Director
Partners in Care
jstasch@auw.org or 543-2282

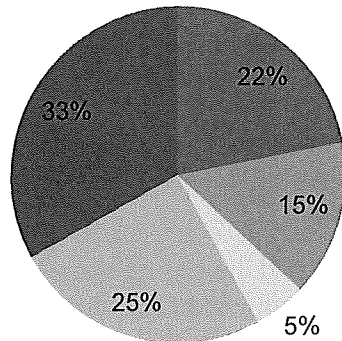
OR

Marc Gannon, Vice President
Aloha United Way
marc@auw.org or 543-2215

IX. TENTATIVE RFP SCHEDULE:

July 15, 2016	RFP released and posted on PIC website
July 19, 2016	RFP Information and Q&A Session, PIC General Meeting, Kapolei Hale, 12:00 to 1:30 p.m.
July 20, 2016	RFP Information and Q&A Session, AUW 5 th Floor Conference Room, 2:00 to 3:00 p.m.
July 22, 2016	RFP Information and Q&A Session, AUW 7 th Floor Conference Room, 2:00 to 3:00 p.m.
August 12, 2016	DEADLINE TO SUBMIT PROJECT APPLICATION BY 4:00 PM HT
August 15-16, 2016	PIC Director Application Review for minimum threshold and eligibility requirements
August 17-24, 2016	Evaluation Committee Reviews and Scores Applications
August 26, 2016	Written Notifications of Awards
August 29, 2016	Project Applications Updated with Evaluation Recommendations
August 29, 2016	Priority Listing with Project Applications on Website
Aug 26 to Sept 9, 2016	PIC Review and Revision of CoC Application
September 13, 2016	AUW Submits HUD Application in e-snaps

Honolulu CoC - NOFA 2016 Project Evaluation



- CoC Coordination and Engagement
- Homeless Management Information System
- Point In Time Count
- Project Participation in System Performance
- Project Performance and Strategic Planning

NOFA 2016 Project Evaluation for CoC Competition - 100 Maximum Points	
1. Participation and Engagement with CoC	22
2. Homeless Management Information System	15
3. Point In Time Count	5
4. Project Participation in System Performance	25
5. Project Performance and Strategic Planning	33
Total	100

1. Active Participation, Engagement, and Coordination with CoC- 22 Points		
Active Participation in Partners in Care	<ul style="list-style-type: none"> • The project is an active member of the Honolulu CoC by regularly attending both general and committee meetings in accordance with PIC's Governance Charter. • The project actively participates in committee working groups and provides input and guidance on key projects and initiatives. 	4
Coordination with the Consolidated Plan, ESG Grants, and Other Organizations	<ul style="list-style-type: none"> • The project demonstrates collaboration and coordination with projects funded by HOPWA, TANF, RHY, Head Start, CCDF, home visiting, Healthy Start, and other housing and service 	2

1. Active Participation, Engagement, and Coordination with CoC- 22 Points		
	<ul style="list-style-type: none"> programs funded by federal, state, local and private. The project participates and provides information to help the Consolidated Plan If the project receives ESG funding, full disclosure of the ESG allocation and performance plans, for all ESG project activities. 	
Addressing the Needs of Victims of DV	<ul style="list-style-type: none"> Evidence that the project addresses the needs of persons fleeing domestic violence. The project ensures that persons fleeing domestic violence are offered available safe housing and services available. 	1
Public Housing Agencies	<ul style="list-style-type: none"> Project demonstrates coordination with the PHAs to ensure PHAs have admissions preferences for households experiencing homelessness 	1
Discharge Planning	<ul style="list-style-type: none"> Project demonstrates coordination with State or local discharge planning efforts to ensure that those discharged are not released directly to the streets, emergency shelters, or other Homeless Assistance Programs. 	1
Housing First and Reducing Barriers	<ul style="list-style-type: none"> Project describes use of the Housing First approach with low barriers to project entry. 	8
Outreach	<ul style="list-style-type: none"> Project implements strategies that affirmatively further fair housing as detailed in 24 CFR 578.93(c). Project demonstrates that outreach is conducted to homeless individuals and families who are least likely to request housing or services in the absence of special outreach. Project provides information of the geographic area is covered by the project. Project describes the specific outreach procedures in place that are used by the project to identify and engage unsheltered homeless individuals and families including effective communication with persons with disabilities and those with limited English proficiency. Project describes procedures used to market housing and supportive services. 	2
Criminalization	<ul style="list-style-type: none"> The project implements specific strategies to 	1

1. Active Participation, Engagement, and Coordination with CoC- 22 Points		
	<ul style="list-style-type: none"> prevent criminalization of homelessness. The project is engaging or educating local policy makers, law enforcement, implementing community plans, or engaging or educating businesses. 	
Mainstream Benefits and Other Assistance	<ul style="list-style-type: none"> Demonstrate the project supplements CoC funds with resources from other public and private sources. The program systematically keeps program staff up to date regarding mainstream resources available for homeless program participants. The project collaborates with healthcare organizations to assist homeless program participants with enrolling in health insurance. The project provides assistance with the effective utilization of Medicaid and other benefits. 	2
	Total	22

2. Homeless Management Information System – 15 Points		
HMIS Governance	<ul style="list-style-type: none"> Project demonstrates knowledge and compliance with the Honolulu CoC HMIS Governance Charter. 	1
HMIS Policy and Procedures	<ul style="list-style-type: none"> Project adopts and follows and HMIS Policy and Procedures Manual. 	4
Bed Coverage	<ul style="list-style-type: none"> The project recorded 86% or higher for the bed coverage rate for each housing type used by the project. If 0-85%, the project provides clear steps on how it intends to increase this percentage over the next 12 months. 	2
Data Quality	<ul style="list-style-type: none"> Project demonstrates that HMIS data is reviewed at least quarterly and provides standardized HMIS data quality reports. 	4
Required HMIS Reports	<ul style="list-style-type: none"> The project is able to generate HUD required reports. 2 of 4 points if the project demonstrates all tables submitted to HUD were accepted and used in the last AHAR. 	4

2. Homeless Management Information System – 15 Points		
	Total	15

3. Point In Time Count – 5 Points		
PIT Count and Data Submission	<ul style="list-style-type: none"> Project participated in sheltered and unsheltered count during the last 10 days in January 2016. 	3
Methodology for Sheltered PIT Count	<ul style="list-style-type: none"> Project describes how it helped ensure an accurate count of homeless individuals and families, including subpopulation information. 	1
Conducting Effective Youth Count in 2016	<ul style="list-style-type: none"> Project describes extra measures taken to identify youth in PIT count. Project describes connecting with youth experiencing homelessness and organizations that serve youth. 	1
	Total	5

4. Project Participation in System Performance – 25 Points		
Reduction in the # of First Time Homeless	<ul style="list-style-type: none"> Project describes the process by which risk factors are identified for becoming homeless for the first time and clearly describe the strategies and partnerships in place to address individuals and families at risk of becoming homeless. 	1
Length of Time Homeless	<ul style="list-style-type: none"> Project describes specific efforts currently used to track and record the length of time individuals and families remain homeless and the planning process to reduce the length of time individuals and families remain homeless. Project must indicate how data from CoC and ESG funded projects are considered, particularly in relation to the identification of and provision of housing for individuals and families with the longest length of time homeless. 	5
Successful Permanent Housing Placement or Retention	<ul style="list-style-type: none"> Project demonstrates that 80% of persons who exit TH and RRH exit to PH destination. Project demonstrates that 80% of people in PSH remain for at least 12 months. 	5
Returns to Homelessness	<ul style="list-style-type: none"> Project describes strategies implemented to identify individuals and families who return to 	3

4. Project Participation in System Performance – 25 Points		
	<p>homelessness and the strategies that will reduce the number of additional returns to homeless.</p> <ul style="list-style-type: none"> • Project demonstrates use of HMIS or comparable database to monitor and record returns to homelessness by program participants who exit RRH, TH, and PSH. Project must attach a recent report generated by HMIS or comparable database. 	
Jobs and Income Growth	<ul style="list-style-type: none"> • Project describes strategies that have been implemented to access employment and mainstream benefits. • The projects' success at increasing program participant income from employment and mainstream benefits. • For project applicants who plan to use for construction and/or rehabilitation, must include information that describes the actions that will be taken by project applicants to comply with section 3 of Housing and Urban Development Act of 1962 and 24 CFR part 135. 	1
System Performance Measures	<ul style="list-style-type: none"> • Project describes participation in the Statewide Data Committee and project affirms that current data is included in the Report generated from HDX that provides information for each of the required system performance measures as found in the Systems Performance Measures Introductory Guide (12 measures). 	10
	Total	25

5. Project Performance and Strategic Planning – 33 Points		
Ending Chronic Homelessness	<ul style="list-style-type: none"> • Project increases the total number of PSH beds dedicated to ending chronic homelessness with at least 85% of the beds are dedicated for use by chronically homeless individuals and families. • Evidence that the project is reducing the number of chronically homeless individuals and families in the CoC. • Project describes a decrease in both the total number of chronically homeless and decrease in the total unsheltered chronic homeless population that the project serves. 	9

5. Project Performance and Strategic Planning – 33 Points

	<ul style="list-style-type: none"> • The project must explain any increase or no change to the number of chronically homeless. 	
<p>Ending Homelessness Among Households with Children</p>	<ul style="list-style-type: none"> • The project prioritizes households with children based on need including vulnerability to victimization, number of previous homeless episodes, unsheltered homeless, criminal history, bad credit or rental history. • The project will rapidly re-house households with children within 30 days of becoming homeless. • The project describes implementation of RRH model that will reduce number of homeless households with children and demonstrate an increase in the number of RRH units available to serve families. • Projects operating ES, TH, and PSH and RRH do not deny admission to or separate family members when they enter the shelter or housing. 	<p align="center">8</p>
<p>Ending Youth Homelessness</p>	<ul style="list-style-type: none"> • Project describes strategies that address the unique needs of unaccompanied homeless youth and existence of proven strategy that addresses homeless youth trafficking and other forms of exploitation. • Project demonstrates an increase, as recorded in HMIS data field “residence prior to entry” from 10/1/2014 through 9/30/2015 in number of unaccompanied homeless youth (up to age 24) served who were residing on the streets or in places not meant for human habitation prior to entering a homeless project. • Project demonstrates a proposed plan to increase funding for unaccompanied youth homeless programs calendar year 2017. • Project specifically describes how it collaborates with local education authorities and school districts to assist in identification of individuals and families who become or remain homeless. • Project demonstrates that youth service and educational representatives have provided input or collaborated in program delivery during the past 12 months. 	<p align="center">8</p>
<p>Ending Veteran Homelessness</p>	<ul style="list-style-type: none"> • Evidence the project participated in the Mayor’s 	<p align="center">8</p>

5. Project Performance and Strategic Planning – 33 Points		
	Challenge to end veteran homelessness in 2015 and 2016. <ul style="list-style-type: none"> • Project demonstrates success with serving chronically homeless veterans. • Project demonstrates identification, assessment, and referral of HL veterans who are eligible for VA services and housing appropriate resources such as HUD-VASH or SSVF. 	
	Total	33





PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

2016 CoC Competition - HI 501 - City and County of Honolulu Project Applicant Evaluation Methodology

Our Goal = ensure that high performing and effective programs that contribute to an end to homelessness on Oahu are funded.

1. Divide project applications into four groups by project type (i.e. PH, TH, SSO, HMIS).
2. Divide project applications in each project type as renewal or new.
3. Renewal Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received.
 - Project Performance: monitoring by HUD and/or City; APR.
 - Project Narrative: maximum 100 point scale.
4. New Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578 by clear and convincing evidence pursuant to Section V.G.2.c of the 2016 NOFA.
 - Project Capacity to meet needs of CoC and community.
 - Project Narrative: maximum 100 point scale.
5. Projects are ranked within each project type regardless if renewal or new, based on the raw score of above-stated review criteria.
6. Project Narrative Clarification: if a narrative section is not directly applicable to a project proposal, the project applicant should state this and explain an understanding of priorities, and/or a collaboration or partnership with service providers and/or other stakeholders in the CoC. The key to the narrative is not to make up information but to show an understanding of the criteria HUD extends to the CoC. Sample narrative HMIS Project Proposal for Section 1 question about Housing First and Reducing Barriers could be "As an HMIS project, we will not directly serve homeless individuals and families in the Honolulu CoC but will work collaboratively with all stakeholders to track and deliver services using the Housing First approach with low barriers to project entry. For example,..." Project proposal narrative should align with project review criteria.
7. CoC Project 2016 Priorities: (in order of preferred ranking)
 - Renewal PH projects: performing well based on project performance review; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
 - New PH with organizational capacity and/or in collaboration with other CoC project applicants; and



PARTNERS IN CARE

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- PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
- RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
- Renewal TH projects that serves youth or DV subpopulations, and performing well based on project review.
- Renewal HMIS projects.
- New SSO projects, specifically for coordinated entry.
- Renewal TH that are serving other subpopulations and performing well based on project review and overall system performance;
- Renewal SSO regardless and performing well based on project review and overall system performance; and
- New HMIS.



AGENCY NAME: _____

PROJECT TYPE: _____

RENEWAL/NEW

I. MEETS ELIGIBILITY AND THRESHOLD REQUIREMENTS - Pass/Fail (pursuant to Section V.G.2 of 2016 NOFA)

1. Eligible project applicant pursuant to 24 CFR 578.15, 24 CFR 5.100.	
2. If renewal, award made under the CoC Program, SHP, and S+C programs, currently in operation, and executed grant agreement that is dated no later than December 31, 2016 and expires in CY 2017.	
3. If renewal, does not exceed the ARA approved by HUD for project.	
4. Match requirement met pursuant to 24 CFR 578.73.	
5. Allowable indirect cost rate pursuant to 2 CFR 200.414(f).	
6. Meets all statutory and regulatory requirements in the Act and 24 CFR part 578, and further outlined in Section V.G.2 of 2016 NOFA.	

II. RENEWAL APR REVIEW - (Points only Available for Renewal Projects) - Maximum 30 Points

Factor	Maximum Points	50% Max. Points	0 Points	Score
Unit Utilization Rate - 5 Points	> 88%	> 85%	≤ 85%	
Percentage Who Increased Gained or Earned Income - 5 Points	> 60%	> 50%	≤ 50%	
Percentage Who Increased Other Income - 5 Points	> 60%	> 50%	≤ 50%	
Percentage Program Exits to Permanent Housing - 10 Points	> 80%	> 70%	≤ 70%	
Leavers Who Exit to Shelter, Street or Unknown - 5 Points	< 10%	< 15%	> 15%	
			TOTAL	

2016 Partners in Care - CoC Project Evaluation Score Sheet

III. FINANCIAL REVIEW - 10 Point Maximum

Factor	Maximum Points	50% Max Points	0 Points	Score
HUD and/or City Monitoring Letter(s) - 5 Points Maximum	No findings and issues cited	Correction action plan for findings and issues cited	No correction action plan with findings or issues	
Agency Financial Review - 5 Points Maximum	Net Gain	No Net Loss	Net Loss	
			TOTAL	

IV. PROJECT NARRATIVE EVALUATION - 100 Maximum Points Detailed in *Honolulu CoC - NOFA 2016 Project Evaluation Narrative*

Narrative Criteria	Maximum Points	Project Points
1. Participation, Engagement and Coordination with CoC	22	
2. Project Participation in HMIS	15	
3. Project Participation in PIT Count	5	
4. Project Participation in Overall System Performance	25	
5. Project Performance and Strategic Planning	33	
TOTAL	100	

V. EVALUATION SCORE SUMMARY:

EVALUATION SECTION	Maximum Points	Points Awarded
I. ELIGIBILITY AND THRESHOLD REQUIREMENTS MET	PASS/FAIL	N/A
II. RENEWAL APR REVIEW	30	
III. FINANCIAL REVIEW	10	
IV. PROJECT NARRATIVE EVALUATION	100	
TOTAL	140	



PARTNERS IN CARE

Oahu Continuum of Care

2016 CoC Program Competition Questions and Answers

Question 1 - Reallocation

Q: Will Partners In Care, CoC for HI-501, reallocate during the 2016 CoC Program Competition?

A: At the General Meeting on July 19, 2016, Partners In Care voted to reallocate a minimum of 10% and a maximum of 20% of the 2016 HUD NOFA renewal amount to new projects as part of PIC's HUD consolidated application.

Question 2 - New Projects

Q: What types of new projects will be considered by Partners In Care for the 2016 CoC Program Competition?

A: The following types of projects may only be created using funds that the CoC has made available through reallocation. Through the reallocation process CoCs may create the following types of new projects:

- New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families, as defined in 24 CFR 578.3.
- New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
- New Supportive Service Only project specifically for a centralized or coordinated entry system.
- New dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.

CoCs may create new projects through the permanent housing bonus up to 5% of the CoC's FPRN for the following types of new projects:

- New permanent supportive housing projects that will serve 100% chronically homeless individuals and families; and

- New rapid rehousing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.

New permanent housing projects will be evaluated using the same criteria regardless of whether the CoC has identified them as bonus or reallocation projects.

Question 3 - Reallocation and Self Allocation

Q: What does reallocation mean? What about self allocation?

A: Reallocation is a process whereby any CoC may reallocate funds in whole or in part from eligible renewal projects to create one or more new projects. In the FY 2016 CoC Program Competition, CoCs may use the reallocation process to create:

- New PH-PSH housing projects where all beds will be dedicated for use by chronically homeless individuals and families as defined in 24 CFR 578.3
- New PH-RRH projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
- New SSO project specifically for a coordinated entry process (referred to as a centralized or coordinated assessment system in the FY 2016 CoC Program Competition NOFA).
- New dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.

CoCs may reallocate from all types of projects: supportive services only, transitional housing, permanent supportive housing (including rental assistance formerly awarded under the Shelter plus Care (S+C) Program), rapid re-housing, safe haven, and Homeless Management Information System (HMIS). CoCs should review all projects eligible for renewal funds under the FY 2016 CoC Program Competition and reallocate funds from those projects that are determined to be underperforming, obsolete, or ineffective.

Self allocation - renewal project does not apply for renewal or applies for a reduced renewal project award.

Question 4 - Scoring of Renewal and New Projects

Q: How will new projects be scored compared to renewal?

A: The CoC will invite submissions for new and renewal projects, and will conduct a review and ranking in accordance with established procedures. The CoC will prioritize the following project types in order of priority during 2016 CoC Program Competition:

- Renewal and new PH – PSH and RRH, renewal safe haven, HMIS, SSO for centralized or coordinated entry system, or transitional housing that exclusively serves youth homeless projects;
- Renewal transitional housing for those nonexclusively serving youth; and
- Renewal SSO project applications other than for centralized or coordinated assessment system.

The general approach to rating and ranking will be to organize projects into four groups (PSH, RRH, SSO, and HMIS). Each group is ranked for meeting the following minimum project quality threshold levels and Eligibility Information as described in Section V.G of the 2016 NOFA. Projects are then scored and ranked by the Evaluation Committee for operating in alignment with HUD'S Policy Priorities for this CoC Program Competition as described in Section II.A of the 2016 NOFA (CoC may implement higher minimum quality thresholds then described in the 2016 NOFA) and adherence to our local objectives for ranking, re-allocation and tiering.

Question 5 - FY 2015 Tier 2 Projects

Q: Should the Tier 2 Projects that were not funded last year submit an application as a new application?

A: Tier 2 Projects that were not funded last year are encouraged to submit as a new application if the project is one of the following types:

- New PH-PSH housing projects where all beds will be dedicated for use by chronically homeless individuals and families as defined in 24 CFR 578.3.
- New PH-RRH projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homelessness.
- New SSO project specifically for a coordinated entry process (referred to as a centralized or coordinated assessment system in the FY 2016 CoC Program Competition NOFA).
- New dedicated HMIS project for the costs at 24 CFR 578.37(a)(2) that can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.

Question 6 - Transitional Housing Projects

Q: Is HUD attempting to phase out all CoC-funded transitional housing?

A: HUD recognizes that transitional housing can be an effective tool for addressing the needs of specific subpopulations – such as underage homeless youth, safety for persons fleeing domestic violence, and the homeless with substance abuse addiction. However, recent research shows that transitional housing is generally more expensive than other housing models serving similar populations with similar outcomes. It is often more service-intensive than most homeless households need, and the criteria for entry into many transitional housing programs are so rigorous that transitional housing beds are under-utilized because homeless households cannot overcome the barriers to entry. HUD is strongly encouraging CoCs and recipients to carefully review the transitional housing projects within the geographic area for cost-effectiveness, performance, and for the number and type of eligibility criteria to determine if rapid re-housing may be a better model for the CoC’s geographic area.

Question 7 - Project Expansion

Q: If a project needs to expand, must it submit 2 separate Project Applications – 1 for renewal of existing funding and another requesting new or additional funding?

A: Yes. An expansion project is considered a new project independent of the existing renewal, and so two project applications – 1 for renewal of existing funding and another requesting new or additional funding – must be submitted.

Question 8 - Sponsored Based Housing

Q: What is sponsored-based housing?

*A: Sponsor-based rental assistance uses sponsor agencies to locate and rent housing units in the private market and then sublease these units to people who are homeless. Sponsors may be private, non-profit organizations or community mental health agencies established as a public non-profit organization. In this model, a sponsor agency owns units or leases units and then subleases the unit to a program participant. Units that receive sponsor-based rental assistance can be owned or leased by the recipient, sub recipient, or private owner in the community. If the program participant moves out of the unit, the sponsor can then sublease it to the next eligible participant. Or the sponsor can elect to continue SBRA to support the participant in his new unit, or the sponsor can locate another unit in the community and then sublet that unit to the same or a different eligible program participant. The decision is up to the sponsor because the rental assistance stays with the sponsor. **MORE INFORMATION***



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

2016 CoC Competition - HI 501 - City and County of Honolulu Project Applicant Evaluation Methodology

Our Goal = ensure that high performing and effective programs that contribute to an end to homelessness on Oahu are funded.

1. Divide project applications into four groups by project type (i.e. PH, TH, SSO, HMIS).
2. Divide project applications in each project type as renewal or new.
3. Renewal Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received.
 - Project Performance: monitoring by HUD and/or City; APR.
 - Project Narrative: maximum 100 point scale.
4. New Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578 by clear and convincing evidence pursuant to Section V.G.2.c of the 2016 NOFA.
 - Project Capacity to meet needs of CoC and community.
 - Project Narrative: maximum 100 point scale.
5. Projects are ranked within each project type regardless if renewal or new, based on the raw score of above-stated review criteria.
6. Project Narrative Clarification: if a narrative section is not directly applicable to a project proposal, the project applicant should state this and explain an understanding of priorities, and/or a collaboration or partnership with service providers and/or other stakeholders in the CoC. The key to the narrative is not to make up information but to show an understanding of the criteria HUD extends to the CoC. Sample narrative HMIS Project Proposal for Section 1 question about Housing First and Reducing Barriers could be “As an HMIS project, we will not directly serve homeless individuals and families in the Honolulu CoC but will work collaboratively with all stakeholders to track and deliver services using the Housing First approach with low barriers to project entry. For example,....” Project proposal narrative should align with project review criteria.
7. CoC Project 2016 Priorities: (in order of preferred ranking)
 - Renewal PH projects: performing well based on project performance review; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
 - New PH with organizational capacity and/or in collaboration with other CoC project applicants; and



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- PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
- RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
- Renewal TH projects that serves youth or DV subpopulations, and performing well based on project review.
- Renewal HMIS projects.
- New SSO projects, specifically for coordinated entry.
- Renewal TH that are serving other subpopulations and performing well based on project review and overall system performance;
- Renewal SSO regardless and performing well based on project review and overall system performance; and
- New HMIS.

PIC GOVERNANCE CHARTER
AUGUST 16, 2016

SECTION 1: NAME AND WEBSITE

The name of this entity shall be the Partners in Care (PIC). The entity may also be referred to as the Continuum of Care or CoC for the City and County of Honolulu. Information about PIC 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 collaboration of homeless providers, social service providers, mental health agencies, victim service providers, faith-based organizations, government agencies, schools, businesses, advocates, public housing agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless individuals. Pursuant to Subpart B of the CoC Interim Program Rule, the purpose of PIC is to:

- Operate the Oahu Continuum of Care;
- Designate an HMIS for the Continuum of Care; and
- Plan for the Continuum of Care.

PIC addresses homelessness through a coordinated community-based process of identifying needs and building a system of housing and services that meet those needs.

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 Subpart B of the CoC Program Interim Rule, PIC retains all governing authority for operating the CoC, designating an HMIS for the CoC, and planning for the CoC.

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). The process must be reviewed, updated, and approved by the Continuum at least once every 5 years.
- 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, sub-recipients, and contractors 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). Consult with the City of Honolulu in developing performance standards for and evaluating the outcomes of projects and activities assisted with ESG funds.
- h) Establish and operate a centralized or coordinated assessment system to include, at a minimum, CoC- and ESG-funded programs, 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. Consult annually with the City of Honolulu in determining how to allocate its ESG grant for eligible activities.

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 ideas and to join our collaborative effort. Those who sign in at a PIC meeting and provide email addresses 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 Member and Community Member (non-voting). Non-member attendees are also welcomed.

- 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 Interest 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.

- Community Members (non-voting): an individual or agency that has
 - Completed and submitted an annual Community Membership Form.
 - Attended and signed in for at least two PIC meetings, 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 membership 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 individuals that are homeless or formerly homeless. All other individuals must provide a written request to the PIC Chair, including a rationale for the request. Membership fee waivers are not applicable to an agency. 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:

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, Annual Conference, 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.

COMMUNITY MEMBER:

Community members must complete the Community Membership Form. The Community membership responsibilities are outlined below.

Participation: All Community members are encouraged to engage in the activities listed below.

- a) Attend at least 2 PIC general meetings or sub-committee meetings each year (includes the Annual Conference).
- b) Attend or participate in PIC activities each year including the Annual Legislative Breakfast, Point in Time Count, Homeless Awareness Week events, Annual Conference, etc.

SECTION 6: OFFICERS

The officers of PIC are the Executive Chair (“Chair”), the Vice-Chair, the Secretary, and the Treasurer. All PIC officers must be voting members.

SELECTION OF OFFICERS

See section 8: PIC Executive Committee.

TERMS OF OFFICERS

See section 8: PIC Executive Committee.

REMOVAL OF OFFICERS

See section 8: PIC Executive Committee.

DUTIES OF OFFICERS

Executive Chair

- a) Schedules and facilitates PIC Executive Committee and General membership meetings.
- b) Serves as PIC’s primary community representative and media contact.
- c) Following approval by the Executive Committee, signs contracts, MOUs, and other documents on behalf of PIC.
- d) Serves as a liaison with regard to general funding issues or regulatory matters.
- e) Serves as PIC’s primary liaison to the Director. Works in collaboration with the Director to implement the Strategic Plan and assure compliance with the Governance Charter.
- f) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant or other individual or entity.

Vice-Chair

- a) Assists the Executive Chair as requested.
- b) Serves as the PIC media contact in the absence of the Executive Chair.
- c) Acts on behalf of the Executive Chair in the event that the Executive Chair is temporarily unavailable.
- d) 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 membership meeting dates and locations, posts announcements, and maintains and updates the PIC roster.
- c) Provides current information as to which members are voting members.
- d) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant or other individual or entity.

Treasurer

- a) Oversees PIC finances and bank accounts, provides monthly balance of PIC’s account at General membership meetings, and makes payments with approval from the Executive Committee or the PIC Executive Chair.
- b) Collects dues from members, records receipts, and reports status of members.

- 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 Executive Committee on a quarterly basis.
- e) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant or other individual or entity.

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 Committee and Awareness Committee will jointly 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 Committee 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 shall be posted on the PIC website prior to the next 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 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 positions identified below, with no organization filling more than one position. The most recent past PIC chair may serve in an ex-officio capacity and another person from that organization may serve on the Executive Committee in a voting position.

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

SELECTION OF EXECUTIVE COMMITTEE MEMBERS

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.

TERMS

Each officer is elected for a term of one year beginning January 1. The PIC Chair may serve no more than two consecutive years. Other officers may serve no more than four consecutive years.

Homeless or formerly homeless and at-large members are elected for a term of two years beginning January 1 without term limits.

The remaining Executive Committee members are elected for a term of one year from January 1 and may serve no more than four consecutive years.

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) Establishing broad policies and objectives.
- b) Selecting, appointing, supporting, and reviewing the performance of the Director.
- c) Ensuring the availability of adequate financial, human, and other resources.

- d) Receiving committee recommendations and taking action on those recommendations on behalf of PIC membership.
- e) Receiving recommended funding decisions from the Evaluation Committee and working with the Collaborative Applicant to represent these decisions in the HUD CoC Program application.
- f) Acting on behalf of PIC in accordance with established contracts, MOUs, and other formally adopted documents.
- g) Supporting the Director in assuring compliance with applicable standards, regulations, requirements, and guidelines.

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*.

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 standing PIC committees are described below. PIC committees are open to both voting and community 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.

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) Each year the Awareness Committee in collaboration with the Organizational Development Committee solicits names of potential new committee 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 Committees expand the invitation list to include a broader range of community groups and make a public invitation for new members to join within the geography of the CoC.
- c) The Awareness Committee Chair schedules and leads committee meetings, assigns tasks to committee members, monitors member attendance, and follows up with committee members who have been absent from Committee meetings.

ORGANIZATIONAL DEVELOPMENT COMMITTEE

- a) The Organizational Development Committee develops initiatives to solicit and orient new members.
- b) Each year the Organizational Development Committee in collaboration with the Awareness Committee solicits names of potential new committee 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 committees expand the invitation list to include a broader range of community groups and make a public invitation for new members to join within the geography of the CoC.
- c) The Organizational Development Committee Chair schedules and leads committee meetings, assigns tasks to committee members, monitors member attendance, and follows up with committee members who have been absent from committee meetings.

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.
- h) The Planning Committee recommends to the Executive Committee the criteria by which participants in various sub-populations are to be referred into the Coordinated Entry System (CES).

STATEWIDE DATA COMMITTEE

- a) The Hawaii Statewide Data Committee is responsible for providing counsel and assistance to the HMIS Lead, governing bodies, and contributing providers within PIC on all matters regarding HMIS.
- b) The Statewide Data Committee is responsible for coordinating the annual Point-In-Time count for Oahu.
- c) The Statewide Data Committee is responsible for disseminating information to PIC about committee activities, minutes, membership, and approved policies & procedures.
- d) The Chair of the Statewide Data Committee schedules and leads committee meetings.
- e) The Chair of the Statewide Data Committee assigns tasks to committee members.

- f) The Vice-Chair of the Statewide Data Committee documents agency participation in committee activities.

ADVOCACY COMMITTEE

- a) State Legislature
 - a. The Advocacy Committee shall recommend broad strategy, positions of support or opposition, and priorities for legislative advocacy. PIC membership shall approve or reject committee recommendations by majority vote during a general membership meeting.
 - b. The Advocacy Committee Chair is authorized to act on behalf of PIC membership to support/oppose bills or issues within the overall strategy, positions, and priorities approved by PIC membership.
 - c. The Executive Committee is authorized to act on behalf of PIC membership when time is of the essence.
 - d. In handling of controversial issues which have not been considered by general membership, the PIC Chair, Advocacy Committee Chair, and Director are authorized to provide general comment and informational testimony only.
- b) Core Team: The Advocacy Committee Chair may establish an issue-based core team of community stakeholders, and delegate to them specific responsibilities. Due to the intensity and volume of tasks needed for effective advocacy, strong support from, and empowerment of, these stakeholders is critical.
- c) Year-round Advocacy. The Advocacy Committee guides ongoing advocacy and public relations strategy in areas such as, but not limited to:
 - a. Public housing
 - b. Landlord recruitment
 - c. Youth services
 - d. Affordable House Development and other Rental Subsidies
 - e. Social policy

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

Refer to Collaborative Applicant Memorandum of Understanding.

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

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	Comments/Changes
2014	Initial adoption
Jan 20, 2015	Approved by general membership 1/20/15
Aug 16, 2016	Approved by Executive Committee 8/4/16; approved by general membership 8/16/16

SEE ALSO

- PIC Membership Packet
- Collaborative Applicant Memorandum of Understanding
- HMIS Memorandum of Agreement
- Strategic Plan, 2016-2018

State of Hawaii

HMIS Policy and Procedures Manual

Hawaii Balance of State (HI-500) CoC

Honolulu (HI-501) CoC

September 2016

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HMIS Background and Structure

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 (CoCs) 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 a designated HMIS Lead Organization (The Department of Human Services Homeless Programs Office—HPO) that receives funding to develop and implement Hawaii’s HMIS. Since inception in 2004, the HMIS has matured into a complex data collection and reporting tool utilized by homeless service providers across the State. The HMIS is a statewide implementation and serves both the Honolulu and Balance of State CoCs. Currently, the Hawaii HMIS has over 30 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 14,320 people received services from shelters and outreach agencies during 2010-2015. Hawaii’s HMIS enables the sharing of client data, allowing for a greater collaboration amongst homeless service providers across the state.

B. HUD Data and Technical Standards

HUD published the Homeless Management Information System (HMIS) Data and Technical Standards Final Notice on July 30, 2004. 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. These data standards were revised in October 2014, September 2015, and June 2016. The revised data standards can be found at the following link:

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Additional HMIS resources can be found at the following link:

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

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.

An AHAR introductory guide can be found at the following link:

<https://www.onecpd.info/resources/documents/AHARIntroductoryGuide.pdf>

AHAR Frequently Asked Questions can be found at the following link:

<https://www.onecpd.info/resources/documents/HRE2012AHARFAQs.pdf>

D. HUD System Performance Measures (SPM)

The McKinney-Vento Homeless Assistance Act, as amended, focuses on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. The Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types.

The Act has established a set of selection criteria for HUD to use in awarding CoC funding that require CoCs to report to HUD their system-level performance. The intent of these selection criteria are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. Specifically, the SPM assess the CoC’s performance against the following measures:

Measure 1: Length of Time Persons Remain Homeless

Measure 2: The Extent to which Persons Exiting Homelessness to PH Destinations Return to Homelessness

Measure 3: Number of Homeless Persons: Change in PIT and Annual Counts

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Measure 5: Number of persons who become homeless for the 1st time

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of PH

Instructions and guidance can be found at the following link:

<https://www.hudexchange.info/programs/coc/system-performance-measures/>

E. 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

Project Organization

Hawaii's HMIS Lead Organization oversees efforts across both CoCs. Oahu's CoC is Partners in Care (PIC) and the rural county CoC is Bridging the Gap (BTG). The Lead Organization oversees the HMIS and is responsible for administering HMIS funds for management activities and improvements to the system. It should be noted though that each CoC is responsible for ensuring that the implementation is successful within their Continuum.

The HMIS lead is currently under contract with C. Peraro Consulting (CPC) to provide Administrative and Support Services in Association with the HMIS. CPC and his team provides the following system administrative services to both of Hawaii's CoC's:

1. System Configuration and Customization
2. Data Entry and Export
3. Reports Development
4. Data Analysis
5. System Monitoring
6. In-Person and On-Line User Training
7. Technical Assistance and Support
8. System Compliance and Updates
9. Community Partnership and Coordination
10. Assist/Manage Special Projects

CPC is also responsible for the operation of Hawaii HMIS website. The website provides information on funding announcements, governance, and homeless service reports. In addition, HMIS users are able to get technical assistance through the HMIS Help Desk function on the website. The website can be found at the following link:

<http://www.hawaiihmis.org/>

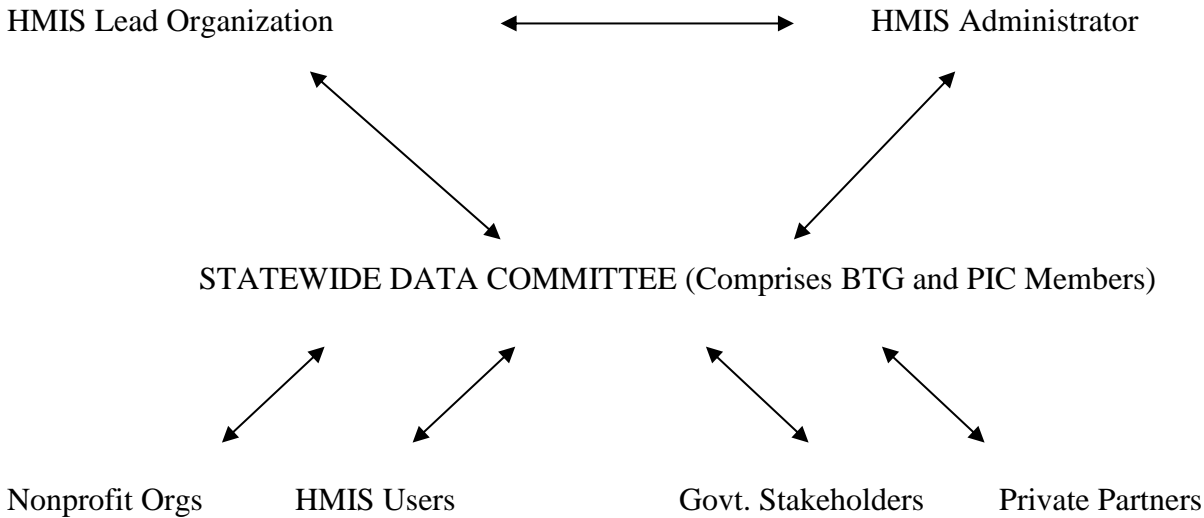
HMIS System Development and Planning

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

- Soliciting feedback and recommendations on HMIS implementation from users and CoC 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
- Developing and annually reviewing 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 CoC Board(s) based on analysis of program data
- Making recommendations for each CoC about the operation of HMIS
- Deciding on release of data requests

Project Development Organization Chart

The Statewide Data Committee is headed by a Data Committee Chair who is in direct contact with Hawaii's HMIS Lead Organization. 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 HMIS System Administration Team (C. Peraro Consulting) 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.

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 System Administration team. System errors can be reported through the HMIS System Administration Team. All HMIS-related issues and questions should be directed through the HMIS website's osTicket system, which can be located at: <https://helpdesk.hawaiihmis.org/>

New users are asked to create an account prior to submitting questions in an effort to streamline the response process. Information on how to setup an account, as well as background on the ticketing system can be found at the following link: <http://www.hawaiihmis.org/training-support/help-desk-info/>

The Statewide Data Committee, in conjunction with the HMIS System Administrator team, will provide all HMIS user agencies with regular updates on any changes, improvements, or repairs to HMIS.

Project Management

The contact for the HMIS Lead Organization is Harold Brackeen and can be reached at hbrackeeniii@dhs.hawaii.gov

The Hawaii HMIS System Administration team is led by Carlos Peraro and can be reached at carlos@cperaroconsulting.com

The Statewide Data Committee meets on a monthly basis and welcomes new attendance. Contact information for all attendees is provided at committee meetings. The lead contact at Homeless Programs Office for Statewide Data Committee is John Gibo and can be reached at jgibo2@dhs.hawaii.gov.

HMIS Roles and Responsibilities

USERS	AGENCIES	HMIS SYSTEM ADMINISTRATION Team	HMIS Lead Organization	HMIS VENDOR
Maintain up-to-date knowledge with HMIS changes	Attend Statewide Data Committee /Quarterly HMIS User Group Meetings	Obtain Feedback from Quarterly User Group meetings	Manage Hawaii HMIS Project	Develop Enhancements as Directed by the Statewide Data Committee
Maintain Password Integrity	Ensure Adherence to Relevant HMIS Policies and Procedures	Attend Statewide Data Committee meetings	Coordinate with the Statewide Data Committee	Assist CoC with Monitoring data quality and completeness
Obtain Client Consent(s)		Inform Agencies of Continuum Specific Policies	Obtain Feedback from CoC Representatives	
Enter and Update Data	Ensure Adherence to HMIS Privacy and Security Policies	Monitor HMIS Utilization by CoC Agencies	Compile CoC Requested Enhancements for Statewide Data Committee	Monitor Agency and System Security Repair System Errors in a Timely Manner
Adhere to HMIS Policies and Procedures	Communicate Concerns and Enhancement Requests to Statewide Data Committee	Communicate Concerns and Enhancement Requests to Project Manager	Monitor Project Progress and Deliverables	Ensure System is Operational and Accessible
Adhere to Privacy and Security Policies		Communicate Bugs to HMIS Solution Provider	Monitor Adherence to HUD HMIS Data and Technical Standards and Guidelines	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
Maintain HI Data Quality Standards	Communicate Bugs to HMIS Administrator via HMIS Ticket System	Troubleshoot Implementation and Training Needs with HMIS vendor and provide assistance to agencies as needed	Provide transparent monitoring policies	
	Request Support and Technical Assistance when needed	Amass AHAR and HUD System Performance Measures data and submit	Communicate National HMIS Best Practices to Data Committee	
	Adhere to Data Quality Standards	Monitor system-level Data Quality	Assist with Data Quality monitoring	Remain compliant with most recent version of HUD Data Standards
		Provide User Trainings and Help Desk Functionality	Oversee the HMIS System	

			Administration Team	
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F. 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. If the Domestic Violence agencies are funded by HUD (CoC or ESG funds) they must use an HMIS comparable database that adheres to the latest HMIS Data and Technical Standards.

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 City & County of Honolulu, the Hawaii Balance of State CoC, the Honolulu CoC, the Statewide Data Committee, and local HMIS participating service providers.

The plan is intended to be updated annually by the Statewide Data Committee, taking into account changes to HUD's HMIS Data and Technical 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 30 agencies operating over 100 programs that fall under the homeless services network. 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 and Technical Standards provide a framework for an HMIS implementation. HUD's October 2014 Notice revised the HMIS Data and Technical Standards Final Notice (69 FR 146, July 30, 2004) and a revised version was released in September 2015 and June 2016. This acts as the most recently revised data standards. The final data standards can be downloaded from:

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. A full listing and description for each element are available on pages 17-39 of the HUD HMIS Data and Technical Standards.

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. A full listing and description for each element are available on pages 40-63 of the HUD HMIS Data and Technical Standards.

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. PSDE are outlined on pages 64-105 of the HUD HMIS Data and Technical Standards.

Summary exhibits outlining program applicability, who data collection applies to, and when data should be collected are available on pages 12-16 of 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 and Safe Haven Programs	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, exit, or encounter	More than 7 days from program entry, exit, or encounter
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 ninety days will automatically be exited with an exit date equal to the last date of contact.

* Please note that HUD has a new standard for Street Outreach data quality: Data quality is not measured for Street Outreach programs until the Date of Engagement, allowing outreach providers to build the client record as they develop the client relationship.

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. Duplication is a major issue within the HMIS and will be addressed by the System Administration Team once the functionality exists as needed in CaseWorthy.

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. Please refer to training materials from the HMIS vendor on how to merge client records. The agency level merge functionality will only allow merges of client records where the visit history lies solely within that organization. Records with multi-organizational enrollment records will need to be merged by the HMIS Admin Team.

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. Please refer to training materials from the HMIS System Administration team on how to run a data quality report.

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 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. Please refer to training materials from the HMIS vendor on how to update client records.

Producing Reports with the APR Generation Tool

The APR Generation Tool can be used as a universal assessment tool for all participating HMIS programs. The tool can be downloaded from the following link: <https://www.onecpd.info/resource/1853/apr-generation-tool/>

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 monthly custom reports outlining timeliness issues and procedures to reconcile the information by the second week of the following month. It is the responsibility of the HMIS Lead and SDC to relay the information to the CoC and contributing HMIS organizations, and to hold the providers accountable for non-compliance and deviance from acceptable standards. 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 Statewide 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 Systems Performance Measures, AHAR, and HIC

The Systems Performance Measures report is currently being created by the HMIS Admin team for dissemination to both CoC's.

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 45 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.

HMIS Privacy and Security Plan

I. Introduction and Background

This HMIS Security and Privacy Plan (SPP) describes standards for the privacy and security of personal client information collected and stored in Hawaii's Homeless Management Information System (HMIS). The SPP 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 SPP are based on principles recognized by information privacy and technology communities.

The SPP 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 SPP 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 SPP strives to reference procedures that organizations and stakeholders can utilize to enhance the privacy and security of information collected through the HMIS.

Throughout the SPP, 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 Organization: The organization designated by a CoC to operate the CoC's HMIS on its behalf.

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 RHY and HIV/AIDS providers. Mental health and substance use providers may also be subject to data sharing limitations. 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 or HMIS Lead Agency

The HPO or 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, HPO or the 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 HPO or 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 HMIS Administration Team will be solely responsible for establishing new users in the HMIS.

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.
- 2) ***Agency Super Users*** – Agency super users can enter intake information into any program within their organization. These users also have access to the full range of functionality under the Admin link and have access to most reports. Reports are restricted to programs within their organization, however. Agency super users can view records for clients in all of their programs and can view visit history if the client has elected to share data.
- 3) ***System Administrators*** – System Administrators 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 the HMIS Administration Team 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 and HPO, 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. Locked out users will then have to contact the HMIS administrator or HPO to have their account reactivated. 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 Agency 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

User's Full Name: _____ Agency Name: _____

User's Email Address: _____

Zip Code of User's Employment Location: _____

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 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:

Executive Director / Supervisor:

Signature _____ Date _____ Signature _____ Date _____

Printed Name _____ Date _____ Printed Name _____ Date _____

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.

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 received by
Initials 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

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 (PPD):

_____ (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 (CHO)

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 by the HMIS System Administration team according to the following checklist at least once every two years by the HMIS System Administration Team.

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 (Five Minutes) 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, administrator, or HPO.		
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.		

Hawaii HMIS Data Request Form

Introduction:

Do I need to use this form to satisfy my data request?

The Hawaii HMIS Data Request Form is not intended for all situations where an agency or organization needs access to data. The Hawaii HMIS Data Request Form is intended to help both CoCs make decisions on data requests that are more complicated than a simple data request.

Do Not Need to Submit Hawaii Data Request Form:

- HUD Required Reports (APR, AHAR, PIT, HIC, CAPER, HUD System Performance Measures)
- Federal Partner Required Reports (VA, PATH, RHY, HOPWA)
- Hawaii State and Local Reports (UH Utilization Report)
- Common Demographic Reports (counts and characteristics)
- Coordinated Entry Reports
- Existing state-wide aggregate reports accessible on www.hawaiihmis.org

Need to Submit Hawaii Data Request Form (does not exist in “Do Not Need” section):

- Any client-level data (outside of ones’ own organization)
- Research requests
- Advanced Data Analysis
- State-wide or aggregate data (outside of ones’ own organization not accessible on www.hawaiihmis.org)

Process:

Applications that are not complete or clear, will require communication with the HMIS Lead Organization. Completed requests that are submitted to the HMIS Lead Organization will be reviewed by the Hawaii Statewide HMIS Committee for recommendation to the PIC and/or BTG Executive Committee(s) for approval, as appropriate.

The decision will be delivered to the requestor via e-mail within 1 month of submission. If the data request has associated costs, the requestor shall be asked to cover those costs. Any costs will be communicated to the requestor by the HMIS Lead Organization.

Accepted Data Request Forms will be added to the Hawaii HMIS Lead and HMIS System Administration reporting queue. Report requests will filled as HMIS staff resources are available generally within 1-3 months, depending on the volume of requests.

Email completed application to:

HMIS Lead Organization

Homeless Programs Office

John Gibo

Phone: (808) 586-7066

Email: Jgibo2@dhs.hawaii.gov

Date of Request: _____

1. Organization and Individual Requesting Use of Data

a. Individual's Name and Title:

b. Organization (include branch, division, department, etc.):

c. Street Address or P.O. Box:

d. City/State/Zip Code:

e. Telephone (include area code):

f. E-mail:

2. Is this Client-level data or Aggregate data? _____

a. Have you applied for the IRB process (if applicable)? _____

b. If you have applied, what is the status of the request? _____

Hawaii HMIS Data Request Form

3. **Level of Data: Funding Source-level, State-level, CoC-level, County-level, Organization-level or Program Type-level? (describe)**

4. **Usage of Data (describe the purpose and intended use of the data)**

5. **Data Elements and Format (describe in detail—e.g., Excel, CSV; attach custom table template with request--if applicable)**

6. **Data Period (beginning date and end date):** _____

7. **When do you need the data?** _____

Hawaii HMIS Data Request Review Form

HMIS Lead Organization Recommendation: _____

Date of Recommendation: _____

HMIS Lead Signature: _____

Statewide Data Committee Recommendation: _____

Date of Recommendation: _____

Statewide Data Committee Chair Signature: _____

CoC Recommendation: _____

Date of Decision: _____

BTG CoC Executive Committee Chair Signature: _____

PIC CoC Executive Committee Chair Signature: _____

DAVID Y. IGE
GOVERNOR



HAKIM OUANSAFI
EXECUTIVE DIRECTOR

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY PLEASE REFER TO:
16/OED/048

August 17, 2016

Scott Morishige
Governor's Coordinator on Homelessness
415 South Beretania Street Room 415
Honolulu, Hawaii 96813

Dear Mr. Morishige,

RE: Hawaii Public Housing Authority's Homeless Preferences

The Hawaii Public Housing Authority (HPHA) is pleased to coordinate with the State's Continuum of Care/Partners in Care on their application for homeless funding. Since its establishment in 1935, the HPHA has served as the public housing agency for the State of Hawaii with the mission of providing affordable housing and low income housing for our most vulnerable and needy residents.

The HPHA currently operates several major programs including: Federal Public Housing, State-Aided Family Public Housing; State-Aided Elderly Public Housing; Section 8 Housing Choice Voucher Program; Veterans Affairs Supportive Housing Program; and the State Rent Supplement Program. The administrative rules for these of these programs provides for certain local preferences as described below in pertinent part:

Federal Public Housing

§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 [categories:] priority groups:

- (1) Involuntarily displaced;
- (2) Victims of domestic violence who are participating in a program with case management through a domestic violence shelter 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.

* * * *

State Family Public Housing

§17-2034-31 Preference. (a) Except for those units designed for a specific purpose (such as units for persons 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) Deceased veteran's widow or widower;
- (2) Veterans with permanent disabilities of ten per cent or more, as certified by the United States Department of Veterans Affairs and their dependent parents, if any; provided that parents of veterans shall not use the veteran status of their adult child as a basis for preference; and
- (3) Then to the following preference groups with equal priority:
 - (A) Involuntarily displaced;
 - (B) Victims of domestic violence who are participating in a program with case management through a domestic violence shelter, program, or clearinghouse; or
 - (C) 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.
 - (D) Other families determined by the authority.

* * * *

Section 8 Housing Choice Voucher Program

§15-185-25 Local preferences. (a) Eligible applicants shall be give 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 give second priority but have equal weight within this group:
- (A) Living in substandard housing; or
 - (B) Paying more than fifty percent of annual income for rent.

VASH Program

Federal Register (Docket No. FR-5596-N-01) dated March 23, 2012.

II. a. Family Eligibility and Selection. HUD-VASH-eligible families are homeless veterans and their families.

In June 2016, the HPHA established a Special Rent Supplement Program which provides rental assistance for eligible homeless individuals and families up to \$1,000 for the first six months and up to \$500 after that. This program is completely State funded and is administered by the HPHA's master contractor, Catholic Charities Hawaii, who networks with the Partners in Care.

Special Rent Supplement Program

HPHA-RS-13 Eligibility for participation. (a) To be eligible to participate or continue participation in the program, the applicant and applicant's household members or tenant and tenant's household members shall:

- (1) Qualify as a household;

* * * *

- (19) Be referred from a homeless shelter, outreach, grant, or supportive service provider who has assisted the applicant in completion of an application for rent supplement, in locating a qualified dwelling unit and who agrees to provide case management follow-up services for no less than six months after applicant placement in this Special Rent Supplement Program.

(b) The provider agency shall make the initial determination that the applicant and applicant's household members are eligible to participate in the program, or that the tenant and tenant's household members are eligible to continue to participate in this program, as set forth in subsection (a), and forward its determination of eligibility and supporting documentation to the authority for final approval.

Mr. Scott Morishige
August 17, 2016
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During the previous fiscal period, the HPHA served or placed hundreds of homeless individuals and families in its various programs across the State of Hawaii. The HPHA recognizes that it plays a large role in the continuum of housing for the families of Hawaii and is committed to continue its collaborative efforts in the area of low income and affordable housing. You can find more information about our programs in the HPHA's most recent annual report which is posted on our website at:
<http://www.hpha.hawaii.gov/reportsstudies/reports/2015%20HPHA%20Annual%20Report.pdf>

If you have any questions or require additional information, please feel free to contact Ms. Helen Enobakhare, Property Management and Maintenance Services Branch Chief at (808) 832-4696. Thank you.

Sincerely,



Hakim Ouansafi
Executive Director

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 1, 2016, is made by and between Partners in Care (PIC) the Statewide Homeless Management Information System (HMIS) Data Committee, and the State of Hawaii's Department of Human Services, 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 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 Governance Charter.

WHEREAS, Caseworthy Solution has been selected by PIC and Bridging the Gap to be the State's HMIS provider.

NOW THEREFORE, PIC, Statewide HMIS Data Committee, and HPO hereby agree as follows.

PIC's duties and responsibilities shall be:

1. Planning and selecting HMIS software and the HMIS Lead agency.
2. Provide assistance in securing funding for HMIS. It is understood that maintaining adequate resources for HMIS is a high priority for PIC. Meeting this responsibility, however, is pursuant to availability of HUD funding and other resources. PIC intends to include HMIS project proposals in Tier 1 of HUD CoC

Program consolidated applications. In preparation for the CoC Program consolidated applications, the required submission of hard copy proposals is waived for the HMIS Lead.

3. Evaluating the outcomes of HMIS projects in the CoC pursuant to 24 CFR 578.39(a)(2).
4. Establishing HMIS policies/protocols, reviewing HMIS policies/protocols at least annually, and monitoring compliance with HUD Data and Technical Standards for programs utilizing the Hawaii HMIS within PIC.
5. Providing accurate, reliable data 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 other HUD required HMIS reporting (note: Domestic Violence agencies are excluded from participating in HMIS).
6. 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.
7. Participating in the Statewide HMIS Data Committee to help agree on an annual HMIS plan that will guide HMIS activities and improvements.
8. 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. 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 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 PIC and PIC's Collaborative Applicant to apply for HUD and other HMIS funds.
5. Working in collaboration with PIC leadership in design of HMIS Administrator scope of work.
6. Administering PIC HMIS funds for management of HMIS operations.
7. 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 1, 2016 through January 31, 2018, 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.

Marc Gannon
Authorized representative of Partners in Care

By: M. Gannon 9/1/16

Date: _____

Jason Espero
Authorized representative of the Statewide HMIS Data Committee

By: J. Espero

Date: 9-6-16

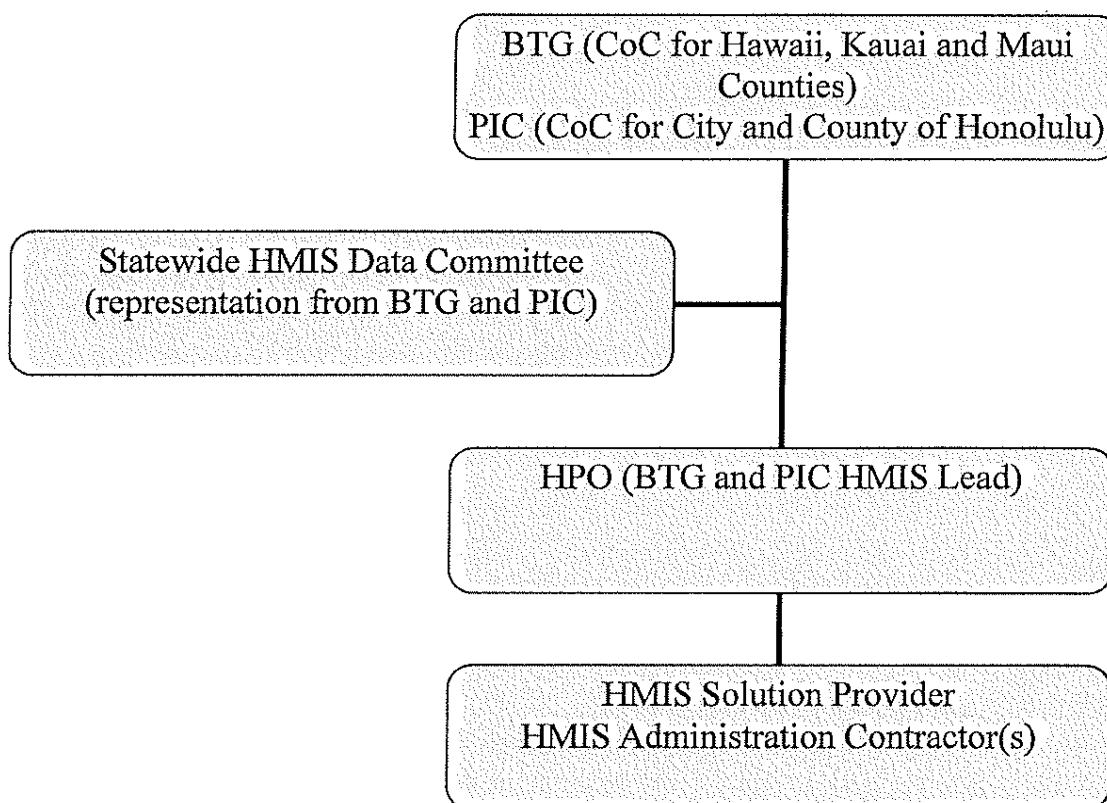
Harold Brackeen III
Authorized representative of Homeless Programs Office

By: Harold Brackeen III

Date: 9/1/2016

Exhibit A

**Partners in Care (Honolulu CoC)
HMIS Memorandum of Agreement (MOA)
Chart**





PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

2016 CoC Competition - HI 501 - City and County of Honolulu Project Applicant Evaluation Methodology

Our Goal = ensure that high performing and effective programs that contribute to an end to homelessness on Oahu are funded.

1. Divide project applications into four groups by project type (i.e. PH, TH, SSO, HMIS).
2. Divide project applications in each project type as renewal or new.
3. Renewal Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received.
 - Project Performance: monitoring by HUD and/or City; APR.
 - Project Narrative: maximum 100 point scale.
4. New Project Review:
 - Project alignment with HUD and CoC priorities and community needs.
 - Project meets minimum threshold requirements pursuant to 24 CFR 578 by clear and convincing evidence pursuant to Section V.G.2.c of the 2016 NOFA.
 - Project Capacity to meet needs of CoC and community.
 - Project Narrative: maximum 100 point scale.
5. Projects are ranked within each project type regardless if renewal or new, based on the raw score of above-stated review criteria.
6. Project Narrative Clarification: if a narrative section is not directly applicable to a project proposal, the project applicant should state this and explain an understanding of priorities, and/or a collaboration or partnership with service providers and/or other stakeholders in the CoC. The key to the narrative is not to make up information but to show an understanding of the criteria HUD extends to the CoC. Sample narrative HMIS Project Proposal for Section 1 question about Housing First and Reducing Barriers could be “As an HMIS project, we will not directly serve homeless individuals and families in the Honolulu CoC but will work collaboratively with all stakeholders to track and deliver services using the Housing First approach with low barriers to project entry. For example,....” Project proposal narrative should align with project review criteria.
7. CoC Project 2016 Priorities: (in order of preferred ranking)
 - Renewal PH projects: performing well based on project performance review; and
 - PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
 - RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
 - New PH with organizational capacity and/or in collaboration with other CoC project applicants; and



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

- PSH projects with at least 85% of the beds dedicated for use by chronically homeless individuals and families; or
- RRH projects serving homeless individuals and families coming directly from the streets or emergency shelters.
- Renewal TH projects that serves youth or DV subpopulations, and performing well based on project review.
- Renewal HMIS projects.
- New SSO projects, specifically for coordinated entry.
- Renewal TH that are serving other subpopulations and performing well based on project review and overall system performance;
- Renewal SSO regardless and performing well based on project review and overall system performance; and
- New HMIS.

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		3396		199			96	
1.2 Persons in ES, SH, and TH		6651		349			250	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	600	61	10%	54	9%	33	6%	148	25%
Exit was from ES	552	54	10%	38	7%	64	12%	156	28%
Exit was from TH	1488	92	6%	55	4%	107	7%	254	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	202	7	3%	11	5%	20	10%	38	19%
TOTAL Returns to Homelessness	2842	214	8%	158	6%	224	8%	596	21%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4712	4903	191
Emergency Shelter Total	881	995	114
Safe Haven Total	25	26	1
Transitional Housing Total	2173	1943	-230
Total Sheltered Count	3079	2964	-115
Unsheltered Count	1633	1939	306

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		6651	
Emergency Shelter Total		3396	
Safe Haven Total		0	
Transitional Housing Total		3838	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		230	
Number of adults with increased earned income		56	
Percentage of adults who increased earned income		24%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		230	
Number of adults with increased non-employment cash income		154	
Percentage of adults who increased non-employment cash income		67%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		230	
Number of adults with increased total income		172	
Percentage of adults who increased total income		75%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		476	
Number of adults who exited with increased earned income		101	
Percentage of adults who increased earned income		21%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		476	
Number of adults who exited with increased non-employment cash income		152	
Percentage of adults who increased non-employment cash income		32%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		476	
Number of adults who exited with increased total income		233	
Percentage of adults who increased total income		49%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		4302	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		1287	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		3015	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		5230	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		1539	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		3691	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		2072	
Of persons above, those who exited to temporary & some institutional destinations		127	
Of the persons above, those who exited to permanent housing destinations		196	
% Successful exits		16%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		3501	
Of the persons above, those who exited to permanent housing destinations		2068	
% Successful exits		59%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		1140	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		1076	
% Successful exits/retention		94%	



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
12/28/15	Connie Mitchell Marlen Commers	Partners In Care Exec, IHS	Connie Mitchell. Vinesha Bertola of IHS Outreach
8/25/2016	Connie Mitchell	IHS	Feedback from: HUD Guidelines on CES, Chris Pitcher Jen Stasch Jay Parasco Housing ASAP

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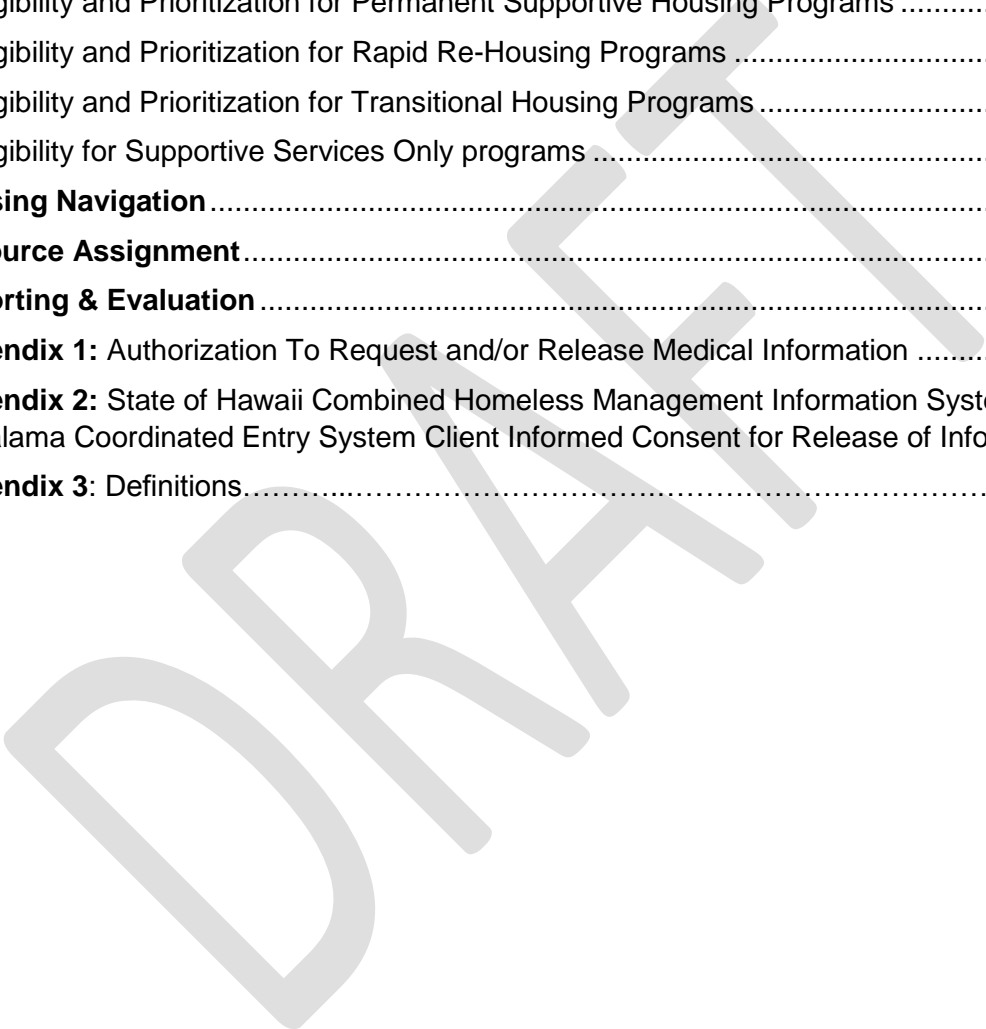
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Introduction

Regulatory Requirement

The Continuum of Care (CoC) Program interim rule¹ requires that a CoC establish a Coordinated Entry System (CES) to ensure assistance is delivered as effectively as possible and that it is easily accessible to all homeless households in need of a housing intervention. 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 homelessness with any "helper" that can direct them to an "access point".. These helpers include, but are 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.

Access Points

There are 3 primary types of CES access points in our Coc. These are:

- 1) AUW 211 Call center - PIC's CES may also be accessed by calling Aloha United Way 211.. Callers will be asked to respond to a brief phone interview and will be connected to a local service provider who can continue to address housing needs, often through housing subsidies for evictions to prevent homelessness or a nearby shelter to provide sanctuary if unsheltered..
- 2) Homeless Outreach Teams – Outreach teams who encounter homeless persons assertively try motivate them to engage with the service system by establishing relationships with them with the objective of completing an assessment to determine vulnerability.

¹ 24 CFR Part 578.7(a)(9) Homeless Emergency Assistance and Rapid Transition to Housing; Continuum of Care Program; Interim Final Rule

- 3) Homeless Shelters – Homeless shelters are often called to access assistance. These are also equipped to complete an assessment upon intake to determine prioritization for housing and to minimize their time homeless.

Multiple access points ensure broad access. But they also establish common standards approved by PIC for how each household is prioritized for housing and services. Each of these Access Points are also equipped to make referrals to appropriate community programs and resources as is indicated by their assessment. These would include both homeless prevention resources as well as homeless shelters and resources that are meant to serve those already unsheltered.

Advertisement of Access Points to Coordinated Entry

- Public Media: radio, television public service announcements, newspapers etc.
- Public Education by PIC Members: To community groups like Rotary Clubs, faith communities, schools and other
- 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.

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, 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 the State HMIS - 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 homeless 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 vulnerability and needs. It does not provide the same depth of information as a clinical assessment, which may be completed later in the assessment 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

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>.

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.

Special 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 to 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

VISPDAT 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 will enter the name, date of birth, and social security number in HMIS in order to generate the participant's UCI. If all those elements are not available, record building can still be initiated with an alias.

Aliases and Record Building Techniques to support By-Name-Lists:

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.”

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.

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.
- 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.

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

- 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 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 ending 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.

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

2. Length of time homeless; this will ensure the people who have been homeless the longest (most chronic) will be prioritized.
3. Vulnerability as reflected in being victimized or hospitalized
4. Age (elderly as the highest priority)
5. 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 above. Although those scoring 10 and above are usually prioritized for permanent supportive housing, such housing opportunities may not be available and Rapid Rehousing should be considered.
2. Must have financial means to sustain housing 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.

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

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.

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 criteria

below. 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 scores that reflect high need for structured support as is provided by TH.
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, although efforts will be made to help transition individuals and families into permanent housing as quickly as possible.
-
- Support services must be provided throughout the duration of stay, titrated to assessed need to sustain housing and increase household income.
- 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.

Other Mainstream Housing Resources

Housing resources that are found in other services systems such as mental health group homes, clean and sober homes, Section 8 programs, Rent to Work Program, adult residential care homes, adult foster homes, senior housing and other potential housing opportunities are also utilized in ending homeless for certain subpopulations. These are all considered in the case conferencing that occurs as part of our Coordinated Entry System.

Housing Navigation

The housing placement process starts in earnest with a housing navigator, who is responsible for facilitating a household's access to appropriate housing. The navigator serves as a bridge between the household and the agency that is offering the housing intervention(s).

The navigator's role includes assisting with setting housing goals, gathering essential documents, and guiding participants through the coordinated entry process. At a minimum, the head of household must have a picture identification to be considered 'document ready'. This can be either a current state id 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

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 CES.

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/or a “warm hand off” is made to a case manager.

Once a client enters CES via the access point and has been assessed, the Hale O Malama community coordinator assigns participants, based on document readiness, their score and local priorities, to a housing navigator.

When housing navigators have difficulty finding or placing a participant, efforts may be suspended after consultation and agreement with the CES community coordinator. The CES Community Coordinator informs all outreach teams regarding “lost” individuals to ascertain if anyone has seen the person. A housing navigator continues to stay in touch with the homeless persons assigned to ensure that if they are selected, they may easily be found. If there is a case manager already involved, that case manager maybe asked to become the client’s housing navigator 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 or if a case manager has already been working with the individual or family.

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 obtaining employment.

If the original assessment appears to be incorrect or incomplete, the person conducting the 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 household’s assignments through HMIS and from coordinated entry team meetings. 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, date of birth, 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 their 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 housing navigator 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 CES, the steps to housing placement, and the role of the navigator in this process. It is important to confirm their identity using a photo ID, if available.

The navigator should review the Documents Checklist with the household to ensure that they have an understanding of the 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 and make it 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 to protect 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 participant'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 they are removed from the housing navigator's caseload. It is expected that the navigator maintains contact with the participant throughout the placement process or stands 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 are informed of the reasons for ineligibility. At that point the household can dispute the decision and appeal to PIC's 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 CES. 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 CES. 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 (herein 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 accessible supportive services (both internal and external to the agency). It is the provider’s job at this point to ensure that existing case managers or care coordinators assigned are made aware of the client’s housing trajectory. The Housing Navigator may have assisted in the enrollment of the participant for subsidies or services as necessary. Depending on the situation, the navigator or case manager will assist with income benefits, healthcare insurance, etc. to increase stability of the client before and after housing is achieved.

The participant cannot be housed without finding a physical unit of housing. This responsibility is shared between the the housing provider, the case manager/housing navigator and the participant. Housing navigators and housing providers are encouraged to facilitate participant’s 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.

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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:

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.	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): _____
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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: 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 that convenes the case conferencing where housing matches are made.

Housing First - A philosophy and 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.

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