

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 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: State of Hawaii - Homeless Programs Office

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	No
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

United Way	Yes	Yes
Neighborhood Associations	Yes	Yes
Faith Based Organizations	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC maintains an inclusive structure by conducting open, public meetings for general membership, and all subcommittees and workgroups. Notice of monthly general meetings is sent via email 24 hours in advance to a list of over 200 individuals and organizations with knowledge, capacity, and a dedicated mission to end homelessness. During July 2017, the CoC solicited members to serve on the 2017 Evaluation Committee to conduct the ranking and review process. On July 25, 2017, the Planning Committee approved the project priorities and the reallocation process. Membership included a victim service provider. The CoC encouraged two new organizations with no prior CoC funding to submit project applications, including COYSA and ALEA Bridge. ALEA Bridge’s project was ranked and included as the PH Bonus Project in the CoC application. The other application was rejected but the applicant organization remains active in general membership and the CoC’s youth work group.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The CoC continuously encourages new partners to join and participate. The CoC conducts a membership drive each year in November at its annual conference, and solicits new members using earned media. During 2017 the CoC solicited membership of over 45 individuals and organizations with six new members joining including Queen’s Medical Center ER and the Hawaii State Coalition Against Domestic Violence. Special outreach was conducted to recruit both organizations as active members of the CoC to improve hospital discharge planning, and to better serve persons and their families fleeing domestic violence. Further the CoC continuously conducts special outreach using focus groups to ensure homeless and formerly homeless persons are encouraged to join or participate in the CoC, including a youth advisory board. The CoC’s Governance Charter, also, requires that a person currently or formerly experiencing homelessness serve on the CoC Board of Directors.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to

**proposals.
(limit 1000 characters)**

On 8/1/17 the CoC issued on its website an RFP soliciting project proposals from qualified nonprofit agencies providing shelter and supportive services to persons experiencing homelessness. The CoC also emailed the RFP to a list of over 200 individuals and organizations where most had not previously received CoC Program funding. Included in the RFP was a description of the evaluation process for renewal and new projects. The CoC, also, announced acceptance of new project proposals from both CoC and non-CoC funded agencies at several open public meetings including: two RFP Information Sessions on 8/4/17 and 8/7/17, and at regular general membership and committee meetings during August.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation 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 Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
City and County of Honolulu, Mayor's Office	Yes
local philanthropy: United Way, Hawaii Com. Fndt.	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

1) The CoC worked with the ESG recipient to address the allocation of approximately \$1.3 million by amending the FY 2019 ESG Annual Action Plan. As the State of Hawaii had just awarded \$1.25 million in RRH funds, it was

determined that more resources should be allocated to Housing Prevention. Over the course of three meetings, the consultation group of more than 40 members also determined that the City should use the HUD definition of "emergency shelter." 2) The CoC took the lead in conducting both PIT and HIC providing timely information for both planning purposes and outreach to the community at large via the media. The CoC also published a report and data on its website. 3) The ESG Work Group codified the local priorities, which were gathered from members of the CoC, in the Annual Plan amendment to include participant eligibility requirements; income thresholds; and the development of a housing plan for each ESG homeless participant.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

Persons and their families fleeing domestic violence are offered safe housing and services from programs funded by the CoC, ESG, DOJ, and HHS. Other locally available programs like Aloha United Way's 211 and homeless outreach screening for threats to safety connect survivors of domestic violence and those in immediate danger with community-wide supports. All data is shared between victim service providers and homeless assistance providers in a manner where all information remains confidential. Data received from DV provider agencies is not directly entered into the coordinated data system. Only general information regarding utilization, improvements in income, general demographics, and non-specific health insurance information is released. Client choice for housing and services is maximized by ensuring survivors of domestic violence and those in immediate danger have access to the same housing resources available to all clients served by the CoC while prioritizing safety.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

1) Regular training is provided at the General Membership meetings, and through trainings presented by the CoC HMIS Administration team. Most recently, at the August 2017 meeting, an agency presented on Enhanced Crisis Counseling for DV Survivors and the importance of partnering with CES portal of entries to best screen for domestic violence, and for making the safest and most appropriate referral for survivors experiencing homelessness. 2) The CoC uses statistics and data from the CAPER report, and general information regarding utilization, improvements in income, general demographics, and non-specific health insurance information to assess the community needs related to DV and homelessness. 3) The CoC is currently developing CES policies and procedures for survivors of DV to include safety and planning protocols for

diversion to a centralized hotline as the portal of entry, conducting a risk assessment in addition to the VI-SPDAT, and a matching and referral process outside of HMIS.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
City and County of Honolulu	23.00%	Yes-HCV
Hawaii Public Housing Authority	52.00%	Yes-Both

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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

All the PHAs highlighted in the CoC-PHA Crosswalk Report have adopted homeless admission preferences in the written administration policies for both PHA and HCV.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

1) The CoC works to address the needs of LGBT individuals and their families experiencing homelessness by partnering with community stakeholders and provider organizations who represent the LGBT community. 2) The CoC hosted

a break-out session at the 2016 Hawaii Statewide Homeless Awareness Conference titled "LGBT Challenges" which included training on how to effectively implement equal access to housing for LGBT individuals and their families experiencing homelessness. 3) The CoC implements an anti-discrimination policy through CES. The CoC's policies and procedures for both Family and Single Adults CES include anti-discrimination policies; and restrict housing placement un-assignments for only delineated reasons related to health, safety and the wellbeing of the individual or family. The CoC ensures member agencies and project recipients implement the CoC anti-discrimination policy through quarterly monitoring, and the annual CoC program competition reallocation process.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness 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"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

The CoC continuously strives to improve collaboration and coordination with foster care, health care, mental health care and correctional facilities to ensure those who are discharged from these systems are not released into homelessness.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	
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	<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"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

1) PIC considered the severity of needs and vulnerabilities experienced by program participants in the review, ranking, and selection process by prioritizing projects serving persons and families experiencing chronic homelessness; and projects targeting populations with unmet needs in the community including accompanied youth, medically fragile persons, and victims fleeing domestic violence. 2) In reviewing project proposals, the CoC awarded greater points in both the New and Renewal Project Scoring Rubrics to projects serving or meeting the unmet needs of vulnerable populations, using a Housing First approach, and past success in serving vulnerable populations. The CoC prioritized projects serving populations vulnerable to victimization by giving high priority to projects serving accompanied youth, and TH projects serving victims of domestic violence.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/07/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Pages 1-3 of MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Caseworthy

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 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 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,298	86	1,212	100.00%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	1,893	49	1,820	98.70%
Rapid Re-Housing (RRH) beds	875	0	875	100.00%
Permanent Supportive Housing (PSH) beds	1,684	0	1,004	59.62%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
 (limit 1000 characters)**

The low bed coverage rate for the PSH project type is due primarily to the VA’s challenges with entering VASH PSH project data into the HMIS. Originally the CoC was going to exclude this project from the HIC, however, included since technically it is part of the CoC’s homeless PSH inventory. The CoC obtained an accurate estimate of the total number of PSH beds from the VA, which are the 570 beds included on the HIC for this project. Excluding these beds will bring the coverage rate up to just over 90 percent. Recently there has been some traction, with the VA beginning to enter VI-SPDAT data and work with local CES and HMIS Administration. The VA has stated that they are also in process of hiring a staff member who will focus on the VASH PSH data collection. As of the 2017 HIC the USVETS-Long Term Supportive Housing/Cloudbreak project was in early stages of closing, and has since done so. This will be reflected on the 2018 HIC, which will also increase the coverage rate.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/29/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/22/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/29/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The CoC made several improvements to the sheltered count methodology. The survey was built into to the CoC’s HMIS system, and the CoC’s HDX submission was pulled from a basic reporting function. In addition, the organization and implementation of the count involved a cross-sector collaboration for a more accurate census of those experiencing homelessness who were sheltered on 1/22/17. Stakeholders, regional leaders, homeless service providers, and volunteers attended several planning meetings prior to 1/22/17. The purpose of these meetings was to convey the count’s methodology to all parties involved, to provide explicit instructions detailing objectives, and to obtain feedback on the surveys used during the sheltered and unsheltered count.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes
 CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

Multiple trainings preceded the 2017 count. Trainees received an overview of the count and its methodology, safety tips, and data quality topics to consider during the surveying based on previous years’ results. Region leads provided field training before and during the count to ensure that volunteers were prepared. Field staff were composed of workers from service agencies that regularly perform outreach to the unsheltered homeless. Survey teams were assigned to familiar regions to ensure that many of the high-density areas frequented by unsheltered homeless were surveyed. Service-based locations, such as food pantries, were covered extensively during the count to reach additional unsheltered homeless. Also, survey teams partnered with community policing teams in rural areas, who often had a strong relationship with persons experiencing homelessness in these areas. This facilitated delivering the survey to persons in areas that were hard to reach during previous counts.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

1) The CoC surveyed youth in all regions as part of the general PIT Count, but also conducted a youth-specific count in three sample regions, including

Downtown Honolulu (urban), East Honolulu (urban), and Waianae (rural). In these regions, the CoC ascertained the number of youth counted in our general count as compared to the youth-specific count. The CoC extrapolated out this percentage to other regions. 2) The CoC hosted several meetings with service providers and other stakeholders that serve homeless youth to design an effective methodology for reaching youth. This included youth providers conducting the count in sample regions and providing incentives to the youth for completing the survey. 3) The CoC consulted with a youth advisory board (YAB) comprised of current and formerly homeless youth who reviewed the survey tool and provided feedback on the proposed methodology. 4) The CoC consulted with providers and YAB members to select locations.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The CoC implemented a count during 2017 using a cross-sector collaboration. Partners included service providers and skilled outreach staff familiar with individuals and families experiencing chronic homelessness; Queen Liliuokalani Trust whose services target Native Hawaiian families and children; and the VA whose staff volunteered many hours to help census and connect all eligible veterans to VA services. Improved training and data cleaning allowed the CoC to map 98% of all surveys to exact locations. The CoC strengthened volunteerism with over 500 volunteers recruited, trained, and coordinated for the count, higher than in any previous year. The CoC expanded the geographic reach of the count with 142 Regions captured in the PIT Count, only 7 had been collected in the past. The CoC took steps to identify Native Hawaiian individuals and families during the count, and 1,561 Native Hawaiians were surveyed and identified during 2017 that were previously unidentified.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

1) Among those that entered ES, SH, TH, or PH during FY2016, 225 fewer people had become homeless for the first time relative to FY2015. Excluding those who entered only ES, SH, or TH, there was an increase from FY 2015 of 72 people who had become homeless for the first time. 2) Based on monthly HMIS data for those first-time homeless, the CoC Planning and Data Committees evaluated risk factors that prevented individuals and households from accessing support. 3) The State expanded funding for diversion/prevention projects such as emergency grants and increased shallow rental subsidies for at-risk households. This helped to increase the capacity of CoC programs in preventing families from becoming homeless for the first time. This funding also supported expanded legal resources for those being evicted. 4) PIC oversees the CoC strategies and outcomes, and has incorporated strategies for reducing the number of first time homeless in its CES policies and procedures.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

1) Average length of time homeless (LTH) for persons in ES and SH decreased by 64 days from the FY2015 LTH. Average LTH for persons in ES, SH, and TH decreased by 99 days. 2) All HPO contracts include LTH performance standards which are tied to funding allocations. Contracts also include provisions to expand supportive services to expedite housing readiness and

placement; PIC evaluates changes in LTH for CoC-funded programs and made it a significant part of the 2017 NOFA project scoring and evaluation process. HMIS admin team produces monthly monitoring reports for all HIC ES/TH project types and integrates the data into provider staff trainings. 3) CES BNL reporting includes information on longest homeless history and first date of service based on HMIS data. CES protocols utilize the VI-SPDAT and TAY-VI-SPDAT to identify highly vulnerable unsheltered persons to move them into permanent housing using a Housing First approach. 4) PIC oversees the CoC strategies and outcomes.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

1) The number of persons who exited to PH destinations from ES, SH, TH, and PH-RRH projects increased by 123 persons in FY2015. The number of persons in PH projects (excluding PH-RRH) who retained or exited to PH destinations increased by 35 persons. 2) PIC has expanded monitoring of CoC-funded projects in relation to financial expenditures and incorporated placement and retention thresholds in renewal project evaluation criteria. All HPO contracts include performance standards promoting supportive services in alignment with housing first principles. Funding allocations are tied to PH exit and retention rates. For those households that will require ongoing support after exiting a housing program, case managers provide participants with referrals to mainstream and community-based services for continued assistance and eligible supportive services for up to six months after financial assistance ends. 3) PIC oversees the CoC strategies and outcomes integrated into its CES protocols.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

1) In aggregate, 94 fewer people returned to homelessness within two years when compared to FY2015. This represents a 16 percent (16%) overall reduction. 2) Under the direction of CoC leadership, the HMIS admin team developed CoC and project-specific reports to help the CoC and providers monitor performance in the aggregate and by project. The CoC conducts quarterly monitoring and evaluation of all project recipients to examine the number of clients returning to homelessness. 3) The CoC project recipients are required to incorporate a level of supportive services beyond exit to or placement in PH. State resources have been expanded to assist in cases

where households may be at-risk of becoming homeless. The CoC continues to place more emphasis on follow-up services to better identify individuals or families who may be at-risk of receding back into homelessness. 4) PIC oversees the CoC strategies and outcomes integrated into the CES protocols.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

1a) Participants are screened for employment income and labor force participation at intake. Needs are identified in the Service Plan for referral to employment training and placement services. 1b) Participants are assessed at intake for eligibility for SSI, SSDI and any long-term veteran benefits. Participants are then assisted in applying for benefits. 1c) Screening is conducted for SNAP and health insurance coverage eligibility. Non-veterans are typically eligible for HI Medquest services and participants are assisted in the application process. Vets are linked to VA medical benefits as needed. 2) The CoC funded projects are assisted through collaboration with Hawaii Workforce Development Council with trainings. 3) CoC agencies provide access and/or referral to support services including job skills training, employment assistance, benefits application and case management to help program participants increase income growth. 4) PIC oversees the CoC strategies and outcomes.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

No geographic area was completely excluded.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, 06/03/2017

**which included the data quality section for FY
2016.
(mm/dd/yyyy)**

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	588	772	184

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	25
Total number of beds dedicated to individuals and families experiencing chronic homelessness	557
Total	582

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or 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 type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

1) The Family CES policies and procedures allow for prioritizing households with children. Family unit is a component of the VI-SPDAT and is a consideration in the vulnerability score used to prioritize families on the BNL. Case conferencing is held bi-weekly and families with children are moved as rapidly as possible upon becoming homeless. The City and State have increased RRH resources directed towards quickly locating and re-housing families. This infusion of resources has expanded the number of vouchers/subsidies that can be utilized to house families. Implementation of the family CES has helped to prioritize families based on the greatest need and has improved collaboration with outreach teams and housing navigators. The City and State have sponsored landlord summits to increase the supply of affordable rentals that can be used in conjunction with subsidies/vouchers. 2) PIC oversees the CoC’s strategies and outcomes; and PHOCUSED administers family CES.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	14	208	194

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

PIC’s policies ensure that CoC resources and CES options are available to all persons regardless of race, color, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The CoC Governance Charter requires adherence to a Code of Conduct

that prohibits any discrimination by its membership. Also, CoC projects must ensure that all subpopulations have fair and equal access to the CES process. State-contracted service providers are required to adhere to non-discrimination practices under contractual General Conditions. No person or entity performing work under the contract shall engage in any discrimination that is prohibited by any applicable federal, state, or county law. Noncompliance to this policy could result in termination of the contract. CoC agencies are required to participate in annual Civil Rights Annual Awareness Training presented by the State of Hawaii.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT 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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

1) The CoC has recently begun operating a new CoC funded RRH project for homeless youth. This IHS project brings 18 RRH beds for youth ages 18-24 and approximately \$317,000 in annual funding specifically for the youth subpopulation. The CoC has elected to reallocate funding for a new Youth RRH Collaboration project in the FY2017 CoC Program competition generating

an additional 40 youth beds and increase youth funding annually by \$546,000. PIC leadership and youth providers have begun the build out of the youth CES both operationally and in the HMIS. An additional \$300,000 has been included in the State budget for outreach specifically targeting homeless youth. A new privately funded program for youth is being initiated to expand housing, social, educational and vocational services for this population. 2) Strategies thus far have resulted in improved collaboration among the network of youth providers, who applied in 2016 for the YHDP and made improvements to data collection processes. 3) The CoC will be monitoring the reduction in the length of time between identification, referral, and utilization of the housing resources and services for youth experiencing homelessness. Additionally, returns to homelessness and gains in income will be tracked to identify gaps in services which are specific to this subpopulation. 4) The CoC believes these represent best practices for monitoring and improving an effective youth CES system

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

1) PIC service providers have continued to invite and work jointly with DOE and Homeless Liaisons Office representatives through CoC meetings. AUW’s 211 has recently increased efforts to obtain and disseminate information/referrals specifically for families with young children. Educational liaisons have worked closely with shelter and outreach providers to inform families of their rights under the McKinney Vento Act. An additional cohort of 20+ McKinney Vento workers have been included in this year’s State budget. 2) PIC will be entering into a formal agreement with the Department of Education to integrate the identification of homeless family units into the State’s HMIS by DOE McKinney Vento representatives. 3) Collaborating with the McKinney Vento representatives will further the identification of homeless families in need of services as well as gaps in the homeless services system for families with school-aged children.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

VA staff regularly conducts outreach in the community. During this work, if homeless individuals identify as vets, a DD214 is requested to verify vet status. If the vet meets eligibility criteria for discharge and length of time served, the vet will be referred to VASH, SSVF, or other community housing resources. The VA also facilitates Community Based Outpatient Clinics to verify vet status and begin the process of referring to appropriate VA/SSVF or community resources. USVETS has expanded vet emergency housing beds through its Pearl City HOPTTEL and Pearl City Seniors HOPTTEL projects. These projects are funded through the VA. Outreach workers find and place vets into these short-term shelters as they gather necessary housing documents and await placement into PH. The VA has begun entering assessment data directly into the HMIS. This has helped to populate the By-Name-List and enabled CES admin to more efficiently target and place vets into appropriate housing resources.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

1) All CoC funded projects work closely with clients to establish document readiness, and to connect them with other mainstream programs and benefits including Medquest, SNAP, SSI, and SSDI. Legal Aid Society of Hawaii assists with applications and appeals for entitlement benefits. Their staff offer onsite assistance at shelters, community health centers, and at resource events. The Div. of Voc. Rehab. assists with access to the federal Ticket to Work Program. Many CoC funded projects participate in the EN, and help clients find and maintain employment. These services include training, career counseling, vocational rehabilitation, job placement, and ongoing support services necessary to achieve a work goal. AUW's 211 conducts an assessment for bundled referrals, including mainstream benefits, based on eligibility criteria. 2) There is annual entitlements update delivered to CoC providers sponsored by

UH Richardson School of Law. 3) PIC oversees the CoC strategies and outcomes.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	15.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	15.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	15.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	14.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	93.33%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

1) The CoC's outreach covers 100% of the CoC's geographic area. In the Attachments Section of the application is the CoC's outreach map and list of contacts for each region. 2) Street outreach is conducted 365 days of the year by regional teams. All geographical areas are covered on Oahu. Our partners at IHS, KPHC, CHOW Project, USVETS, ALEA Bridge, Kealahou West Oahu and Waianae Comprehensive Health conduct regular outreach focusing on housing navigation which begins with establishing IDs and the collection of vital documents. AMHD funded outreach targets those experiencing homelessness who chronically mentally ill and too sick to seek help on their own. A psychiatrist accompanies outreach teams, and makes immediate referrals to Adult Protective Services for clients who are most vulnerable or experiencing abuse. The LEAD Project and the HELP Honolulu programs work with service providers to divert clients from the criminal justice system to services and better housing outcomes.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

1) The City sponsors and Annual Fair Housing conference that educates service providers and consumers about fair housing laws to help increase awareness and rights under the law when landlords are in violation. Legal Aid Society of Hawaii specializes in preventing and mitigating the impact of evictions. All provider agencies in the CoC provide training to clients regarding their rights and responsibilities as “tenants” whenever vouchers are assigned. 2) ESL clients are assisted by interpreters through the Language Access Program. Further housing educational materials are translated into many different languages. Partner agency, Helping Hands Hawaii, recently received a grant to provide translation services. Customized outreach to seniors, veterans, people suffering from mental illness, IV drug users, runaway youth, and victims of trafficking are performed by cross-sector teams specialized in serving the unique needs of each subpopulation.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	104	875	771

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. 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	Project Notificat...	09/25/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Screenshot of Web...	09/26/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	RFP for Project P...	09/24/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	09/24/2017
05. CoCs Process for Reallocating	Yes	Written Documenta...	09/26/2017
06. CoC's Governance Charter	Yes	CoC's Governance ...	09/24/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/24/2017
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	CoC PHA Admin Pla...	09/24/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC-HMIS MOU	09/24/2017
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2017 HDX Competit...	09/24/2017
14. Other	No	Street Outreach M...	09/25/2017
15. Other	No	Copies of Project...	09/27/2017

Attachment Details

Document Description: Project Notification to Rejected Participants

Attachment Details

Document Description: Screenshot of Website Posting

Attachment Details

Document Description: RFP for Project Proposals

Attachment Details

Document Description: Rating and Review Website Posting Screenshot

Attachment Details

Document Description: Written Documentation of Public Notification -
Ranking and Selection

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: CoC PHA Admin Planning Docs

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2017 HDX Competition Report

Attachment Details

Document Description: Street Outreach Map and Contacts

Attachment Details

Document Description: Copies of Project Notification - Accepted and Ranked

Submission Summary

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

Page	Last Updated
1A. Identification	09/23/2017
1B. Engagement	09/26/2017
1C. Coordination	09/27/2017
1D. Discharge Planning	09/24/2017
1E. Project Review	09/27/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/27/2017
2B. PIT Count	09/27/2017
2C. Sheltered Data - Methods	09/26/2017
3A. System Performance	09/27/2017
3B. Performance and Strategic Planning	09/26/2017

4A. Mainstream Benefits and Additional Policies	09/26/2017
4B. Attachments	09/27/2017
Submission Summary	No Input Required

REQUEST FOR PROPOSALS (RFP)
FY 2017 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 2017 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 2017 7 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 2017 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, other 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 2017 7 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 2017 CoC Program Competition is estimated at **\$9,099,981**.

CoCs and applicants should read the [NOFA](#) in its entirety in conjunction with the CoC Program interim rule (24 CFR part 578) in order to ensure a comprehensive understanding of and compliance with all CoC Program requirements. The NOFA frequently makes reference to citations from 24 CFR part 578. Applicants should review the FY 2017 General Section NOFA published on September 16, 2016 as well as any additional Notices and HUD guidance provided in relation to the CoC Program.

- CoCs should consider the policy priorities established in the NOFA in conjunction with local

priorities to determine the ranking of new and renewal project application requests. See Section II. of this NOFA for more information on HUD's homeless policy and program priorities.

- HUD will conduct a threshold review of ranked projects for all CoCs that submit the CoC Consolidated Application by the application deadline.
- HUD may issue up to two conditional funding announcements with the criteria set forth in Section VII. of this NOFA.
- HUD will score the FY 2017 CoC Application portion of the CoC Consolidated Applications in accordance with the criteria set forth in Section VII of this NOFA.
- HUD will select new and renewal project applications in Tier 1 in accordance with the criteria set forth in Section II.B.16. of this NOFA.
- The project application score(s), which will incorporate the CoC Application score, will determine which projects in Tier 2 will be conditionally selected for award as set forth in Section II.B.17. of this NOFA.

Policy Priorities. These priorities provide additional context regarding selection criteria found in Section VII.A of the NOFA:

- Ending homelessness for all persons. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that take into account the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, or those experiencing chronic homelessness). CoCs should have a comprehensive outreach strategy in place to identify and continuously engage all unsheltered individuals and families. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs. Finally, CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.
- Creating a systemic response to homelessness. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should be using their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.
- Strategically allocating and using resources. Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness. CoCs should review project quality, performance, and cost effectiveness. HUD also encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness. Finally, CoCs should review all projects eligible for renewal in FY 2017 to determine their effectiveness in serving people experiencing homelessness as well as their cost effectiveness.
- Use a Housing First approach. Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners, remove barriers to entry, and adopt client-centered service methods.

New Projects. CoCs may create new projects by making funds available through reallocation or by using amounts available through the permanent housing bonus. The following types of projects may be created using funds that the CoC has made available through reallocation:

- CoCs may create new permanent supportive housing projects that meet the requirements of DedicatedPLUS as defined in Section III.A.3.d. of this NOFA or new permanent supportive housing projects where 100 percent of the beds are dedicated to chronic homelessness.
- CoCs may create new rapid rehousing projects that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria: (a) residing in a place not meant for human habitation; (b) residing in an emergency shelter; (c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations; (d) residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; (e) residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or (f) receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- CoCs may create new Joint TH and PH-RRH component projects as defined in Section III.A.3.h. of this NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence.
- CoCs may create a new dedicated Homeless Management Information System (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 create a new supportive services only project to develop or operate a new centralized or coordinated assessment system.

Reallocation. CoCs may only reallocate eligible renewal projects that have previously been renewed under the CoC Program or projects funded under the Supportive Housing Program (SHP) or Shelter Plus Care (S+C) Program that are eligible for first-time renewal in the FY 2017 CoC Program Competition. PIC will be reallocating **\$300,000** to support a new project for supportive services only to operate our CoC's coordinated entry system.

Permanent Housing Bonus. CoCs may create new projects through the permanent housing bonus up to 6 percent of the CoC's Final Pro Rata Need (FPRN) (**\$545,999**) for the following types of new projects:

- CoCs may create new permanent supportive housing projects that meet the requirements of DedicatedPLUS as defined in Section III.A.3.d. of this NOFA or new permanent supportive housing projects where 100 percent of the beds are dedicated to chronic homelessness.
- CoCs may create new rapid rehousing projects that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria: (a) residing in a place not meant for human habitation; (b) residing in an emergency shelter; (c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations; (d) residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; (e) residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or (f) receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- CoCs may create new Joint TH and PH-RRH component projects as defined in Section III.A.3.h. of this NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence.

Because new Joint TH and PH-RRH projects and permanent housing projects (permanent supportive housing and rapid rehousing) may be created through either reallocation or the permanent housing bonus, HUD may reclassify these projects that a project applicant or a CoC has classified as reallocation or permanent housing bonus if the project would be ineligible for funding because the CoC exceeded either its reallocation or permanent housing bonus amount. New Joint TH and PH-RRH component projects and permanent housing projects will be evaluated using the same criteria regardless of whether the CoC has identified them as bonus or reallocation projects.

New Expansion Project. New in the FY 2017 CoC Program Competition, HUD will allow project applicants to apply for a new expansion project under the reallocation process or permanent housing bonus in order to expand existing eligible renewal projects that will increase the number of units in the project, or allow the recipient to serve additional persons. Project applicants that intend to submit a new reallocation or permanent housing bonus project for the purposes of expanding an eligible renewal project must:

- provide the eligible renewal grant number that the project applicant requests to expand on the new project application;
- indicate how the new project application will expand units, beds, services, persons served, or in the case of HMIS projects, how the current HMIS grant activities will be expanded for the CoC's geographic area; and
- ensure the funding request for the new expansion project is within the funding parameters allowed under the reallocation process or permanent housing bonus.

The new expansion project application will be reviewed using the procedures and selection criteria established in Section V.G.2.c. of this NOFA. If the new expansion project exceeds the amount of funding available under the reallocation process or permanent housing bonus amount, HUD will reduce the funding request to the available amount, which could affect the activities of the new expansion project. If both the new expansion project and the renewal it expands are conditionally selected for funding, one grant agreement incorporating both project applications will be executed. If the renewal project application is not conditionally selected for funding, the expansion project application will not be selected.

II. BACKGROUND

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 facilitate and support the required HUD process in collaboration with PIC to ensure the maximum amount of HUD CoC Program funds are received by 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

During the 2017 CoC Competition, PIC will accept the following type of project proposals for inclusion in the 2017 CoC Consolidated Application to HUD. Please see project type descriptions in the Summary section herein or by reviewing the 2017 NOFA.

- Renewal Project Proposals for PH (both PSH and RRH) and TH for victims of domestic violence.
- Renewal Projects Proposals for HMIS.
- Renewal New Project Proposals for PH (both PSH and RRH) which include all new projects awarded during the 2016 CoC Competition that are not yet under grant agreement with HUD or have not yet operated for an entire grant period.
- New SSO-CES Project Proposals through reallocation with a maximum project budget of \$300,000, excluding 25% match requirement.
- New PH Bonus Project Proposals for all project types listed in the Summary section and 2017 NOFA with a maximum project budget of \$545,999, excluding 25% match requirement.

IV. PROJECT EVALUATION

All applicants will be reviewed to determine if the proposed project meets minimum requirements for participation in the CoC Program pursuant to Section V of the 2017 NOFA. Applications that do not meet minimum requirements will be returned to the proposing agency.

[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 July 14, 2017 under Funding Opportunity Number FR-6100-N-25.](#) The deadline for submitting applications to HUD for the FY 2017 CoC Program Competition is September 28, 2017 at 7:59:59 pm eastern time at www.hud.gov/esnaps.

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.

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 94% of the CoC's FY 2017 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.16 of the 2017 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 2017 NOFA.

All project applicants will be reviewed and ranked using the [HUD Project Rating and Ranking Tool](#). Project applicants are strongly encouraged to review this tool to understand how project proposals will be reviewed and ranked by the Evaluation Committee. PIC may slightly revise rating factors and point values to align with our current [HMIS Policies and Procedures](#) for data quality and timeliness. Please note that Renewal New Project Proposals (new projects awarded during the 2016 CoC Competition that are not yet under grant agreement with HUD or have not yet operated for an entire grant period) will be reviewed using the HUD New Projects Rating Tool, not the Renewal/Expansion Rating Tool.

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 Board of Directors and received by 4:00 p.m. on Monday, September 11, 2017 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 Board of Directors who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

V. 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 2017 HUD Continuum of Care (CoC) Program Competition HI-501 Honolulu City and County, Homeless Assistance Programs.

VI. PROJECT PROPOPOSAL SUBMISSION REQUIREMENTS:

“SUBMIT” Project Application with ALL supporting documents required by HUD into e-snaps at www.hud.gov/e-snaps by the required deadline of Monday, August 14, 2017 at 4:00 p.m. HT. [E-snap resources and instructional guides related to the FY 2017 CoC Program Competition](#). Project Applicants must carefully review Section VI.C.2 of the 2017 NOFA which details the application procedure and all required forms and attachments.

In addition, project applicants must submit six (6) hard copies of project proposals containing only documents and attachments listed below by project type. These hard copy packets will be used by the Evaluation Committee in reviewing and ranking all project applications. The Evaluation Committee may also review forms and attachments in e-snaps. Again, all documents must be uploaded and attached to the Project Application in e-snaps including all HUD required attachments and those required by the CoC for project review and ranking (i.e. narrative).

Renewal Projects – PSH, RRH, AND TH

- Completed e-snap Project Application (please use e-snap’s project export into PDF format).
- Project APR submitted to HUD for the most recent completed grant period.
- APR Report from HMIS Caseworthy for the period between October 1, 2015 to September 30, 2016.
- Agency financials for the most recent annual reporting period including balance sheet and income statement.
- Project Narrative: maximum four (4) pages; 12 pt. font; double-spaced; one-inch margins; addressing the following:
 - Project aligned with Policy Priorities outlined in Section II.A of the 2017 NOFA;
 - Project participation in design and implementation of the CoC Coordinated Entry System;
 - Project impact on CoC system performance; and
 - Timely draw down of grant monies and APR submission to HUD during most recent grant period.
- HUD and/or City monitoring letter(s) received during the last three years.

Renewal Project – HMIS

- Completed e-snap Project Application (please use e-snap’s project export into PDF format).
- HUD and/or City monitoring letter(s) received during the last three years.

Renewal New Projects

- Completed e-snap Project Application (please use e-snap’s project export into PDF format).
- Agency financials for the most recent annual reporting period including balance sheet and income statement.
- Project Narrative: maximum four (4) pages; 12 pt. font; double-spaced; one-inch margins; addressing the following:
 - Project aligned with Policy Priorities outlined in Section II.A of the 2017 NOFA;
 - Project continues to meet the needs of the CoC;
 - Project participation in design and implementation of the CoC Coordinated Entry System; and
 - Project cost effectiveness.

New SSO-CES Projects

- Completed e-snap Project Application (please use e-snap’s project export into PDF format).
- Agency financials for the most recent annual reporting period including balance sheet and income statement.
- Project Narrative: maximum ten (10) pages; 12 pt. font; double-spaced; one-inch margins; addressing the following:
 - Experience in effectively utilizing federal funds;
 - Demonstrated understanding of [CPD 17- 01 - Notice Establishing Additional Requirements for a Continuum of Care](#);
 - Experience of applicant and sub-recipients in administering the CoC’s CES for all sub-populations;
 - Participation in planning, design and implementation of the CoC’s CES during the last two calendar years;
 - Effective project staffing and operations plan for strengthening portals of entry, conducting case conferencing, and matching/referral process in accordance with CoC policies and procedures, and prioritization;
 - Project aligned with current CES Policies and Procedures published for both Singles and Families at www.partnersincareoahu.org;
 - Project aligned with Policy Priorities outlined in Section II.A of the 2017 NOFA;
 - Timeline for rapid implementation of the project; and
 - Project cost effectiveness.

Permanent Housing Bonus Projects

- Completed e-snap Project Application (please use e-snap’s project export into PDF format).
- Agency financials for the most recent annual reporting period including balance sheet and income statement.
- Project Narrative: maximum ten (10) pages; 12 pt. font; double-spaced; one-inch margins; addressing the following:
 - Experience in effectively utilizing federal funds;
 - Project meets unmet need in the CoC for housing services;
 - Experience of applicant and sub-recipients in working with target population and providing housing services;
 - Describe experience in utilizing Housing First approach;
 - Project aligned with Policy Priorities outlined in Section II.A of the 2017 NOFA;
 - Project participation in design and implementation of the CoC Coordinated Entry System;

- How the design of housing and supportive services will effectively meet the needs of the community;
- Timeline for rapid implementation of the project; and
- Project cost effectiveness.

Proposals may be mailed or hand delivered but must be received no later than Monday, August 14, 2017 at 4:00 p.m. Mail or deliver proposal submissions to:

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

VII. POINT OF CONTACT:

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

VIII. RFP SCHEDULE:

August 1, 2017	RFP released and posted on PIC website
August 4, 2017 (1-3) August 7, 2017 (11-1)	RFP Information and Q&A Sessions, AUW 5 th Floor Conference Room
August 14, 2017	DEADLINE TO SUBMIT PROJECT APPLICATION BY 4:00 PM HST
August 16 to August 24	Project Evaluation and Ranking
Week of August 29	Planning Committee and Board of Directors Approval of Project Ranking
September 5, 2017	Written Notifications to Project Applicants
Week of Sept. 18, 2017	Draft CoC Consolidated Application and Project Ranking Posted on Website for Public Review and Comment Period
September 23, 2017	PIC Final Review and Revision of CoC Application
September 25, 2017	Final Consolidated application and priority listing posted on PIC website
September 26 , 2017	AUW Submits HUD Application in e-snaps

PIC GOVERNANCE CHARTER
JUNE 20, 2017

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 and families. 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) Ensure that homeless persons are treated with dignity and care;
- b) Progress to "functional zero" for all sub-populations through recasting the culture of PIC around results. Results are measured by:
 - a. Declines in the number of homeless individuals and families
 - b. Declines in the number of days that it takes to get people experiencing homelessness into permanent housing
 - c. Declines in the number of people that return to homelessness after being housed.
 - d. Increases in income of people in all homeless programs
- c) Ensure that all providers of services throughout the continuum follow housing first principles as defined by HUD:
 - a. Few to no programmatic prerequisites and low barrier admission policies
 - b. Rapid and streamlined entry into housing
 - c. Supportive services are voluntary but should be used to ensure housing stability
 - d. Tenants have full rights, responsibilities and legal protections
 - e. Implement practices to prevent lease violations and evictions
- d) Build and maintain a community-based process that supports Oahu's CoC for homeless persons;
- e) Develop a full continuum of services;

- f) Engage in planning and evaluation to maximize the use of existing resources;
- g) Advocate for policies that promote a comprehensive, long-term approach to solving homelessness;
- h) 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 8).
- b) Make an annual public invitation for new members within the geographic area (see Section 8).
- c) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care (see Section 9). 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 10).
- e) Develop, follow, and update the governance charter (see Section 14) 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 13) 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 9).
- 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 10). Consult with the City and County 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 9).
- i) Establish and consistently follow written standards for providing CoC assistance (see Section 9) in consultation with the sub-recipient(s) of ESG program funds within Oahu. Consult annually with the City and County of Honolulu in determining how to allocate its ESG grant for eligible activities.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

- a) PIC must designate and operate an HMIS (see Section 12).

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 10).
 - c) Conduct an annual gaps analysis of the homeless needs and services available within Oahu (see Section 10).
 - d) Provide information required to complete the Consolidated Plan(s) (see Section 11).
 - 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 the ESG program recipient and sub-recipient(s) (see Section 11).

PREPARING AN APPLICATION FOR FUNDS

- a) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under § 578.19 of this subpart;
- b) Establish priorities for funding projects in the geographic area;
- c) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;
- d) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the continuum is an eligible applicant, it may designate itself;
- e) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the continuum has selected for funding and apply for Continuum of Care planning activities

The Continuum retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

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*). A *PIC Membership Packet* is available on the PIC website at: www.partnersincareoahu.org
 - Either paid annual dues or requested and received a fee waiver (see section below on Membership Fee Waivers).
- 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 FEE

PIC reserves the right to establish nominal annual membership fee. The Board of Directors 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 Board of Directors 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 participate 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) Ensure that a person with the authority to represent and make decisions and commitments on behalf of their agency attends general membership meetings.
- c) 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 Board of Directors.
 - ii. Before shifting any funding, the PIC Board of Directors will collaborate with the agency to develop an action plan.
 - iii. If the agency is unable to meet the agreed upon goals, the PIC Board of Directors will determine when, where, and how much funding will be shifted so that the CoC can serve more homeless and retain the funding.
- d) 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.
- e) Comply with the Coordinated Entry System adopted by the CoC.
- f) Comply with CoC written standards for the CoC.

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: DIRECTOR'S OFFICE

The Director's Office consists of the Director and any other human resources which may include employees, contractors, volunteers, and interns. The primary purpose of the office is to, in consultation with the Board of Directors, provide for the administrative and programmatic operations of Partners In Care to further the strategic and community strategies and objectives in accordance with HUD policies and this governance charter.

Essential duties of the Director include:

- a) Develop and manage stakeholder relationships;
- b) Oversee operating and fiscal policies and procedures;
- c) Manage other staffing resources;
- d) Ensure compliance with applicable laws, rules, and regulations;

- e) Design and carry out the collaborative process for the CoC consolidated application to HUD;
- f) Actively participate in organizing and implementing the annual Point In Time count;
- g) Assist with monitoring funding recipients and sub-recipients; and
- h) Recommend strategic priorities and best practices.

See also: Director Job Description

SECTION 7: 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.

DUTIES OF OFFICERS

Executive Chair

- a) Schedules and facilitates meetings of the Board of Directors.
- b) Serves as a community representative and media contact.
- c) Following approval by the Board of Directors, 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) Serves as the point of contact for formal grievances and matters relating to ethics.

Secretary

- a) Records and maintains PIC general membership files including PIC membership packets and agreements, general PIC meeting Board meeting attendance lists, and general PIC membership and Board meeting minutes.
- b) Disseminates information, coordinates Board of Directors and General membership meeting agendas, dates and locations, posts announcements, and maintains and updates the PIC roster and list serve.
- c) Provides current information as to which members are voting members and reads voting member list to gather attendance at general PIC meetings.
- 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 Board of Directors 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 Board of Directors.
- d) Provides a written financial report to the Board of Directors on a quarterly basis.
- e) Receives checks for deposit (and/or cash), from the PIC Director, processes for deposit and reconciles against monthly bank statement in a timely manner.
- f) Prepares / submits annual DCCA Non-profit filing on behalf of PIC.
- g) Oversees the above responsibilities when delegated to the PIC Collaborative Applicant or other individual or entity.

SECTION 8: MEETINGS

GENERAL MEETINGS

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

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 Board of Directors. The annual meeting will serve as a forum for electing members of the Board of Directors.

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.

BOARD OF DIRECTORS MEETINGS

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.

SPECIAL MEETINGS OF THE BOARD OF DIRECTORS

Special meetings of the Board of Directors may be called by the PIC Chair or any two members of the Board of Directors.

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.

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 13).

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, 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.

SECTION 9: BOARD OF DIRECTORS

MEMBERSHIP

The Board of Directors (“Board”) shall consist of the positions indicated below, with no more than one representative from the same organization. On a case-by-case basis, subject to approval of the Board of Directors, the at-large and homeless/formerly homeless positions may be exempt from the maximum number of representatives from the same organization.

The most recent past PIC chair may serve in an ex-officio capacity and another person from that organization may serve on the Board in a voting position.

The Board of Directors is comprised of the following positions:

1. Chair
2. Vice Chair
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. Chair of the Organizational Development Committee
10. Chair of the Communications Committee
11. Homeless or Formerly Homeless person
12. At-Large member representing homeless subpopulations not already represented by other Board members

SELECTION OF MEMBERS OF THE BOARD OF DIRECTORS

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. 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 members of the Board.

TERMS

Each member of the Board of Directors is elected for a term of two years beginning January 1 and may not serve more than two consecutive terms in any position.

An exception to the two-year term is necessary for persons elected for Board of Directors positions beginning July 1, 2017. Those individuals elected will serve an 18-month term ending December 2018, and will be eligible to serve a second consecutive term of 2 years.

REMOVAL OF MEMBERS OF THE BOARD OF DIRECTORS

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

RESPONSIBILITIES OF THE BOARD OF DIRECTORS

The Board 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. These include but are not limited to:
 - a. Coordinated Entry System
 - b. Emergency Solutions Grants (ESG)
 - c. Consolidated Plan
 - d. Project performance monitoring
- h) In consultation with sub-recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
 - a) Policies and procedures for evaluating individuals' and families' eligibility for assistance;
 - b) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - c) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
 - d) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
 - e) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

CONFLICT OF INTEREST

No member of the Board of Directors 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. Board members shall also be governed by the *PIC Conflict of Interest Policy*.

Board 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 10: 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 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 Collaborative Applicant and the PIC Director on the annual CoC Program funding application and regularly updates Hawai'i's Plan to End Homelessness. The Planning Committee makes recommendations to the Board of Directors, who then presents 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 Board of Directors 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 evaluates outcomes of projects funded under the ESG and CoC programs and provides the findings to the Board of Directors for HUD reporting purposes.
- e) 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.
- f) The Planning Committee trains the Ad-Hoc Evaluation Committee members with regard to PIC's process and criteria for making funding decisions.
- g) The Planning Committee recommends to the Board of Directors the criteria by which participants in various sub-populations are to be referred into the Coordinated Entry System (CES).
- h) 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.

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.

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 Board of Directors 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

COMMUNICATIONS COMMITTEE

The Communications Committee:

- a) Develops and implements PIC's Communications Plan
- b) Develops specific strategies for community partnerships and outreach, media and online communication channels to reach target segments most effectively
- c) develops compelling messaging for elected officials and policy makers in the form of dashboards and reports specific to districts, aggregate reports, and posts all position statements on the PIC website
- d) develops relationships with elected officials and staff by conducting in person meetings and providing data specific to legislative/council districts
- e) designs and develops marketing collateral (print, web, and social media)
- f) supports event planning for the annual Homeless Awareness Conference
- g) implements Coordinated Entry System communications plan targeting public support of portals of entry to CES
- h) implements a communications calendar to include earned media (press releases/conferences), website promotion and social media that aligns with strategic goals and initiatives of committees and membership
- i) implements the communications strategy for release of annual PIT count report
- j) implements the speaker's bureau to deliver Homeless 101 curriculum in collaboration with Advocacy Committee. The speaker's bureau aims to reduce the stigma of homelessness, increase the community's understanding of homelessness, and encourage compassion towards homeless persons.

The committee Chair is responsible for disseminating a quarterly e-newsletter to membership to communicate meetings and events; updates, decisions, and actions; and HMIS data quality and reporting.

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 who do not receive HUD funding and non-voting members who are knowledgeable about grants. The Board of Directors 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 11: 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

These responsibilities are further outlined in the *MOU between PIC and the Collaborative Applicant*.

- a) Submits the Consolidated Application to HUD on behalf of PIC, by the required due date published in the NOFA, in collaboration with the Director's Office;
- b) Applies for CoC planning funds on behalf of PIC in collaboration with the Board of Directors;
- c) administers planning funds; and
- d) Reimbursable through planning funds and other available resources, provides payroll services, benefits package, office space, supplies and equipment to the PIC Director; and
- e) Participates in the development of the governance charter.

REPORTING

The Collaborative Applicant must submit quarterly reports to the Board of Directors 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 Board of Directors quarterly (or more often if requested) on funding spent and remaining in the grant.

SECTION 12: 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 13: PIC CODE OF CONDUCT AND CONFLICT OF INTEREST

All participants, employees, PIC members, Committee members, and Officers must agree to abide by the PIC Code of Conduct and Conflict of Interest policy. It is the responsibility of all PIC members, not just the committee chair or facilitator, to ensure a safe and inclusive environment for all.

CODE OF CONDUCT

All participants, PIC members, Committee members and Officers are expected to treat each other in a professional business manner and with respect and dignity. All participants, PIC members, Committee members and Officers are entitled to participate in PIC meetings, activities and discussions in an environment that is free of harassment, bullying and discrimination. The following behavior will not be tolerated in any form, including but not limited to: unwelcomed remarks, gestures or physical contact; the display, distribution or circulation of derogatory, discriminatory or sexually explicit materials; offensive, derogatory, or discriminatory comments or jokes; verbal abuse; physical abuse; or threats of harm.

VIOLATIONS OF THE CODE OF CONDUCT POLICY

If any participants, employees, PIC members, Committee members or Officers have reasonable cause to believe a participant or member has violated the Code of Conduct, they shall inform the Vice Chair in writing, who shall inform the participant or member of the complaint, and afford the participant or member an opportunity to respond to the complaint. After hearing the participant's or member's response, the Vice Chair shall inform the Board of Directors of the complaint and response, and the Board of Directors shall determine if the participant or member violated the Code of Conduct, and shall take appropriate corrective action.

DETERMINING WHETHER A VIOLATION OF THE CODE OF CONDUCT OCCURRED

After hearing a disclosure of the complaint, response and review of all material facts, the Board of Directors will determine if a violation of the Code of Conduct occurred.

ADDRESSING A VIOLATION OF THE CODE OF CONDUCT

After exercising due diligence in determining whether a violation of the Code of Conduct occurred, the Board of Directors will report its findings to the appropriate persons, committee or to PIC General Membership. If a violation has been determined to have occurred, the Board of Directors shall determine the appropriate corrective action including but not limited to termination of PIC membership or reporting to the participant's agency.

CONFLICT OF INTEREST

A conflict of interest occurs when a participant, employee, 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 participant, employee, 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 participant, employee, 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 participants, employees, 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 Vice Chair. Any conflict of interest that is disclosed shall be recorded in the meeting minutes.

All participants, employees, PIC members, PIC Committee members, and PIC Executive Team members shall also verbally disclose potential conflicts of interest prior to participating in discussions that may result in decisions that may confer financial benefit on themselves, family members, spouse or partner, or organization in which the participant, employee, PIC member, PIC Committee member, and/or PIC Executive Team member, family members, spouse or partner serves in any official capacity.

RECUSAL

All participants, employees, 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. Individuals with a conflict of interest must disclose their conflict of interest prior to any discussion but may participate by stating their position on a particular issue; however, they must remove themselves from the room during further discussion and voting on the issue. The recusal will be noted in the minutes. This applies to all discussions in relation to all CoC funding allocations and prioritization.

VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

If any person has reasonable cause to believe an individual has failed to disclose actual or possible conflicts of interest, they shall inform the Vice Chair in writing, who shall inform the individual with potential conflict of the basis for such belief, and afford the individual an opportunity to explain the alleged failure to disclose. After hearing the individual's response, the Vice Chair shall inform the Board of Directors of the complaint and response, and the Board of Directors shall determine if the individual failed to disclose an actual or possible conflict, and shall take appropriate corrective action such as, but not limited to, terminating the member's PIC or PIC Committee membership.

DETERMINING WHETHER CONFLICT EXISTS

After hearing a disclosure of potential conflict of interest and reviewing all material facts, the Board of Directors will determine if a conflict exists without the participation of the individual with the potential conflict of interest.

ADDRESSING CONFLICT OF INTEREST

After exercising due diligence in determining whether a conflict exists, the Board of Directors will report its findings to the appropriate persons, committee or to PIC General Membership. If a conflict has been determined to exist, the individual involved will not participate in any decision-making. The Board of Directors 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 of Partners In Care, PIC Committee member, Executive Team member, or employee, one 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 participants, employees, PIC members, PIC Committee members or Executive Team members will not be tolerated and may result in termination from PIC or PIC Committee. A PIC member, PIC Committee member, employee, 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 to the Vice Chair. 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 14: 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 Board of Directors 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
June 20, 2017	Approved by the Board of Directors 6/1/17; approved by general membership 6/20/17

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 2017

Table of Contents

HMIS Background and Structure

Section A: Background	4
Section B: HUD Data and Technical Standards	4
Section C: Annual Homeless Assessment Report (AHAR).....	4
Section D: HUD Systems Performance Measures	5
Section E: HMIS Organization and Management.....	6
Section F: Domestic Violence Agencies.....	11

HMIS Data Quality Plan

I. Overview and Purpose	12
HMIS Data & Technical Standards.....	12
II. Improving HMIS data quality	13
Area I: Fidelity to Data Entry Collection Procedures and Protocols.....	13
Area II: Increasing Data Entry Timeliness.....	14
Area III: Reducing HMIS Record Duplication	15
Preventing Client Duplication at Program Entry	15
Merging of Client Records.....	16
Elimination of Duplicate Intakes	17
Area IV: Improving and Measuring Data Completeness	17
Area V: Data Accuracy and Consistency	18
III. Updating Data during the Program Stay	19
Producing Reports with the APR Generation Tool.....	19
IV. Data Monitoring	19
Responsibilities and Compliance	19
Data Quality Monitoring Instruments	20
V. Relating HMIS Data Quality to the SPM, AHAR and HIC	21
VI. Present Challenges and Future Directions	23

HMIS Privacy & Security Plan

I. Introduction and Background.....	24
II. Key Terms and Definitions	24
III. HMIS Privacy Standards.....	25
A. HMIS Privacy Policy Notice	25
B. HMIS Client Consent Form (Release of Information).....	25
C. Implied Consent & Data Collection with Regard to Outreach Programs.....	26
D. Outreach Data Entry.....	26
E. Presumed Client Competence.....	26
F. Denial of Services.....	27
G. Workstation Privacy.....	27
H. Password Privacy Requirements.....	28
I. HMIS Data Sharing	28
J. Client Access to Their Records	28
K. Client Grievance Process	29
L. Research Agreements	29

- IV. HMIS Security Standards..... 30
 - A. Levels of User Access and Security..... 30
 - B. Security Incident Procedures..... 31
 - C. Audit and Access Controls..... 31
 - D. Personnel Authentication & Password Protocols..... 32
 - E. Public Access Protocols 32
 - F. Malware and Virus Protection with Auto Update..... 32
 - G. Disaster Protection and Recovery 33
 - H. Hardware/Software Management & Physical Safeguards 33
 - I. Wireless Transmission Security 33
- Appendix 1: Hawaii HMIS User Agreement Form 35
- Appendix 2: HMIS Client Consent Form 36
- Appendix 3: Public Privacy Notice (Posted Sign) 37
- Appendix 4: Privacy & Security Certification Checklist for HMIS Participating Organizations..... 39
- Appendix 5: Data Request Form..... 41

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/>

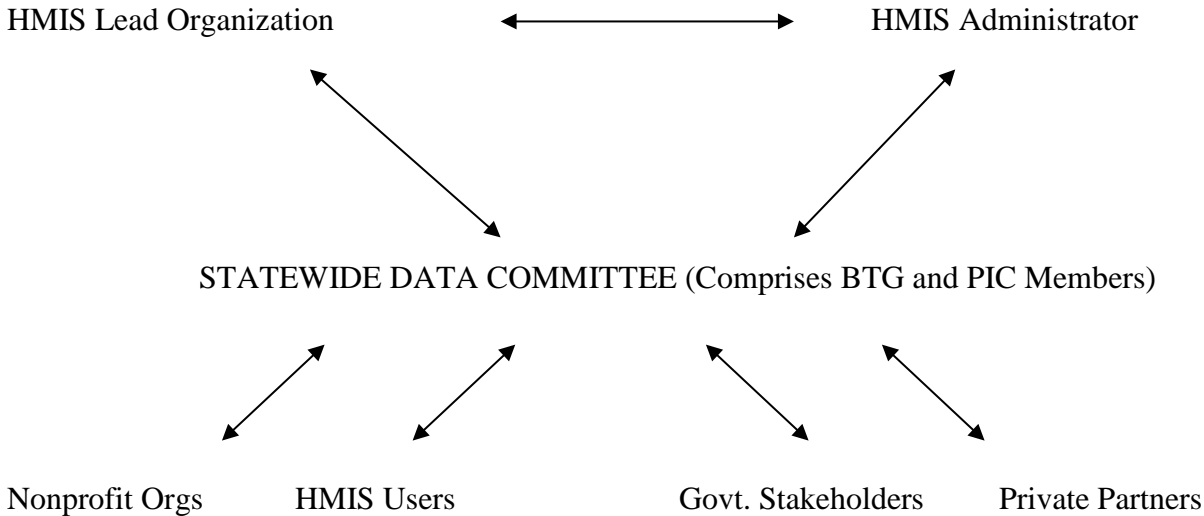
HMIS System Development and Planning

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
- Making recommendations on agency access to HMIS for both PIC and BTG to the HMIS Lead for inclusion in HMIS for user level access below HMIS System Administrator.
- 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.

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	Data Entry Benchmark
1. Emergency Shelter Programs	72 hours from program entry or exit
2. Transitional Housing and Safe Haven Programs	72 hours from program entry or exit
3. Permanent Housing Programs	72 hours from program entry or exit
4. Homeless Street Outreach Programs *	72 hours from program entry, exit, or encounter
5. Homeless Prevention and Rapid Re-Housing Programs	72 hours from program entry, exit, or service data
6. Support Service Only Programs (excluding Outreach):	72 hours from program entry or exit

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

Hawaii State HMIS Policy and Procedures Manual – Rev Sep 2017

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,	Outreach	HPRP, RRH
	% Unk/Ref.	% Unk/Ref.	% Unk/Ref.
Name	0%	1%	0%
SSN	1%	10%	3%
DOB	1%	4%	1%
Race	1%	2%	1%
Ethnicity	1%	10%	4%
Gender	0%	2%	0%
Veteran Status	1%	10%	3%
Disabling Condition	10%	25%	6%
Project Start Date			
Project Exit Date			
Destination	5%	10%	2%
Relationship to Head of Household	10%	25%	5%
Client Location	1%	10%	2%
Housing Move-in Date			
Living Situation			
Income and Sources	2%	15%	1%
Non-Cash Benefits	2%	25%	15%
Health Insurance			
Physical Disability	5%	15%	N/A
Developmental Disability	5%	15%	N/A
Chronic Health Cond.	5%	20%	N/A
HIV/AIDS	5%	15%	N/A
Mental Health Problem	5%	15%	N/A
Substance Abuse	5%	15%	N/A

Domestic Violence	5%	15%	N/A
Contact			
Date of Engagement			
Bed-night Date			
Housing Assessment Disposition			

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 Systems Performance Measures, AHAR, and HIC

Background on System Performance Measures

The McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act) in 2009. The act codified into law the Continuum of Care (CoC) planning process, a longstanding part of HUD’s CoC application process to assist persons experiencing homelessness by providing greater coordination in responding to their needs.

A critical aspect of the amended Act is a focus 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. To facilitate this perspective, the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or types. Therefore, the purpose of the System Performance Measures 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.

System Performance-Based Selection Criteria

The following selection criteria are outlined in Section 427 of the Act to measure the performance of applicants’ homeless assistance systems:

- **The length of time individuals and families remain homeless.** Meeting this criterion will be based on demonstrating a reduction of the average and median length of time persons enrolled in emergency shelter, transitional housing, or safe haven projects experience homelessness.
- **The extent to which individuals and families who leave homelessness experience additional spells of homelessness.** Meeting this criterion will be based on demonstrating a reduction in the percent of persons who have left homelessness (i.e., exited continuum projects into permanent housing destinations) who return to homelessness (i.e., return to continuum projects for which homelessness is an eligibility criterion).
- **The thoroughness of grantees in reaching homeless individuals and families.** Meeting this criterion will be based on narrative question(s) about the community’s coordinated entry system, the geographic coverage of continuum projects, and the community’s street outreach efforts. This introductory guide does not include any quantitative measures for this criterion, but HUD may establish measures in the future.
- **Overall reduction in the number of homeless individuals and families.** Meeting this criterion will be based on demonstrating a reduction in the number of homeless individuals and families identified in the Point-in-Time (PIT) sheltered and unsheltered counts and annual sheltered data within the CoC over time.
- **Jobs and income growth for homeless individuals and families.** Meeting this criterion will be based on demonstrating that the percent of homeless adults being served in CoC Program projects increase their earned (i.e., employment) income and/or other income between their enrollment in the system and their exit (or follow-up assessment).
- **Success at reducing the number of individuals and families who become homeless.** Meeting this criterion will be based on demonstrating a reduction in the number of persons experiencing homelessness for the first time.
- For CoCs that have been approved by HUD to serve families with children and youth defined as homeless under paragraph (3) of HUD’s homeless definition, as found in Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless,” success in:
 - Preventing homelessness among this subset of families and youth; or
 - Achieving independent living in permanent housing among this subset

Meeting these criteria will be based on demonstrating an increase in the percent of persons served in continuum projects that exit to or retain permanent housing destinations; and, a reduction in the percent of persons who have left homelessness who returned to continuum projects for which homelessness is an eligibility criterion

In addition, HUD supplemented the statutory performance measures with two additional criteria:

- **Successful placement from street outreach.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
- **Successful housing placement to or retention in a permanent housing destination.** Meeting this criterion will be based on demonstrating an increase in the percent of persons served in emergency shelter, safe haven, transitional housing, or rapid re-housing projects exit to permanent housing

destinations and persons served in permanent housing projects who retain permanent housing or exit to permanent housing destinations.

Con Plan jurisdictions are also required to report on several of the system performance measures as part of their Con Plan Homeless Needs Assessment and Consolidated Annual Performance and Evaluation Reports (CAPER). Specific requirements will be provided in supplementary guidance for Con Plan jurisdictions.

The following link provides additional introductory information relating to the System Performance Measures. [System Performance Measures Introductory Guide](#).

The Annual Homeless Assessment Report (AHAR) and Housing Inventory Count (HIC)

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

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

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

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

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

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

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

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

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

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

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

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

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

- **Veteran Status for PSH Programs** - Unknown/missing data rate for this category must be 0%. One of HUD's priorities is on homeless veterans; information on this variable should be able to be captured for each client in PSH. Accurate veteran status reporting enables the CoC to effectively monitor performance for this subpopulation and also helps to ensure that AHAR data is usable.
- **LOS in Prior Living Arrangement** – Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. Data for this field should be available at intake or may need to be updated in the HMIS after working with the client after initial intake.
- **Zip Code of Last Permanent Address** - Aggregate unknown/missing data rates are high for this category for all contributing HMIS programs. If data is unknown at intake it is helpful to obtain a location which can ultimately be mapped to a zip code. Zip code tables are available online and can be updated via the HMIS after initial data entry. Acceptable rates for this variable and others are defined in the data quality report section below.
- **Destination at PSH Program Exit** – High missing/unknown values for PSH program exits are unacceptable. Unknown/Missing values for this measure should be less than 5%. Programs should be credited with positive program exits and the CoCs can benefit from successful transitions via outcome performance reporting. Case managers should be communicating with administrative staff to limit unknown/missing values.

VI. Present Challenges and Future Directions

This revised HMIS DQP seeks to greatly improve the quality of the data collected by over 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 three 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 three years from the date of signature whereby the client consents to share their data. 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. 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 and provide it to persons experiencing homelessness that have any questions or concerns. For clients with limited English proficiency, the agency must provide a translator or translation of the HMIS Privacy Notice. 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 providers. HIV/AIDS, mental health, and substance use providers can share data with appropriate informed consent. 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.

M. Data Integration Requests

Policy: Agencies who use Caseworthy for their client management system may request to integrate their data into HMIS.

Procedures: All data integration requests are to be sent to the Statewide Data Committee Chair for consideration at the next Statewide Data Committee Meeting. The request must detail the following:

- The Name of the Organization and Associated programs
- Rationale for data integration
- Mission of Organization and Associated programs
- Continuum(s) of Care where services are provided
- Services provided by the Organization and Associated programs

- Describe how data integration will better serve clients and more efficiently and effectively end homelessness
- Describe how costs of the data integration will be managed
- Describe the frequency of data integration and the data integration flow (one-way or two-way, real time or batched)
- Describe how the data quality and data improvement process will work without involvement of the HMIS Lead or HMIS System Administration
- Describe how the two database vendors will coordinate and communicate during the data integration testing, implementation and ongoing management phases
- Describe why the Organization operates an internal comparable database and does not adopt the HMIS as the internal database (be specific about required use of the database by funders)

The Statewide Data Committee will make a recommendation on the data integration request with a simple majority vote of a quorum of the Statewide Data Committee voting members. If the Statewide Data Committee recommends data integration, the data integration request will be sent to the corresponding Continuum of Care for formal approval. If the Statewide Data Committee does not recommend data integration, the Organization will be notified via e-mail by the Statewide Data Committee Chair and will be offered a rationale for the decision to deny the data integration request.

If the corresponding CoC approves the data integration request, the Organization, Statewide Data Committee Chair, HMIS Lead Organization and HMIS System Administration will all be notified by the CoC Chair or their designee. If the corresponding CoC does not approve the data integration request, the Organization, Statewide Data Committee Chair, HMIS Lead Organization and HMIS System Administration will all be notified by the CoC Chair or their designee.

Once a data integration request is approved by the CoC a sub-committee of the Statewide Data Committee will be formed consisting of the Statewide Data Committee Chair, HMIS Lead Organization, HMIS System Administration, Data Integration Approved Organization, HMIS Solution Provider, Data Integration Approved Organization's Solution Provider and other stakeholders as necessary.

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.

All new HMIS and/or Coordinated Entry System access requests for basic organization set up are to be sent to the Statewide Data Committee Chair or Vice Chair via e-mail, after which the voting members of the Statewide Data Committee will vote for or against access.

The request must detail the following:

- The Name of the Organization and Associated programs
- Rationale for HMIS and/or Coordinated Entry System access
- Mission of Organization and Associated programs
- Continuum(s) of Care where services are provided
- Services provided by the Organization and Associated programs
- Number of individuals or families experiencing homelessness that are served annually
- Number of users needing access
- Describe how access to HMIS or the Coordinated Entry System will benefit clients experiencing homelessness (assessing clients, referring clients, getting clients document ready, involvement in case conferencing, and navigation through the housing program(s))

In addition to the request, the agency must be willing to sign an agreement that outlines responsibilities for participation and accountability for HMIS.

Once the request has been submitted to the Chair or Vice Chair, the Statewide Data Committee will make an electronic recommendation on the HMIS and/or Coordinated Entry System access request with a simple majority vote of a quorum of the Statewide Data Committee voting members. If the Statewide Data Committee does not recommend access, the Organization will be notified via e-mail by the Statewide Data Committee Chair and will be offered a rationale for the decision to deny access.

If the Statewide Data Committee approves access, the requesting Organization, Statewide Data Committee Chair, HMIS Lead Organization and HMIS System Administration will all be notified by the CoC Chair or their designee electronically.

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.

J. CHO Data Safeguards Outside of HMIS

Policy: Any CHO that downloads client-level data from the HMIS will take full responsibility for safeguarding the data with the same security and privacy protocols as outlined in the HMIS Policies and Procedures. This policy is for HMIS client records as well as any reports where client level information is included such as a By Name List.

Procedure: Any CHO or HMIS user assigned to a CHO will be held responsible should client-level data be removed from HMIS and not protected to the standards set forth in the HMIS Policies and Procedures. The most likely source and risk for a client-level data breach is data downloaded from the HMIS and managed improperly at the CHO-level. Each agency will have an annual review (Security Certification Checklist-- Appendix 5) by the CHO designated HMIS Administrator that affirms any data removed from HMIS is protected to the standards laid out in the HMIS Policies and Procedures. Failure to follow this process could lead to the CHO losing access to HMIS.”

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 HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLIENT INFORMED CONSENT FOR RELEASE OF INFORMATION
(ONE FORM PER ADULT CLIENT)**

_____ is an Authorized Agency in Hawaii’s Homeless Management Information System (HMIS) and Coordinated Entry System (CES). The HMIS and CES are shared homeless and housing database systems used by homeless service providers throughout the State of Hawaii. **The HMIS and CES improve the ability for you to achieve housing by allowing providers authorized to serve you to share your information.** The shared information is used to identify your unique needs and to allow for coordination among different service providers to more efficiently serve you. Sharing your information reduces the need to be asked the same questions repeatedly and may result in faster, more personalized services. The HMIS operates over the Internet and uses many security protections to ensure confidentiality. Additionally, your information is protected by federal HMIS Privacy and Security Standards.

As you receive services, information will be collected from you about the services provided to you, and the differences made as a result of these services.

- Only Authorized Agencies will have access to your information. A list of Authorized Agencies is available upon request at www.hawaiihmis.org/governance/consentprivacy-docs/.
- Other approved organizations may receive access to information for reporting or research purposes allowed by law (i.e. court order) and approved by the Statewide Data Committee. The general public will NEVER have access to your information. Please review the Privacy Notice for more details.
- Basic information to be shared by Authorized Agencies through this consent includes, but is not limited to: name, age, gender, race, ethnicity, family members, marital status, any history of domestic violence, housing history, disabling conditions, VI-SPDAT survey data, program intake dates, encounter dates, program discharge dates, employment status, income and non-cash benefits, health insurance, case notes, eligibility documents, and housing plan.
- If you do not provide consent, you will still receive services; however access to housing options may be limited.
- Allowing your information to be shared with Authorized Agencies includes all prior episodes of homelessness currently in the HMIS and information of all dependents (children under age 18) if applicable.

I give consent for my name and other relevant identifying information to be shared among Authorized Agencies.

I understand that this consent is valid for three years from the date of my signature below and that I may cancel at any time by written request.

Print Name of Client

Signature of Client

Date

Print Name of Agency Staff

Signature of Agency Staff

Date

PRIVACY NOTICE

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

Effective Date: _____

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

_____ (Agency Name) collects information about which clients utilize services that we provide. We will ask for your permission to share 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 required to follow the privacy practices described in this Notice, although the Statewide Data Committee is responsible for updating this Privacy Notice annually and can make changes at any time. (Agency Name) _____ may have additional privacy protocols internal to the agency and may change their privacy protocols at any time. As a client you have the right to request the most up to date privacy policy from _____.(Agency Name)

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. If you are enrolled in the Supportive Services for Veteran Families (SSVF) Program, your information will be shared as mandated by the Department of Veteran Affairs.

We may use your information in approved research requests. 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: _____

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

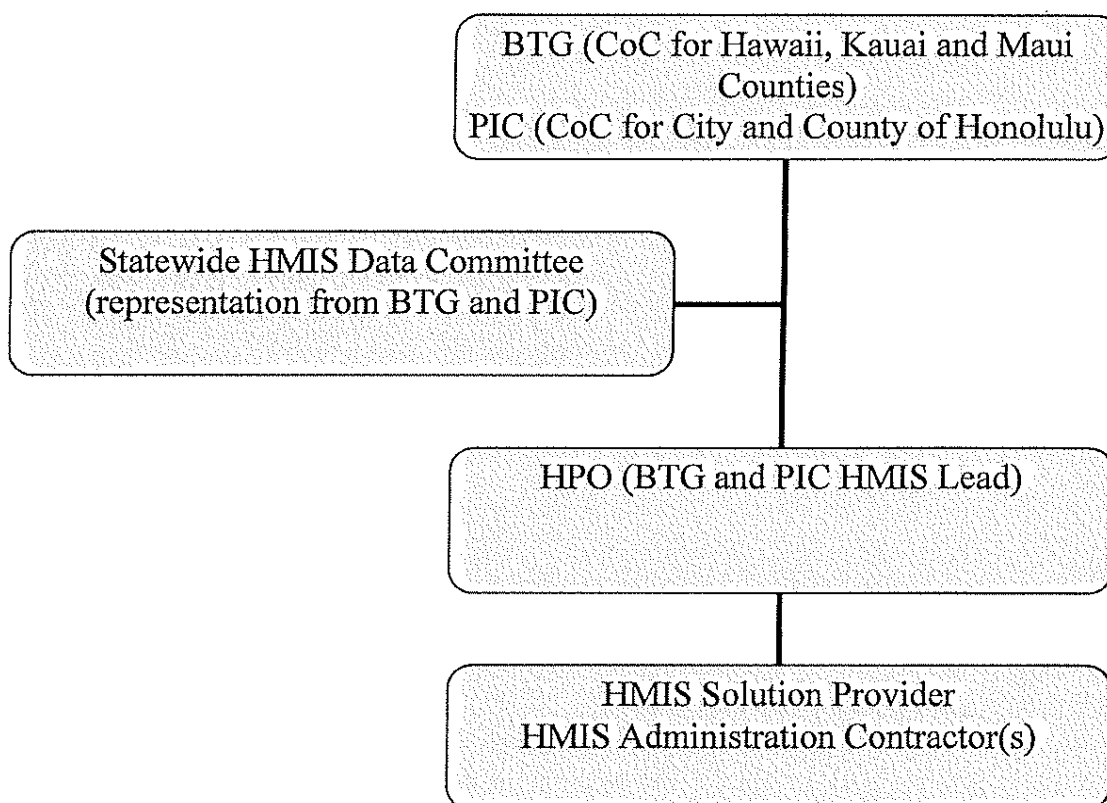
Harold Brackeen III
Authorized representative of Homeless Programs Office

By: Harold Brackeen III

Date: 9/1/2016

Exhibit A

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



2017 HDX Competition Report

PIT Count Data for HI-501 - Honolulu CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	4940	4959
Emergency Shelter Total	987	1,058
Safe Haven Total	26	25
Transitional Housing Total	1754	1,552
Total Sheltered Count	2767	2635
Total Unsheltered Count	2173	2324

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	1090	1159
Sheltered Count of Chronically Homeless Persons	121	155
Unsheltered Count of Chronically Homeless Persons	969	1,004

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	513	458
Sheltered Count of Homeless Households with Children	436	399
Unsheltered Count of Homeless Households with Children	77	59

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	332	413	449
Sheltered Count of Homeless Veterans	185	224	214
Unsheltered Count of Homeless Veterans	147	189	235

2017 HDX Competition Report

HIC Data for HI-501 - Honolulu CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1298	86	1212	100.00%
Safe Haven (SH) Beds	25	0	25	100.00%
Transitional Housing (TH) Beds	1893	49	1820	98.70%
Rapid Re-Housing (RRH) Beds	875	0	875	100.00%
Permanent Supportive Housing (PSH) Beds	1684	0	1004	59.62%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	5,775	135	4936	87.52%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	588	722

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	14	208

2017 HDX Competition Report

HIC Data for HI-501 - Honolulu CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	104	875

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for HI-501 - Honolulu CoC

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	3509	199	135	-64	96	82	-14
1.2 Persons in ES, SH, and TH	6651	6430	349	250	-99	250	173	-77

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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	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	-	3509	-	294	-	-	126	-
1.2 Persons in ES, SH, and TH	-	6430	-	371	-	-	244	-

2017 HDX Competition Report

FY2016 - 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	324	19	6%	16	5%	18	6%	53	16%
Exit was from ES	586	81	14%	31	5%	49	8%	161	27%
Exit was from TH	1153	67	6%	67	6%	78	7%	212	18%
Exit was from SH	0	0		0		0		0	
Exit was from PH	562	22	4%	29	5%	25	4%	76	14%
TOTAL Returns to Homelessness	2625	189	7%	143	5%	170	6%	502	19%

2017 HDX Competition Report

FY2016 - 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).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4903	4940	37
Emergency Shelter Total	995	987	-8
Safe Haven Total	26	26	0
Transitional Housing Total	1943	1754	-189
Total Sheltered Count	2964	2767	-197
Unsheltered Count	1939	2173	234

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	6651	6430	-221
Emergency Shelter Total	3396	3509	113
Safe Haven Total	0	0	0
Transitional Housing Total	3838	3525	-313

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

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	230	214	-16
Number of adults with increased earned income	56	51	-5
Percentage of adults who increased earned income	24%	24%	0%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	230	214	-16
Number of adults with increased non-employment cash income	154	137	-17
Percentage of adults who increased non-employment cash income	67%	64%	-3%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	230	214	-16
Number of adults with increased total income	172	154	-18
Percentage of adults who increased total income	75%	72%	-3%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	476	533	57
Number of adults who exited with increased earned income	101	119	18
Percentage of adults who increased earned income	21%	22%	1%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	476	533	57
Number of adults who exited with increased non-employment cash income	152	152	0
Percentage of adults who increased non-employment cash income	32%	29%	-3%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	476	533	57
Number of adults who exited with increased total income	233	244	11
Percentage of adults who increased total income	49%	46%	-3%

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4302	4324	22
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	1237	-50
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	3087	72

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5230	4851	-379
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	1385	-154
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	3466	-225

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

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.

2017 HDX Competition Report

FY2016 - 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

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	2072	792	-1280
Of persons above, those who exited to temporary & some institutional destinations	127	154	27
Of the persons above, those who exited to permanent housing destinations	196	138	-58
% Successful exits	16%	37%	21%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	3501	3654	153
Of the persons above, those who exited to permanent housing destinations	2068	2191	123
% Successful exits	59%	60%	1%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	1140	1167	27
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1076	1111	35
% Successful exits/retention	94%	95%	1%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

HI-501 - Honolulu CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	1103	1103	1052	1362	2126	2309	2323	1932	944	859	921	1677				104				
2. Number of HMIS Beds	1054	1054	1041	1362	2126	2309	2134	1932	786	698	735	999				104				
3. HMIS Participation Rate from HIC (%)	95.56	95.56	98.95	100.00	100.00	100.00	91.86	100.00	83.26	81.26	79.80	59.57				100.00				
4. Unduplicated Persons Served (HMIS)	2266	2339	2693	2989	3795	3260	3488	3247	1188	1240	1205	1230	347	959	1108	780	5880	4939	4987	5086
5. Total Leavers (HMIS)	1467	1411	1726	1910	1787	1347	1648	1664	202	344	167	150	130	520	719	444	2736	2344	2816	2856
6. Destination of Don't Know, Refused, or Missing (HMIS)	518	246	466	540	101	195	142	148	48	69	28	11	9	88	74	58	1958	1731	1751	523
7. Destination Error Rate (%)	35.31	17.43	27.00	28.27	5.65	14.48	8.62	8.89	23.76	20.06	16.77	7.33	6.92	16.92	10.29	13.06	71.56	73.85	62.18	18.31

2017 HDX Competition Report

Submission and Count Dates for HI-501 - Honolulu CoC

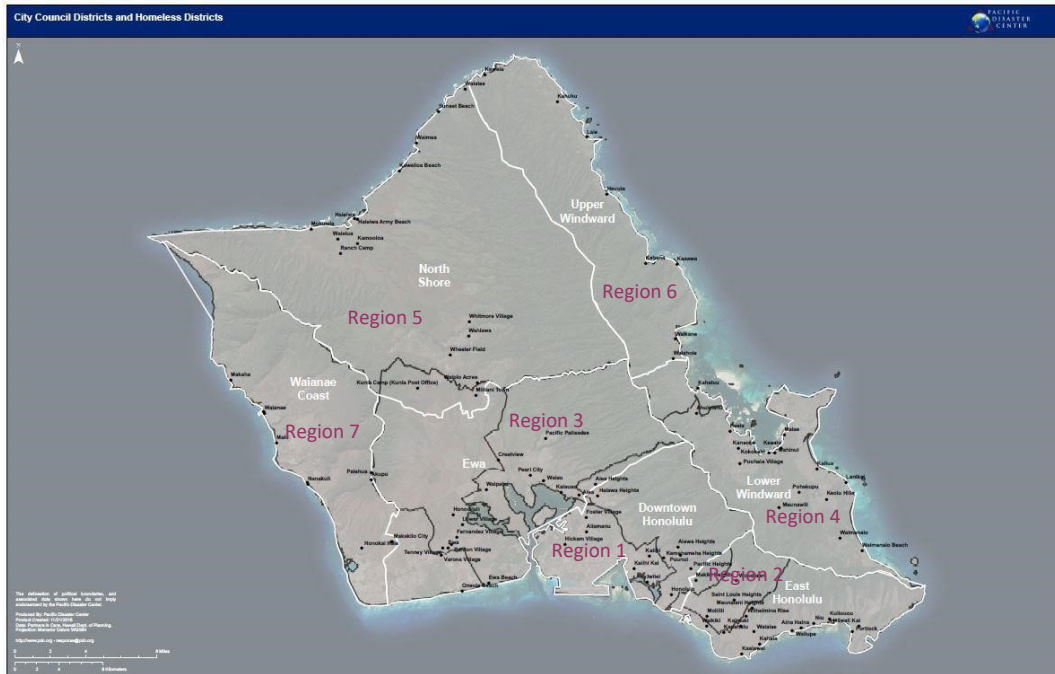
Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/22/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/29/2017	Yes
2017 HIC Count Submittal Date	4/29/2017	Yes
2016 System PM Submittal Date	6/3/2017	Yes

HOMELESS HOUSING ASSISTANCE OUTREACH CONTACTS



Region	Region Includes:	Point of Contact	Phone Contact
#1 Downtown Honolulu	Halawa Heights, Hickam Village, Salt Lake, Kalihi, Iwilei, Honolulu, Kakaako	CHOW IHS Kalihi Palama Health Center Mental Health Kokua	853-3292 447-2928 791-6370 524-7233
#2 East Honolulu	Ala Moana, Waikiki, Diamond Head, Hawaii Kai, Sandy Beach	CHOW IHS Kalihi Palama Health Center	853-3292 447-2928 791-6370
#3 Ewa	Ewa, Aiea, Pearl City, Waipahu, Honolulu, Kapolei	US Vets Hale Na'au Pono AMHD	630-0771 696-4211
#4 Lower Windward	Waimanalo, Lanikai, Kailua, Maunawili, Kaneohe, Ahuimanu	IHS CHOW Project Waimanalo Health Center	447-2928 853-3292 259-7948
#5 North Shore	Kaena Point to Turtle Bay, Mililani, Wahiawa	ALEA Bridge US Vets	492-2214 630-0771
#6 Upper Windward	Kahaluu, Waiahole, Waikane, Kaaawa, Hauula, Kahuku, Kawela	CHOW IHS Kalihi Palama Health Center	853-3292 447-2928 791-6370
#7 Waianae Coast	Makakilo, Nanakuli, Maili, Waianae, Makaha	Hale Na'au Pono AMHD Kealahou West Oahu Hawaiian Hope Internet Café Waianae Coast Comprehensive Health	696-4211 352-8800 697-3586
Youth Outreach	Island-wide (primarily Regions 1 & 2)	YO!	942-5858