1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 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: Aloha United Way

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
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	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	No
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
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Faith Based	Yes	Yes
Health Plans	Yes	Yes
Hospitals and ERs	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

Partners in Care (PIC), Oahu's Continuum of Care (CoC), aims to eliminate homelessness through open and inclusive participation and the coordination of integrated responses. The CoC solicits and considers opinions from a broad array of organizations and individuals 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. These open meetings maintain a participatory structure that encourages the free flow of ideas to address improvements and new approaches in preventing and ending homelessness on Oahu. Each year the Organizational Development Committee and Awareness Committee jointly solicit names of potential new PIC members from existing members. The Committees develop specific strategies to engage those stakeholders that are typically underrepresented in PIC, and as part of the Statewide Homeless Awareness Conference in November, the committees expand the invitation list to include a broad range of community groups. The conference provides a unique opportunity for the entire community - from front line service providers to business owners and landlords - to come together and collaboratively address the challenges faced by those experiencing homelessness to create a coordinated response. Community members have the opportunity to network, create partnerships and gain knowledge and tools to become part of the solution. In 2017, over 340 persons attended, with over 60 several new attendees. In addition, each year, both the Organizational Development and Advocacy Committees design and implement annual surveys soliciting feedback from community stakeholders regarding the CoC's service priorities, membership goals and policy initiatives.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

The CoC continuously encourages new partners to join and participate in CoC planning and operations. The CoC's Organizational Development Committee meets monthly and is responsible for developing and implementing initiatives to

solicit and orient new members. The PIC website includes a membership page with information on joining the CoC and a link to a downloadable application. As previously described, the CoC conducts a membership drive each year in November at its annual conference, and solicits new members using open and inclusive meetings, social media, website announcements, and earned media. During 2018 the CoC solicited membership of over 52 individuals and organizations with 6 new members joining including Hawaii Kai Homeless Task Force, Kaiser Foundation Health Plan, HMSA, 'Ohana Health Plan, Oahu Youth Action Board, and Revie + Refresh. Special outreach was conducted to recruit all organizations as active members of the CoC to improve outreach and assessment, hospital discharge planning, pre and post arrest diversion, and to better serve unaccompanied youth, and 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.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

Prior to the release of the 2018 NOFA, the PIC Planning Committee assembled a NOFA Sub-Committee to determine the needs of the continuum by completing a fiscal mapping of funded programs by all federal, state and county sources. Also reviewed was the most recent Point-In-Time Count and the noted need for housing resources according to our Coordinated Entry System's By-Name-Lists. With the local CES in the process of merging separate adult, family youth and DV subpopulations, the committee decided to prioritize a project that would help strengthen CES with appropriate staffing. Discussions resulted in a service gap analysis that prompted the prioritization of projects that would house vulnerable tri-morbid chronically homeless or vulnerable older homeless individuals who were predictive of high hospital or emergency department utilization. On 7/20/18, 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 submission requirements and methods, and 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 July 25 and 26, 2018 and at regular general membership and committee meetings during July and August.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Health Plans	Yes
Hospital Systems	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
 (limit 2,000 characters)

1) The CoC worked with the ESG recipient to address the allocation of approximately $1.3 million by amending the FY 2020 ESG Annual Action Plan. As the State of Hawaii continues to award adequate funding for Rapid Rehousing, the CoC continues to recommend that more resources be allocated

to Homelessness Prevention. The consultation group of more than 40 members also determined that the City should continue to 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 local priorities, gathered from members of the CoC, and submitted them to the recipient for inclusion in the Annual Plan amendment to include participant eligibility requirements; income thresholds; and the development of a housing plan for each ESG homeless participant. The CoC also developed a tool for monitoring and evaluation of programs participating in ESG.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

The CoC's protocols are aligned with Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Emphasis is on identification, engagement, and effective services for all persons experiencing homelessness—including adults and children affected by domestic violence (DV), dating violence, sexual assault, and stalking. Towards these ends, the Oahu CoC strives for outreach strategies to identify persons made vulnerable or homeless by intimate violence, and for engagement strategies that are responsive, yet attentive to victim and survivor confidentiality and safety. DV resources in Honolulu include the Hawaii State Coalition Against DV, comprised of over 20 DV agencies; the DV Action Center, providing legal resources, representation, and resources for victims/survivors; an island-wide DV hotline, run by CFS; five DV and abuse shelters, run by CFS, PACT, and the military; Women in Need in Aiea, offering transitional housing; the Sex Abuse Treatment Center, run by Hawaii Pacific Health (including Kapiolani Hospital for Women and Children); and the Honolulu Police Dept. (HPD), providing emergency response and resources for victims. All are involved with the Oahu CoC.

Additionally, the City Dept. of Community Services (DCS) oversees a number of nonprofits receiving ESG for housing and supportive services for various homeless populations, including the chronically mentally ill and substance abusers; while the Dept. of Justice (DOJ) supports a number of innovative courts and programs affecting or reaching Oahu's homeless (e.g., Honolulu Community Outreach Court). Also, the Dept. of Health and Human Services (DHHS) provides a range of healthcare services for people who are uninsured, isolated, or medically vulnerable—a large number of whom are homeless.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The Oahu CoC has, among its member agencies, an accredited nonprofit providing over 50 human service programs statewide, including two emergency and two transitional shelters for DV victims on Oahu (Leeward and Central). This agency, Child and Family Service (CFS), currently provides CoC-supported DV services and is a joint applicant for the DV bonus project. All CFS staff are trained in and practice evidence-based trauma-informed care. These staff communicate regularly with community partners and stakeholders about the availability of program space and services, work with families affected by violence, and provide services and supports designed to build self-sufficiency. These staff also work with families in safety planning, to include risk assessment, identification of options, and help in informed decision-making. Additionally, these staff comply with all confidentiality and privacy requirements of HIPPA. Given this background and expertise, CFS will take the lead in providing CoC-sponsored training and in helping to shape the new DV CES. Related to this, a 2000-2009 DV fatality review and follow-up briefings, especially in 2016, showed involvement of law enforcement, healthcare, and the court system prior to the fatality in over 95% of the cases, and the presence of children in the family unit in over 88%. In response, the Dept. of Health (DOH), Dept. of the Attorney General (DAG), Dept. of Human Services (DHS), and the Judiciary (DOJ) have formed a collaborative, currently in the process of analyzing results from a DV training assessment survey, which will inform the development of a statewide training platform for state and county DV systems responders. Nonprofits, CFS and Catholic Charities—both Oahu CoC members and already involved in training responders—have been involved in this development, as well.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC uses data reported to the State, County and other funding sources to assess the scope of community needs related to domestic violence including 2-1-1 Call Line, ESG and HIC reports. Currently, the CoC is working hard to create a single data base outside of HMIS with all DV beds and resources to be administered by CES.

1C-4. DV Bonus Projects. Is your CoC Yes
applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	X
RRH	
Joint TH/RRH	X

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

The 2018 Point in Time (PIT) Count showed 106 sheltered DV victims and 174 unsheltered DV victims on Oahu. An instructional change, requiring that data on DV be limited to those currently experiencing homelessness due to flight from DV, dating violence, sexual assault or stalking, as opposed to reporting on survivors who had ever experienced DV—makes meaningful comparisons with earlier data impossible. Also, an outside 2013 study had identified methodological problems with earlier counts, both generally and in particular, given problems with short-term canvassing, leaving the researchers to estimate that actual numbers could be up to 60% higher. CFS currently runs two emergency and two transitional shelter homes for DV victims/survivors on Oahu, serving over 320 victims/survivors on Oahu in 2017, along with up to 680 others across the state. WIN successfully assisted over 200 women in 2017, through transitional housing, service supports, and permanent RRH options.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

As mentioned above, the CoC estimates that current need could be 60% higher than indicated by Point-In-Time counts. The Dept. of Human Services (DHS) added new resources for RRH, while Oahu service providers implemented a Coordinated Entry System (CES) for single adults, families, and youth, prioritizing housing resources for homeless individuals based on vulnerability and severity of service needs. AUW has proposed the development and implementation of an additional CES, designed for persons fleeing domestic violence, dating violence, sexual assault, or stalking. This project represents a collaboration among AUW, the Hawaii State Coalition Against DV (HSCADV), Parents and Children Together (PACT), Child and Family Service (CFS), and the DV Action Center (DVAC). The proposed DV CES will cover all of Oahu (the

CoC geographic area), be easily accessed and well-advertised, include comprehensive and standardized assessment (VI-SPDAT) and standardized prioritization in the referral process, and will be supported by policies and procedures attentive to the special privacy and confidentiality needs of victims/survivors. Collaborative proposal for Joint Transitional Housing (TH) and Permanent Housing Rapid Rehousing (PH-RRH). Child and Family Service (CFS) and Women in Need (WIN) have proposed the provision of TH and PH-RRH for up to 37 additional families. CFS has used and sustained HUD CoC funding for the past 20 years, and WIN has relied on both state and federal funds to support its Bridge to Success (BTS) program since 2007. CFS currently operates two emergency shelters and two transitional houses (Leeward and Central Oahu), housing up to 70 families at any given time. WIN currently operates a transitional home in Aiea and another in Halawa, serving up to 18 families. Both providers are experienced in Housing First, followed by wrap-around support and life skill services promoting self-sufficiency.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

Oahu implemented a Coordinated Entry System (CES) for single adults, another for families, and a third for youth—all in 2017. A DV CES, sensitive to the confidentiality and privacy needs of victims/survivors, has been thought through, but not yet developed. The need for safe housing and the economic resources to maintain safe housing are two of the most pressing concerns among abused women who are planning to or have recently left their abusers. DV is a known contributor to or cause of homelessness. Fleeing abusive situations often means leaving the home or residence, and victims who leave are frequently unable to find alternative housing through friends, family, or community resources. Further, economically challenged or poor women, as well as those with children, face the greatest struggles with housing, as shown by one study finding an 80% overlap between poor homeless women with children and violence. Consistent with these findings and national data, roughly half of Hawaii's homeless women cite intimate violence as a factor. Even women who have successfully managed to leave often find themselves with desperate housing and financial needs, compelling them to turn to their abusers and leaving them at continued (if not heightened) risk. Further, women with children often find it impossible to attend or receive the classes or support services designed to help them manage in the long-run, due to need for childcare, transportation, or even time off of work. These are the unmet needs noted by local providers CFS and WIN, leaving WIN to conclude that "assistance in any of these areas may increase their success and improve their overall functioning—while in program and afterwards." These are the factors that leave women knowingly jeopardizing their own safety, and the ways that Hawaii's high cost of living, food, transportation, and medical care converge with inadequate (often service sector) pay, unequal pay, lack of affordable

housing, and practical barriers to support (e.g., unmet need for childcare, lack of transportation, inability to leave work, etc.)—conspiring against women attempting to strike out on their own.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Oahu DV victims are hampered by the state's high rate of homelessness coupled with the general lack of affordable housing, high cost of living, and limited options for stable housing. Their inability to provide for themselves and their children often compel them to resort to continued contact with their abusers, despite the risks. The goal is to ensure that households and individuals fleeing from or experiencing domestic violence including dating violence, stalking, trafficking, and/or sexual assault (collectively referred to as DV)—are able to access any homeless program that can offer them safety and services appropriate to their needs. Persons identified as experiencing or fleeing DV will be directed to the SAFE Line for assessment of their immediate safety prior to entry into the CES, and for emergency housing, as needed. Given these requirements, it is essential that assessment staff be trained in trauma-informed assessment of participants—to minimize the risk of re-traumatization, and in safety planning and plan implementation, if safety issues are identified. Once immediate safety needs are addressed, advocates conduct the appropriate assessment (VI-SPDAT, Family VI-SPDAT, or TAY-VI-SPDAT). After assessment, information sufficient to place the household on the CE prioritization list (but not sufficient to identify any member of the household) is submitted to the CE Administrator. As an additional safeguard, DV CE assessments are conducted by the SAFE Line and VSP provider staff outside of HMIS, within a comparable database, with client information entered anonymously. No identifiable information of any client fleeing from or experiencing any form of DV is provided to the CE Administrator for the community's overall CE system. Additionally, all staff and volunteers who enter data into HMIS or access data from HMIS must be trained in these and other aspects of HMIS policy and procedures.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

Child and Family Service (CFS) and Women in Need (WIN), proposing a joint project offering RRH and support services; and Aloha United Way (AUW), with focus on the development and implementation of a DV-focused CES. CFS currently runs two emergency and two transitional shelter homes for DV victims/survivors on Oahu, serving over 320 victims/survivors on Oahu in 2017, along with up to 680 others across the state. While efforts have been made to help secure, for these households, either longer-term or permanent housing,

neither CFS nor the state has had the means to provide this level of support. (Rate of housing placement is not applicable or known). WIN successfully assisted over 200 women in 2017, through transitional housing, service supports, and permanent RRH options. (Again, rate of housing placement is not applicable or known). AUW is well positioned to take the lead on the proposed collaborative project of DV CES development and implementation, given its significant experience in utilizing and managing federal funds and in oversight and coordination of federally-funded services among community providers. AUW, serves as the Collaborative Applicant for the CoC, and has managed over $500,000 in HUD Planning Funds for Partners in Care (PIC), Oahu CoC; has completed contracts for fiscal years 2013, 2014, and 2015; and is currently administering the 2016 contract. AUW's responsibilities for these grants include the hiring of PIC staff, procurement of contractual services, tracking of expenditures, reporting to HUD and PIC, ensuring compliance with HUD requirements, and provision of matching of HUD funds. Also, since April, AUW has served as lead on the CoC Permanent Supportive Housing Grant, which exceeds $5 million annually. AUW is also well positioned to deliver the proposed DV CES project. The plan is to interface with Oahu's 2-1-1 CES to make sure that clients receive fair and equal access to resources and services and in ways that respond to cultural preferences and dictates; to gain information on user needs, preferences, and barriers, especially with regard to housing; to identify and prioritize those with the greatest need; and to coordinate within and with the domestic violence provider community. AUW aims to develop a secure database, accessible only to privileged providers, to match and prioritize clients to available housing and services. A governance agreement will be drawn up for information release and informed consent, and a pilot will be run on both the database and procedures for its operation. With the support of the collaborating agencies, AUW will reach out to persons with limited English proficiency, LBGT youth, Native Hawaiians, and others who may mistrust or have difficulty accessing the system. This is critical as Honolulu, the state's most populated city, is characterized by a majority API (Asian and Pacific Islander) population and a large percentage of military families—with both groups associated with higher risk of DV. In this, AUW will build upon the other CE systems already in place, with attention to victim security and privacy, as required by VAWA, best practices, and technology providers.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?

Hawaii Public Housing Authority	57.00%	Yes-Both	Yes
City and County of Honolulu	23.00%	Yes-HCV	Yes

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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

N/A as homeless admission preference in written policies.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   Yes

Move On strategy description.
(limit 2,000 characters)

The City & County of Honolulu offers a preference for homeless households into the Section 8 voucher choice program. As individuals are taken off of the waitlist, the City coordinates with its contracted homeless service providers to identify those on the Section 8 waitlist, who are currently persons living with homelessness and prioritize their participation in the Section 8 program.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

The CoC has taken several actions to address the needs of LGBT individuals and their families experiencing homelessness. Recently, Hawaii Health and Harm Reduction Center (HHHRC) partnered with the Institute of Human Services (IHS) to deliver permanent housing opportunities for eight transgender homeless individuals including both PSH and RRH with IHS serving as the master leaseholder using privately raised funds. HHHRC collaborates with IHS to provide case management services to clients focused on housing stabilization, gaining employment income, and connecting clients to other income sources. To date, two clients have gained steady employment, and one client has been connected to disability benefits to contribute to their monthly

housing expense. In August 2018, the second house became available for another four transgender homeless individuals to be assigned through the CoC's coordinated entry system. Also, during the 2018 Point-In-Time Count, the CoC designed and implemented an expanded survey in half the regions of Oahu that included questions related to sexual orientation and gender identity. Specific questions were drafted in partnership with Hawaii Department of Health, and volunteers were provided training in asking sensitive questions. Further 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. This November the CoC will include a breakout session and training at the conference that is focused on working with lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+) individuals who may also be homeless. The CoC recognizes that by approaching this small but underserved community with humility and understanding, more effective engagement and connections can be made.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1) The CoC's Coordinated Entry System (CES) covers the island of Oahu. 2) All persons who are seeking homeless or homelessness prevention assistance are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in accordance with the intentional service strategy defined by CoC leadership. CES reaches people who are least likely to apply for homelessness assistance through partnership and collaboration with various community stakeholders including emergency rooms, health plans, law enforcement and other key partnerships. 3) The CoC's CES assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner through implementation of a comprehensive workflow. Street outreach, day center, emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and other CES agency staff work to ensure that all persons engaged are: assessed using the appropriate assessment tool; readily able to be located; motivated to pursue housing; in possession of the appropriate documentation required for potential housing options; and, successfully engaged by CoC providers seeking to resolve their housing crisis. The CoC administers a pre-screening tool to assess immediate safety needs, gather basic information regarding the client, and obtain housing preferences. The CoC uses the Vulnerability Index and Service Prioritization Decision Assistance Tools (VI-SPDAT) to determine an appropriate 'match' to a housing intervention based on a person's acuity in several core areas. The VI-SPDAT tools allow for prioritization based on presence of vulnerability primarily across four components: history of housing and homelessness; risks; socialization and daily functioning; and, wellness (including physical health, substance use, mental health, medications, and abuse and trauma). 4) Standard assessment tool attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

In the review, ranking, and selection process, the CoC only considered new housing programs for reallocation and the regular bonus project that prioritized Oahu's most vulnerable persons experiencing chronic homelessness and living with severe mental illness and/or; substance use disorder and/or; seniors (over 65) with severe (tri-morbid) medical needs. The CoC also prioritized projects serving survivors of domestic violence, dating violence, and stalking in the review, ranking and selection process. 2) In reviewing project proposals, the CoC awarded greater points to projects aligned with Policy Priorities outlined in Section II.A of the 2018 NOFA including ending homelessness for all persons in the CoC; projects supporting and contributing to a systemic response to homelessness; projects demonstrating effective utilization of funding resources; and projects using a Housing First approach. In addition, the CoC awarded greater points to projects demonstrating an unmet need for housing services as described above; and projects designed to effectively meet the needs of the community. The CoC also considered the experience of project applicants in utilizing federal funds; experience working with the target population and providing housing services; and experience in utilizing the Housing First

approach.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, 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, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	**CoC or other Website**	X
Email	X	**Email**	X
Mail		**Mail**	
Advertising in Local Newspaper(s)		**Advertising in Local Newspaper(s)**	
Advertising on Radio or Television		**Advertising on Radio or Television**	
Social Media (Twitter, Facebook, etc.)	X	**Social Media (Twitter, Facebook, etc.)**	X

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or

**reduced, in writing, outside of e-snaps, at least 15 days before FY 2018
CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required.   Yes

2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).   Pages 1-3 of MOU

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.   Yes

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

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

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type: (1) total number of beds in 2018 HIC; (2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,294	84	1,210	100.00%
Safe Haven (SH) beds	35	0	35	100.00%
Transitional Housing (TH) beds	1,437	54	1,359	98.26%
Rapid Re-Housing (RRH) beds	1,177	0	1,172	99.58%
Permanent Supportive Housing (PSH) beds	1,880	0	1,245	66.22%
Other Permanent Housing (OPH) beds	60	0	0	0.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 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, the project was included since it is technically 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. In the last year, all new VASH PSH referrals have come through CES, and the VA began entering VISPDAT information directly into HMIS. However, VASH PSH program enrollment information is entered into the required VA dedicated HOMES system. The CoC Data Committee will work with the new HMIS Administrator to develop a template to simplify data entry for the VA in order to capture these beds in the HMIS PSH Count without overly burdening the VA with double data entry into two systems (HOMES and HMIS).

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?   12

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**   04/27/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/22/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/27/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

Again in 2018, 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 1/22/18. Stakeholders, regional leaders, homeless service providers, and volunteers attended several planning meetings prior to 1/22/18. 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 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	568
Beds Removed:	466
Total:	102

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. 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 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.   No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?   Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

1) The CoC engaged stakeholders serving youth experiencing homelessness early during the planning process by hosting several meetings with service providers and other stakeholders to design an effective methodology for reaching youth. Meetings took place in September, October, and November. Youth providers were also members of the 2018 PIT Work Group which oversaw the design and implementation of the 2018 PIT Count on Oahu. For the youth count, these providers conducted the count in all regions in addition to the general census, and provided special incentives to the youth for completing the survey. 2) The CoC consulted with providers and youth advisory board (YAB) members, comprised of current and formerly homeless youth, to select locations. 3) The CoC also consulted with the YAB in design of the survey tool, and questions regarding sexual orientation and gender identity. The CoC also solicited feedback on the proposed methodology from members of YAB.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
 (1) individuals and families experiencing chronic homelessness;

(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

The CoC implemented a count during 2018 using a cross-sector collaboration. Several partners served on the 2018 PIT Count Work Group on Oahu including both CoC and non-CoC funded 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; faith-based organizations who collected incentives; and the VA whose staff volunteered many hours to help census and connect all eligible veterans to VA services. In fact, VA staff members reviewed all surveys administered to veterans during the week of January 22, 2018 to ensure eligible individuals and families were connected to VA housing and supportive services. The CoC strengthened volunteerism with over 450 volunteers recruited, trained, and coordinated for the count, with a higher number of previously trained volunteers than in any 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 also took steps to identify Native Hawaiian individuals and families during the count. In addition, the CoC took steps to identify LGBT persons and families experiencing homelessness in half of the regions on Oahu with survey questions related to sexual orientation and gender identity.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	333

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) Number of first-time homeless as reported in HDX: 333. Among those that entered ES, SH, TH, or PH during FY2017, 326 fewer people had become homeless for the first time relative to FY2016. 2) Based on monthly HMIS data for 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, increased shallow rental subsidies for at-risk households, and expanded legal resources for those being evicted. Other examples include the LEAD pre-arrest program to divert substance abusing homeless; the HELP Honolulu coordinated night outreach project, involving HPD and outreach workers in coordination with State and City funded shelters; Community Court, which helps consolidate and clear warrants for community service; and Assisted Community Treatment petitions by both hospitals and community service providers to promote access to mental health treatment in lieu of repeated incarceration. These helped to increase the capacity of CoC programs in preventing individuals and families from becoming homeless for the first time. 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. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;

(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1) The median length of time homeless (LTH) for persons in ES and SH decreased by 9 days from the FY2016 LTH. Average LTH for persons in ES, SH, and TH decreased by 22 days. 2) All HPO contracts continue to inclde 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 has made it a significant part of the NOFA project scoring and evaluation process. Also, HMIS admin team produces monthly monitoring reports for all HIC ES/TH project types and integrates the data into provider staff trainings. Additionally, Housing ASAP, a consortium of homeless family service providers, is using data to track progress and identify leverage points; reliance on Housing First approach is resulting in lowered barriers into programs and housing; and increased diversion efforts are helping to slow the flow of new homeless. 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 and move them into permanent housing using a Housing First approach. 4) PIC is the organization responsible for overseeing the CoC strategies and outcomes.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	60%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1) 60% of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing exited to permanent housing

destinations, as reported in HDX. 95% of individuals and persons in families in permanent housing projects, other than rapid re-housing, retained their permanent housing or exited to permanent housing destinations, as reported in HDX. The number of persons who exited to PH destinations from ES, SH, TH, and PH-RRH projects remained unchanged in FY2017. The number of persons in PH projects (excluding PH-RRH) who retained or exited to PH destinations also remained unchanged. 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 and funding allocations are tied to PH exit and retention rates. For households that will require ongoing support after exiting a housing program, case managers provide referrals to mainstream and community-based services for continued assistance and eligible supportive services for up to six months after financial assistance ends.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	6%

3A-4a. Applicants must:
 (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1) Just 6% of individuals and persons in families returned to homelessness over a 6- and 12-month period, as reported in HDX. Compared with 16% reported in years prior, this represents a 10 percent overall reduction in persons who return to homelessness. 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 or placement in PH. State resources have been expanded to assist in cases where households may be at risk of becoming homeless. In 2017, efforts were made to connect high need individuals with Community Care Services (CCS) case managers assigned by Medicaid behavioral health plans, helping to provide stabilization; while Medquest put in for 1,115 Medicaid waivers to expand housing support services for PSH and peer supports. Also, the CoC continues to place emphasis on follow-up services to help stabilize individuals or families at risk of return to homelessness.

3A-5. Job and Income Growth. Applicants must:
 (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 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. AMHD training specialists now involved in SOAR program to promote expedited access to SSI/SSDI benefits for appropriate disabled homeless individuals.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 and other employment programs in the provision of 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. Community agencies working with homeless provide skills development leading to self-sufficiency. Also, childcare vouchers for preschool and daycare, promoted by PIC family shelter providers, promote employment that could increase household income; while Dept. of Hawaiian Homelands has partnered with non-profits like Hawaii Community Assets and Hawaii Home Ownership Center to develop financial competency among eligible homesteaders and others eligible for affordable housing. 4) PIC encourages coordinated efforts and fresh approaches, in its oversight of the CoC strategies and outcomes.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/29/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	22
Total number of beds dedicated to individuals and families experiencing chronic homelessness	596
Total	618

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written 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? Attachment Required.   Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1) The CoC's CES Policies and Procedures provide that families who are at imminent risk of homelessness pursuant to the HUD's Category 2 Homeless Definition, are prioritized for homeless prevention services. Pursuant to this definition a family is at imminent risk if: their primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; no subsequent residence has been identified; and the family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing. In addition, the CES Policies and Procedures prioritize families for rapid rehousing resources with minor children and families with members who have HUD disabling conditions including mental Health; physical Health (e.g., HIV/AIDS); substance use; and/or developmental disability or cognitive impairment. The family unit is a component of the VI-SPDAT, the CoC's common assessment tool, 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. Finally, 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. The City and State, also, have sponsored landlord summits to increase the supply of affordable rentals that can be used in conjunction with subsidies/vouchers. 2) All families who are placed into housing through Rapid Rehosuing or TANF Housing Placmeent Program are followed for at least 6 months by contract to ensure any case management needs arise. 3) PIC oversees the CoC's strategies and outcomes; and Aloha United Way administers the CoC's family coordinated entry system.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination 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.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	X
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	X
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	X

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1) The CoC funded two new projects to provide for new housing resources in both FY16 and FY17 CoC Competitions. The CoC funded a RRH project for homeless youth. HIS's project brings 18 RRH beds for youth ages 18-24 and approximately $317,000 in annual funding specifically for the youth subpopulation. The CoC also funded a new Youth RRH Collaboration project in the FY17, generating an additional 40 youth beds and increasing youth funding annually by $546,000. Strategies continue to result in improved collaboration among the network of youth providers, who applied for additional funding by

submitting applications for both FY16 and FY17 YHDP. 2) Also, in an effort to more effectively serve youth using existing resources, and to better understand the experiences and service needs of the CoC's homeless and runaway youth, the University of Hawaii Center on the Family partnered with Waikiki Health and Hale Kipa, CoC members and two leading organizations that serve street youth on Oahu to publish the Street Youth Study in 2017. Interviews were completed between July and October 2016 with 151 young people, aged 12-24, who were homeless or had run away from home. Nearly a quarter (23.8%) of participants were between the ages of 12 and 17, and 76.2% were between the ages of 18 and 24. Almost half surveyed were Hawaiian or part Hawaiian, and a similar proportion of the respondents had lived in Hawaii their entire lives. About half had their first homeless experience with their families and, while the ages at which they first experienced homelessness varied, nearly half experienced homelessness for the first time as adolescents (ages 12-17). The most commonly mentioned reasons for being homeless were family discord, lifestyle choice, disagreeing with rules at home, and being kicked out. The CoC is using the results of the Street Youth Study to provide new resources and support existing programs that are effectively housing and serving youth.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1) The CoC continues to monitor 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 are tracked to identify gaps in services which are specific to this subpopulation. The Statewide total reported 319 unaccompanied youth with 263 (82 percent) living unsheltered. The 2017 total youth count was nearly identical to the 309 found in 2016. In consideration of the large number of unsheltered youth reflected both years, and the 2) As described above, the CoC uses length of time, housing utilization, returns to homelessness, gains in income; PIT data; and information from the Street Youth Study published in 2017 through a collaboration of partner agencies. Also, in July 2017, CoC partner agency, Hawaii Youth Services Network, convened more than 40 homeless and youth-serving providers and homeless youth to discuss ways to end/reduce youth homelessness. Participants represented non-profit, government, and faith-based organizations and a university working in the areas of homelessness, foster care, child abuse/neglect, substance abuse, juvenile justice, youth development, health care, LGBTQ responsiveness, sex trafficking, and HIV/AIDS. Some of the recommendations included: increase supply of low-end rental housing; emergency shelter for 18-24 year olds; additional regional drop-in centers; improved transition services for youth exiting foster care; rental vouchers specifically for homeless youth; one-stop shop/wrap-around services; adult role models/mentors; decriminalizing running away from home; family strengthening programs; and raising the minimum wage. 3) The CoC believes these measures help determine the effectiveness of the CoC's strategies

because they align with HUD best practices, measures outlined in HUD YHDPs, and USICH.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

PIC service providers have continued to invite and work jointly with the Dept. of Education (DOE) and Homeless Liaisons Office representatives through CoC meetings. AUW's 211 continues its 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 15 McKinney Vento workers were included in the most recent State budget, resulting in now 10 positions filled with those liaisons working in the field. Further, two of the five unfilled positions remaining unfilled by choice, based on the number of identified students and existing staff in the complex area, and at least one of those two unfilled positions will be transferred to Leeward Oahu where the need is greater.The school liaisons remain instrumental in ensuring that kids are connected to services to receive free meals, transportation if applicable, and other school-based supports. The DOE school liaisons also collaborate with youth shelters/agencies and Head Start, etc. to better meet the needs of families outside of a school's jurisdiction. Additionally, the community homeless concerns liaisons and a social worker routinely attend family and youth CES meetings of the Oahu CoC. Lastly, PIC will be entering into a formal agreement with the Dept. of Education (DOE) to integrate the identification of homeless family units into the State's HMIS by DOE McKinney Vento representatives.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The Oahu CoC relies on the DOE policies and procedures for homeless families. Specifically, all families remain eligible for certain rights or protections under the McKinney-Vento Homeless Education Assistance Act. Regardless of their circumstances, their children have the right to: go to school, no matter where their families live or how long they have lived there; be given access to the same public education, including preschool education, provided to other children; continue in the school they attended before the family became homeless or the school they last attended, if feasible; receive transportation to the school they attended before the family became homeless or the school they last attended; attend a school and participate in school programs with children who are not homeless; enroll in a school without giving a permanent address; enroll and attend class while the school arranges for the transfer of school and immunization records or any other documents required for enrollment; enroll

and attend class in the school of choice, even if the school is engaged in a dispute over enrolling a child or children; receive the same special programs and services, if needed, as provided to all other children; and receive transportation services comparable to services offered to other students. They also have the right to: contact the homeless concerns liaison for help in enrolling a child in a new school or arranging for a child to continue in a former school; contact the school and provide any information they think will assist in helping a child adjust to new circumstances; and ask the homeless concerns liaison, shelter provider, or social worker, for assistance with clothing and supplies, if needed. Lastly, written resources for families under McKinney-Vento should be made available in English and in a family's own language.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

VA staff continues to conduct regular 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 HOPTEL and Pearl City Seniors HOPTEL 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 also continues to enter 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. To date, all eligible veterans on By Name List have received PSH referrals to HUD/VASH and SSVF programs. Also, all veterans on By Name List that are eligible for VA housing resources (301) have received a referral to the respective programs services. Further the CoC has verified the discharge status of all veterans on the BNL.

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 experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?　　Yes

**3B-5. Racial Disparity. Applicants must:
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.**　　No

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 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.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	17
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	17
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
 (1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
 (3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) CoC partner agencies, IHS, KPHC, HHHRC, USVETS, ALEA Bridge, Kealahou West Oahu and Waianae Comprehensive Health conduct regular outreach focused on housing navigation which most often begins with establishing IDs and the collection of vital documents. 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. The CoC also recently began implementation of new coordinated "night outreach" in urban areas such as Chinatown with outreach providers, substance use providers, the police and volunteers working together on a cross-sector, team-based approach to outreach. 2) The CoC's outreach covers 100% of the CoC's geographic area. 3) Street outreach is conducted 365 days of the year by regional teams which is focused on housing navigation, removing barriers to housing and enhancing housing retention. 4) AMHD funded outreach targets those experiencing homelessness who are chronically mentally ill and too sick to seek help on their own. A psychiatrist accompanies outreach teams to administer medications, and makes immediate referrals to Adult Protective Services for clients who are most vulnerable or experiencing abuse. Also, 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-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC 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; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1) The CoC's CES Policies and Procedures outline specific steps to ensure the furtherance of fair housing measures as detailed in 24 CFR 578. All CoC projects in CES must include a strategy to ensure CoC resources and CES options (referral options) are eligible to all individuals and families regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to individuals and families who possess or identify with one or more of these attributes ensures the CES is accessible to all persons. All CoC projects in the CES must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the crisis response system. 2) All CoC projects participating in CES must document steps taken to ensure effective communication with persons with disabilities. Access points must be accessible to persons with disabilities, including physical locations for those who use wheelchairs, as well as people in Hawaii who are least likely to access homeless assistance. Further the City sponsors an 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. Further, ESL clients are assisted by interpreters through the Language Access Program, and housing educational materials are translated into many different languages.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	875	1,177	302

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

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

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
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	CES P&Ps with Ass...	09/14/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Project Evaluatio...	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public Posting of...	09/17/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Screenshot of Web...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	RFP for Project P...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification Lett...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notification Lett...	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Screenshot - Publ...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	HMIS MOU	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	2018 HDX Competit...	09/14/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/17/2018

Submission Summary   No Input Required

INTRODUCTION AND PURPOSE

In July 2012, HUD published the new Continuum of Care (CoC) Program Interim Rule. The CoC Program Interim Rule requires that the CoC establish and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG Program.

At a minimum, these written standards must include:

- Policies and procedures for the evaluation of the eligibility of persons experiencing homelessness for assistance in the CoC Program; and,
- Policies and procedures for determining and prioritizing which persons experiencing homelessness will receive assistance for permanent supportive housing assistance, transitional housing assistance, and rapid rehousing assistance.

The goals of the written standards are to:

- Establish community-wide expectations on the operation of projects within the community;
- Ensure that the system is transparent to users and operators;
- Establish a minimum set of standards and expectations in terms of the quality expected of projects;
- Make the local priorities transparent to recipients and subrecipients of funds;
- Create consistency and coordination between recipients' and subrecipients' projects within the Honolulu City and County CoC; and,
- CoC Program standards must be in accordance with Violence Against Women Act (VAWA) regulations.

The Coordinated Entry System is Oahu's approach to organizing and providing services and assistance to persons experiencing a housing crisis within the Continuum of Care. All persons are seeking homeless or homelessness prevention assistance are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions in accordance with the intentional service strategy defined by Partners in Care leadership. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

VISION STATEMENTS AND GUIDING PRINCIPLES

In 2016-17, through a series of community planning meetings, Partners in Care developed and agreed upon the following shared vision statements for the single adult, family, and youth/TAY process within the Coordinated Entry System. The vision statements enumerate:

- The purpose and intent of the coordinated entry processes;
- The key principles of the coordinated entry processes; and,
- The key elements of the coordinated entry processes.

For more information, please see the complete Vision Statement(s) located in the Appendix to this document.

FAIR HOUSING, TENANT SELECTION, AND OTHER LEGAL REQUIREMENTS

All CoC projects in the Coordinated Entry System must include a strategy to ensure CoC resources and Coordinated Entry System options (referral options) are eligible to all individuals and families regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to individuals and families who possess or identify with one or more of these attributes ensures the Coordinated Entry System is accessible to all persons.

All CoC projects in the Coordinated Entry System must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the crisis response system.

All CoC projects participating in the Coordinated Entry System must document steps taken to ensure effective communication with persons with disabilities. Access points must be accessible to persons with disabilities, including physical locations for those who use wheelchairs, as well as people in Hawaii who are least likely to access homeless assistance.

STAFFING ROLES AND PARTICIPATION RESPONSIBILITIES

Coordinated Entry System Continuum of Care Leadership

Leadership from Partners in Care (the Honolulu City and County CoC) will conduct oversight and monitoring of Coordinated Entry functions to ensure consistent application of Coordinated Entry System Policies and Procedures and high quality service delivery for persons experiencing a housing crisis.

During the early stages of Coordinated Entry System implementation, CoC leadership shall meet monthly to monitor progress, hear appeals, and implement changes and updates to Coordinated Entry System operations. Aloha United Way (AUW) is identified by HUD as the "collaborative applicant" on behalf of Oahu for homeless funds. Meeting minutes for Coordinated Entry System implementation in Oahu will be posted online by Partners in Care at www.partnersincareoahu.org. The DHS Housing Programs Office (HPO) is identified by HUD as the collaborative applicant on behalf of the neighbor island counties for homeless funds, including the responsibility for posting meeting minutes at http://humanservices.hawaii.gov/bessd/home/hp/bridging-the-gap-meeting-minutes.

After meeting monthly during the early stages of Coordinated Entry System implementation, CoC leadership may adjust the meeting schedule as appropriate if it determines that is desirable (e.g., quarterly meetings, if more appropriate). Efficacy in monitoring progress, hearing appeals, and implementing changes will be assessed on an ongoing basis.

Coordinated Entry System Administrators

Partners in Care, acting through the CoC Board, will identify and designate subpopulation-specific Coordinated Entry System Administrators for each of the coordinated entry processes for single adults, families, youth/TAY, and survivors of domestic violence. At a minimum, the CES Administrators are responsible for the following in relationship to their respective subpopulations:

- Communicating with participating housing and service providers and other CES Authorized Agencies regarding the expectations and requirements of the Coordinated Entry System;
- Communicating with the CoC Board and CES Oversight Group regarding suggested or necessary alterations to the coordinated entry process to improve the overall performance of the Coordinated Entry System;
- Maintaining and ensuring the accuracy of the Community Queue;
- Promptly identifying and referring appropriate and eligible clients for available vacancies reported to the CES Administrator by participating housing and service providers.

Continuum of Care Providers Serving Persons Experiencing Homelessness

Providers participating in the Coordinated Entry System are required to:

- Adopt and follow Coordinated Entry System Policies and Procedures. Coordinated Entry System participating providers shall maintain and adhere to these policies and procedures for Coordinated Entry System operations, and as established by the Coordinated Entry System Continuum of Care Leadership for access points, assessment procedures, prioritization, and referral to available housing and services.
- Maintain low barriers to enrollment. Providers serving persons experiencing homelessness shall limit barriers to enrollment in housing and services. No person may be turned away from crisis response services or homeless-designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to persons with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy. CoC providers offering prevention and/or short-term rapid rehousing assistance (i.e., 0-3 months of financial assistance) may choose to apply some income or employment standards for their enrollment determinations, unless otherwise required by the terms of their grants.
- Maintain fair and equal access. Coordinated Entry System participating providers shall ensure fair and equal access to Coordinated Entry System programs and services for all persons, regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, veteran status, or sexual orientation. If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the house program should make every effort to accommodate the person or assist them in locating alternative accommodation that is appropriate and responsive to their particular needs. Coordinated Entry System participating providers shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals, veterans, youth, transgender individuals, and persons fleeing domestic violence. Population-specific projects and those projects maintaining specific affinity focus (e.g., women-only, native Hawaiian only, veterans only, etc.) are permitted to maintain eligibility restrictions as currently defined and continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Coordinated Entry System Continuum of Care Leadership and their funders.

- <u>Provide appropriate safety planning.</u> Coordinated Entry System participating providers shall provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- <u>Create and share written eligibility standards.</u> Provide detailed written guidance for individual eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be discussed. Include funder specific requirements for eligibility and program-defined requirements such as individual characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Coordinated Entry System Continuum of Care Leadership as well as funders.
- <u>Communicate vacancies.</u> Homeless providers must communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Continuum of Care Leadership in a manner determined by and outlined in these policies and procedures.
- <u>Limit enrollment to participants referred through the defined Coordinated Entry System access point(s).</u> Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the prioritization criteria outlined below. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance. Coordinated Entry System access points will need to be informed of every opening and how and when they were filled.
- <u>Participate in Coordinated Entry System planning.</u> CoC projects shall participate in Coordinated Entry System planning and management activities as defined and established by Coordinated Entry System Continuum of Care Leadership.
- <u>Contribute data to HMIS (or comparable database, when appropriate) if mandated per federal, state, county, or other funder requirements.</u> Each provider with homeless dedicated units will be required to participate in HMIS. Providers should work with the Hawaii HMIS Lead Agency with funding sources to determine specific forms and assessments required for HUD compliance within HMIS.
- <u>Ensure staff who interact with the Coordinated Entry System process receive regular training and supervision.</u> Each provider must notify Coordinated Entry System Continuum of Care Leadership to changes in staffing, in order to ensure employees have access to ongoing training and information related to the Coordinated Entry System.
- <u>Ensure individual rights are protected and families are informed of their rights and responsibilities.</u> All clients shall have rights explained to them verbally and in writing when completing an initial intake. At a minimum, these rights include:
    o The right to be treated with dignity and respect;
    o The right to appeal Coordinated Entry System decisions;
    o The right to be treated with cultural sensitivity;
    o The right to have an advocate present during the appeals process;
    o The right to request a reasonable accommodation in accordance with the project's tenant/family selection process;
    o The right to accept housing/services offered or to reject housing/services; and,
    o The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Coordinated Entry System Authorized Agency

Organizations that participate in the Coordinated Entry System through housing, surveying, acquiring documentation, or otherwise aiding the coordinated entry workflow process as listed in these policies and procedures qualify as CES Authorized Agencies and may have access to protected personal information of clients as it relates to housing these persons. All HMIS-participating service providers will be a CES Authorized Agency. Non-HMIS-participating agencies will require approval from the CES Oversight Group to participate in case conferencing, referrals, or other parts of the coordinated entry process that require access to the protected personal information of clients.

Case Conferencing

For persons experiencing homelessness, referral to transitional housing, rapid rehousing, and permanent supportive housing interventions will be intentionally and primarily made in a centralized manner, following the prioritization categories outlined in these policies and procedures. To ensure that all clients are matched to appropriate resources based on objective determinations of vulnerability and need, the role of case conferencing will be limited to the following activities:

- <u>Ensuring Successful Placement</u>: Address the needs of the most challenging or difficult-to-serve clients in order to ensure that they are able to access the resources for which they have been referred;
- <u>Ensuring Document Readiness</u>: Ensure the document readiness of all clients is being addressed, beginning with those in Priority Group 1 and continuing in order;
- <u>Ensuring Effective Client Navigation of the Coordinated Entry System</u>: Ensure that clients are not excluded from accessing resources for which they are eligible and are appropriate to their needs if they would otherwise remain on the housing queue for an extended period of time. If clients are appropriate for less-intensive housing or services, the case manager or other CES stakeholder should contact the appropriate CES Administrator. Eligible exceptions may include:
    - o <u>Placing an individual or family into bridge or interim housing if they have already been referred to an appropriate</u> permanent supportive housing program;
    - o Prioritizing individuals or families able to present documentation from an appropriate medical professional regarding a terminal illness or imminent serious health danger to a member of the household due to homelessness;
    - o Determining whether an individual or family who would otherwise be prioritized for more intensive housing or services would benefit from and be eligible for less intensive interventions (such as rapid rehousing or transitional housing);
    - o Determining eligibility for a single adult, couple, or other family without children to understand if family reunification would be possible upon placement into housing.
- <u>Ensuring an Accurate Community Queue</u>: Ensure that individuals and families on the Community Queue have accurate assessment results and that those no longer requiring services are promptly removed from the housing queue. Where an individual or family has been unassigned due to failure to contact or locate, this client will be brought to case conferencing to determine whether they should remain in the Coordinated Entry System.

Case conferencing meetings should generally be open to all agencies participating in coordinated entry that can contribute valuable information regarding any of the above-listed items that are appropriate for case conferencing participating. This may include any combination of: the appropriate CES Administrator, case managers, street outreach staff, or others that may have information regarding the client's vulnerability and need. The CES Oversight Group retains authority to limit participation in case conferencing meetings where doing so would be in the interests of more quickly identifying and prioritizing individuals and families for housing and services.

COORDINATED ENTRY SYSTEM WORKFLOW AND POLICIES

Coordinated Entry Workflow Overview

Street outreach, day center, emergency shelter, transitional housing, rapid rehousing, permanent supportive housing, and other CES Authroized Agency staff will work to ensure that all persons they engage are:

- Assessed using the appropriate assessment tool;
- Readily able to be located;
- Motivated to pursue housing;
- In possession of the appropriate documentation required for potential housing options; and,
- Successfully engaged by Continuum of Care providers seeking to resolve their housing crisis.

Pre-Screening Tool (Draft Only)

All clients should be administered the common pre-screening tool prior to receiving a full coordinated entry assessment. This tool is designed to accomplish three discrete goals:

- <u>Immediate safety needs.</u> The pre-screening tool is designed to capture information regarding the client's immediate safety needs, including whether the client requires immediate medical attention, police assistance, or is currently experiencing domestic violence. Where a client has an immediate safety need, the client should be directed to the appropriate assistance prior to continuing the pre-screening tool or receiving the full coordinated entry assessment. If the individual or family appears to have obvious and immediate medical or victim-service safety needs, the surveyor should use their best judgment regarding how to proceed in a manner designed to ensure the individual or family's health and well-being.
- <u>Basic information regarding the client.</u> The pre-screening tool is designed to capture basic information regarding the client, including their age, veteran status, current living situation, and contact information. This information can be used to estimate the likelihood that the client meets the HUD definition of homelessness (and is thus eligible for homeless assistance), identify the appropriate coordinated entry assessment to administer to the client, and assist in locating the client upon referral to housing.
- <u>Housing preferences.</u> The pre-screening tool is designed to capture information regarding the individual or family's housing preferences, most notably the region(s) of Oahu in which the client is willing to accept housing. This facilitates greater incorporation of client choice into the coordinated entry process.

For more information, please see the Draft Pre-Screening Tool located in the Appendix of this document.

Survey: Explaining What You're Doing and Why

Upon completion of the pre-screening tool and determination that the client has no immediate safety needs requiring emergency services, the client will receive the appropriate full coordinated entry assessment. The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) suite of products, developed and owned by OrgCode and Community Solutions, are a set of triage tools that assist in informing an appropriate 'match' to a housing intervention based on a person's acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT tools allow for prioritization based on presence of vulnerability primarily across four components: (A) history of housing and homelessness; (B) risks; (C) socialization and daily functioning; and, (D) wellness (including physical health, substance use, mental health,

medications, and abuse and trauma). Partners in Care is implementing the VI-SPDAT assessment tools for the following subpopulations:

- Single Adults: VI-SPDAT (Version 2)
- Families: Family VI-SPDAT (Version 2)
- Youth and TAY: TAY VI-SPDAT (Version 2)
- Survivors of Domestic Violence: TBD

Partners in Care has agreed to use the VI-SPDAT products as universal assessment tools across the Continuum of Care for screening and matching persons experiencing homelessness in Hawaii. Partners in Care, the CES Administrators, participating providers, and other CES Authorized Agencies should jointly ensure that all staff administering any of the SPDAT tools are trained to do so by an authorized trainer.

Persons engaged by providers representing the Coordinated Entry System should receive the same information regarding what that process involves. Assessors should communicate the survey process and its results clearly and consistently across the community. This ensures both that the benefits of participation in the survey are described clearly to encourage people to participate, but also that they understand that participating does not guarantee (and may not result in) housing. It is also important that people assessed receive a clear understanding of where their information will be shared. An example of what to standardize follows below:

- The name of the assessor and their affiliation (e.g., organization that employs them, volunteer as part of a Point in Time Count, etc.);
- The purpose for which the assessment is being completed;
- That it usually takes less than 30 minutes to complete;
- That only "Yes," "No," or one-word answers are being sought;
- That any question can be skipped or refused;
- That the information is going to be stored in the Homeless Management Information System (HMIS);
- That other providers conducting assessments and the housing providers connected to the Coordinated Entry System will have access to the information so that the person does not need to complete the assessment multiple times, that housing providers can identify people to target for housing resources as they come available, and for planning purposes (the ability to share client-level data depends on client consent; as such, it is vitally important to obtain client consent from the maximum number of clients);
- That if the participant does not understand a question, clarification can be provided; and,
- The importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal.

Additional Subpopulation Considerations

Veterans: Providers serving veterans may require a Health Insurance Portability Accommodations Act (HIPAA)-compliant Release of Information to enable representatives from the Department of Veterans Affairs, the State, and other relevant stakeholders to ensure veterans can access the full spectrum of housing resources designated for this subpopulation. Most veterans are additionally eligible for veteran-specific resources through the Department of Veterans' Affairs (VA). Clients who are eligible for these resources, including housing and services, should be connected to the VA as soon as possible to ensure they can access appropriate resources for which they are eligible.

Survivors of Domestic Violence: While people currently experiencing homelessness have often previously survived domestic violence, the Violence Against Women Act (VAWA) prevents providers dedicated to serving this subpopulation from inputting their personally identifiable information within a Homeless Management Information System (HMIS) because of the additional safety precautions. While the VI-SPDAT is not primarily a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess individuals or families that desire access to the broader range of housing options dedicated to persons experiencing homelessness. Those results will need to be stored within a VAWA-compliant electronic system or in paper files secured according the full requirements of the law. Clients served in this way who are later matched to outside providers will have further provider-specific security precautions, outlined in the Universal Access section below.

Survey Refusals

For limited instances when persons refuse specific questions throughout the assessment process, the assessor may request permission to ask additional questions in order to utilize their conversation with the client, surveyor observation, documentation, and information from other professionals in order to provide responses. When staff encounter clients who do not provide a response to any of the first questions, they should stop and acknowledge that the assessment will not provide useful information if the person receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these persons until they are willing to be assessed. The assessment should be completed in one engagement (although not necessarily first contact).

Survey: Concluding the Engagement

Upon completion of the assessment, the assessor may ask if the person is currently working with a provider towards one of those forms of housing assistance. If so, the person receiving the survey should be encouraged to continue to engage with their existing case management supports. If not, staff can provide a brief description of the resources currently available within the community and ask if the person is interested in specific forms of housing assistance.

Assessors should emphasize the importance of having reliable and comprehensive information regarding the best time and place to contact the client. Staff should collect information on whereabouts across a 24-hour period, beginning with where the wake up until they bed down at night, with notations for days when location patterns changed, and record that information within the assessment. This includes where meals are obtained, transportation methods and times to and from meal and shelter providers, cross streets of locations where they receive services, outside agency names and staff with whom they engage, etc.

Assessors may emphasize that while completion of the assessment does not make them now the person's case manager, it remains critically important that the assessor possesses the most reliable methods possible for locating the person being assessed, especially if that includes an outside agency or staff attempting to contact the person at a later date.

Next Steps: Collection of Housing Documentation

Once the assessment is completed, or as part of the initial engagements for persons already assessed, staff should determine which essential documents the client currently possesses, and begin working with them to begin collecting missing documents, as staff time and resources allow. Assessors should emphasize that specific documentation is required for many programs, including but not limited to government issued photo identification, social security card, birth certificate, proof of income or zero income, verification of homelessness, and DD-214 for families who have served in the United States armed forces (regardless of discharge status or length of service).

To facilitate this process, providers are responsible for providing the CES Administrator with relevant, up-to-date eligibility requirements, including documentation requirements.

The Community Queue: Prioritization for Housing and Service Providers

Upon successful assessment completion, Continuum of Care providers including transitional housing, rapid rehousing, and permanent supportive housing will fill their caseload (for services-only programs) and/or beds (for housing programs) solely through the Coordinated Entry System according to the prioritization criteria outlined below. Within any prioritization category, each of the prioritization criteria within the category must be met by the individual or family. Where two clients meet all criteria within a single priority category, providers will prioritize servicing individuals and families as follows:

Single Adult Tiebreakers:	Family Tiebreakers:	Youth and TAY Tiebreakers:
1. Assessment score 2. Assessment or encounter date within the current calendar year 3. Assessment or encounter date within the past 12 months 4. Document readiness 5. Greatest age (unless program guidelines specifically identify a particular age group) 6. Greatest collective length of homelessness 7. Greatest utilization of emergency services	1. Assessment score 2. Largest household size 3. Children under 5 years of age 4. Document readiness	1. Assessment score 2. Assessment or encounter date within the current calendar year 3. Assessment or encounter date within the past 12 months 4. Document readiness 5. Greatest age (unless program guidelines specifically identify a particular age group) 6. Greatest collective length of homelessness 7. Greatest utilization of emergency services

Providers may request through the case conferencing administration process, for clients to be considered for advancement on any category of the Community Queue when there is clear, documented evidence of greater need, and such advancement meets the long-term, sustainable, housing needs, related to the conditions of consideration. Such documentation will evidence one or a combination of the following conditions:

- Vulnerability to illness or death;
- Undergoing life-sustaining medical treatment which efficacy is significantly negated by conditions of homelessness and housing instability;
- Vulnerability to victimization, including physical assault and abuse;
- Functional impairments causing long-lasting physical or mental capacity to meet essential requirements for physical health, safety, or self-care; or,
- Other specific factors determined by the community that are based on severity of needs, including terminal illness.

Intervention: Where a vacancy occurs in the following program types...	Single Adults Prioritization: ...Individuals will be matched to the vacancy per the following criteria. An individual must meet all elements within a Priority Category and no individual falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.	Family Prioritization: ...Families will be matched to the vacancy per the following criteria. A family must meet all elements within a Priority Category and after chronically homeless families with minor children are served in advance of chronically homeless adult only families, no households falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.	Youth and TAY Prioritization: ...Youth and TAY will be matched to the vacancy per the following criteria. Youth and TAY must meet all elements within a Priority Category and no youth or TAY falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.
Homelessness Prevention	**Priority Category 1:** • Imminent risk of homelessness • Low income individuals	**Priority Category 1:** • Imminent risk of eviction with documentation	**Priority Category 1:** • Imminent Risk of Homelessness • Low Income Families
Street Outreach and Emergency Shelter	**Priority Category 1:** • Individuals matched to transitional housing, rapid re-housing, or permanent supportive housing	**Priority Category 1:** • Families matched to transitional housing, rapid re-housing, or permanent supportive housing	**Priority Category 1:** • Individuals matched to transitional housing, rapid re-housing, or permanent supportive housing

Transitional Housing	**Priority Category 1:**
	• VI-SPDAT Score Range: 4-10
	• Tri-Morbidity:
	  o Mental Health;
	  o Physical Health (e.g., HIV/AIDS); and,
	  o Substance Use
		Priority Category 1:
		• Same as PSH if unavailable	

	Priority Category 2:
	• VI-SPDAT Score Range: 4-10
	• 2+ HUD Disabling Condition(s):
	  o Mental Health;
	  o Physical Health (e.g., HIV/AIDS);
	  o Substance Use; and/or
		Priority Category 2:
		• Same as RRH if unavailable	

	o Developmental Disability or Cognitive Impairment		
	Priority Category 3: - VI-SPDAT Score Range: 4-10 1+ HUD Disabling Condition(s): - o Mental Health; - o Physical Health (e.g., HIV/AIDS); - o Substance Use; and/or - o Developmental Disability or Cognitive Impairment	**Priority Category 3:** - VI-SPDAT Score Range: 0-8 - Any of the following: - o Substance Use; - o Domestic Violence; - o Incarceration; and/or - o Head of Household 24 or Younger	
	Priority Category 4: - VI-SPDAT Score Range: 4-10 - Client matched to RRH, PSH, HCV, or other permanent housing resource but awaiting unit identification	**Priority Category 4:** - VI-SPDAT Score Range: 0-3 - No Income	
	Priority Category 5: VI-SPDAT Score Range: 4-10	**Priority Category 5:** Families without Income	
		Priority Category 6: Families with Income	
Rapid Rehousing	**Priority Category 1:** - VI-SPDAT Score Range: 4-10 - Chronic Homelessness	**Priority Category 1:** - VI-SPDAT Score Range: 4-8 - Chronic Homelessness	**Priority Category 1:** - TAY VI-SPDAT Score Range: 4-7 - Active employment - Active involvement in youth programs or attending school/classes Tiebreaker: Date of first intake
	Priority Category 2:	**Priority Category 2:**	**Priority Category 2:**

- VI-SPDAT Score Range: 4-10 1+ HUD Disabling Condition(s): - Mental Health; - Physical Health (e.g., HIV/AIDS); - Substance Use; and/or - Developmental Disability or Cognitive Impairment	- VI-SPDAT Score Range: 4-8 1+ HUD Disabling Condition(s): - Mental Health; - Physical Health (e.g., HIV/AIDS); - Substance Use; and/or - Developmental Disability or Cognitive Impairment	- TAY VI-SPDAT Score Range: 8+ - Active employment - Active involvement in youth programs or attending school/classes Tiebreaker: Date of first intake
Priority Category 3: VI-SPDAT Score Range: 4-10	**Priority Category 3:** VI-SPDAT Score Range: 4-8	**Priority Category 3:** - TAY VI-SPDAT Score Range: 4-7 - No employment - No involvement in youth programs or attending school/classes Tiebreaker: Date of first intake
Note: Clients scoring 11+ on the VI-SPDAT may be considered for rapid rehousing if: - The client meets other rapid rehousing prioritization criteria (e.g., chronic homelessness, disabling conditions, etc.); - The client is referred to case conferencing based on objective, community-wide criteria (including employment and/or income); and, - Through case conferencing, the community determines that there is a substantial likelihood that rapid rehousing will meet the client's housing and service needs.		**Priority Category 4:** - TAY VI-SPDAT Score Range: 8+ - No employment - No involvement in youth programs or attending school/classes Tiebreaker: Date of first intake

Permanent Supportive Housing	Priority Category 1:
	• VI-SPDAT Score Range: 11+
	• Chronic Homelessness
	• Tri-Morbidity:
	  o Mental Health;
	  o Physical Health (e.g., HIV/AIDS); and,
	  o Substance Use
		Priority Category 1:
		• VI-SPDAT Score Range: 9+
		• Chronic Homelessness
		• Tri-Morbidity:
		  o Mental Health;
		  o Physical Health (e.g., HIV/AIDS); and,
		  o Substance Use	

	Priority Category 2:
	• VI-SPDAT Score Range: 11+
	• Chronic Homelessness
	• 2+ HUD Disabling Conditions:
	  o Mental Health;
	  o Physical Health (e.g., HIV/AIDS);
	  o Substance Use; and/or
	  o Developmental Disability or Cognitive Impairment
		Priority Category 2:
		• VI-SPDAT Score Range: 9+
		• Chronic Homelessness
		• 2+ HUD Disabling Conditions:
		  o Mental Health;
		  o Physical Health (e.g., HIV/AIDS);
		  o Substance Use; and/or
		  o Developmental Disability or Cognitive Impairment	

	Priority Category 3: • VI-SPDAT Score Range: 11+ • Chronic Homelessness	Priority Category 3: • VI-SPDAT Score Range: 9+ • Chronic Homelessness	

	Priority Category 4:
	• VI-SPDAT Score Range: 11+
	• 1+ HUD Disabling Conditions:
	  o Mental Health;
	  o Physical Health (e.g., HIV/AIDS);
	  o Substance Use; and/or
	  o Developmental Disability or Cognitive Impairment
		Priority Category 4:
		• VI-SPDAT Score Range: 9+
		• 1+ HUD Disabling Conditions:
		  o Mental Health;
		  o Physical Health (e.g., HIV/AIDS);
		  o Substance Use; and/or
		  o Developmental Disability or Cognitive Impairment	

	Priority Category 5: • VI-SPDAT Score Range: 11+	Priority Category 5: • VI-SPDAT Score Range: 9+	

Getting Connected: The Matching and Referral Process

When there is a resource vacancy (including beds, units, or vouchers) within a participating provider, the provider will inform the appropriate CES Administrator, who will refer a client for placement based on the prioritization order above and the client's placement on the community housing queue. To facilitate this process, it is essential that participating providers:

- Promptly notify the CES Administrator of any available resource vacancies;
- Ensure that the CES Administrator has complete, up-to-date eligibility requirements regarding each of their programs that they will be dedicating to the Coordinated Entry process (including documentation requirements); and,
- Provide the CES Administrator with point of contact information to ensure that the CES Administrator can communicate with relevant staff;

The CES Administrator will run an HMIS report of the community housing queue (including assessment results, eligibility information, and other prioritization factors for all persons experiencing homelessness). Following the prioritization scheme outlined above, the CES Administrator will refer the highest prioritized client for placement into the program. Due to the high level of demand for limited homeless housing and service resources, clients are required to maintain contact with the homeless response system on an ongoing basis (at least yearly) in order to remain active on the Community Queue. Clients may be encouraged and/or required to retake the appropriate assessment, per the Coordinated Entry System Re-Screening Policy (outlined below) should there be any indication that the client's circumstances have changed since the date of first assessment. To ensure that clients are able to be located in a timely manner and maximize utilization of homeless housing and services, only those clients that have made contact with the homeless response system within the past year will be eligible for referral from the Community Queue. "Contact" may include: enrollment in a program, engagement with street outreach, emergency shelter stays, or other indication that the client remains homeless and in need of assistance. Providers will receive referrals via email designating the:

- Housing resource to which the client is matched (i.e., housing project);
- HMIS unique identifier for the client;
- Date of the referral; and,
- Point of contact for outreach and engagement to the individual or family.

Providers will receive up to three matches for every one opening/vacancy they have at the discretion of the CES administration. If the match is unsuccessful, the CES Administrator will make a new referral as soon as the prior referral is "unassigned" and the client returned to the community housing queue. This promotes choice on behalf of both the client referred and the project. See "Process for Unsuccessful Matches" section below for additional detail.

Once a referral is made following the prioritization and process outlined above, the provider first contacts the assessor to coordinate contact with the client and set up intake appointments before contacting the client directly. The housing provider commits to working with the assessor to locate the person and engage with them to verify if the housing referral provides a good match. The provider is expected to locate and contact the referred client within one week of the date on which the referral is made; placement into housing should be made within one month of contacting the client. Upon successful placement, providers should ensure that the client is exited, as appropriate, from prior housing programs. The housing provider commits to communicating in writing with the Continuum of Care leadership when more than 50% of matches do not lead to successful program entry to facilitate more successful referrals (further outlined below). If a client experiences three or more unsuccessful assignments, he or she should be referred to case conferencing for additional attention.

The housing provider will document any unsuccessful matches and provide both (1) the reason(s) why they were not housed; and, (2) the date of unsuccessful match/"un-assignment" within HMIS so that the person can be reassigned to additional

providers (further outlined below). The housing provider will also document when each match does lead to successful program entry and providing the date the family moves into housing within HMIS.

Participating providers may not fill bed vacancies through any other process; all bed vacancies must be filled through the coordinated entry process outlined in this document.

Process for Unsuccessful Matches

By the Client: Clients may reject a housing referral due to the health, safety or wellbeing of the person being compromised by the potential referral. Respecting client choice and preference, clients may also reject a housing referral due to an inability to work with the housing provider to which they are referred. Rejections of housing referrals by clients should be infrequent and must be documented in HMIS. Repeated rejections on behalf of staff, programs, and/or agencies may require case conferencing and additional guidance from Continuum of Care leadership.

By Housing Provider: Hawaii CoC providers and program participants may deny or reject referrals from the Single Adults Coordinated Entry System, although service denials should be infrequent and must be documented in HMIS. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually or as they change, whichever happens first. All participating projects shall provide the reason for service denial, and may be subject to a limit on the number of service denials. Agencies that would like to deny a referral that is incompatible with their programming must include details about the reason for denial. Documentation should include communication attempts with the client, specific reasons that prevent acceptance of referral, or other similar details.

Denial of a referral by a provider generally have three different consequences depending upon the reason for the denial: 1) The client is placed back on the housing queue for a future referral; 2) The client is referred for case conferencing to resolve the issue that led to the denial of the referral; or, 3) The client is removed from the housing queue. Specific circumstances are as follows.

The client should be placed back on the housing queue for a future referral in the following circumstances:

- The client is not document-ready and will not be so within one month – appropriate application(s) for identification documentation has been submitted;
- The client does not meet required criteria for program eligibility;

The client should be referred for case conferencing to resolve a specific issue in the following circumstances:

- The client is not document-ready and will not be so within one month – application(s) for identification documentation have not been submitted;
- The housing provider is unable to locate the client within fourteen days following the date on which the referral was made, or the client has been unresponsive to repeated and numerous communication attempts;
- The client's needs, health, or well-being would be negatively impacted because the program does not offer the services, staffing, location, and/or housing supports necessary to successfully serve the household (e.g., where an individual or family is better-suited for project-based housing than independent living), or the client's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues;
- The client refused placement because he or she does not wish to work the provider receiving the referral;

- The client refused placement because he or she does not wish to live in the geographic area in which the program operates;
- The client was previously evicted by the program or organization, or there is a conflict of interest on the part of the provider in housing the person.

The client should be removed from the housing queue in the following circumstances:

- The person is no longer residing on the island (moved out of CoC area);

If the denial is the result of a third-party property management/landlord (private or partner of service provider) rejecting the client's application, the rejection will trigger a case conferencing meeting. If the client chooses to appeal this decision, a new referral will not be provided to the housing program until the appeal process has reached its conclusion.

The housing provider will document any unsuccessful matches and provide both (1) the reason(s) why they were not housed; and, (2) the date of unsuccessful match/"un-assignment" within HMIS so that the client can be reassigned to additional providers. The housing provider will also document when each match does lead to successful program entry and providing the date the client moves into housing within HMIS. Where a client is unassigned because due to a lack of document-readiness, the client will not receive a subsequent assignment until appropriate documentation is available; for this reason, it is essential that the community, through case conferencing, work to ensure that all clients (beginning with those in Priority Group 1) are document-ready.

Re-Screening

While clients generally do not need to be surveyed multiple times with any particular assessment tool, there are circumstance under which clients who have been screened would qualify to be re-screened, including the following:

- The client has not had contact with the homeless services system for one year or more since the initial assessment date (contact with the homeless service system may be made by taking another assessment, enrolling in a program, or having a documented encounter);
- The client has encountered a significant life change;
- In rare occurrences, a client who is screened and referred to a housing program may be eligible for re-screening if the program determines after extensive efforts that the client needs a higher level of support than can be offered in that level of intervention.
- The client who has a known, extensive history within the shelter and other emergency systems but their acuity is not accurately depicted on their first screening.

Prior to initiating a new assessment, the assessor should ensure that previous assessment is exited in HMIS as each client may have only one assessment score associated with a given unique HMIS identifier.

Universal Access Across Subpopulations

Universal access for all persons: Hawaii Continuum of Care providers shall provide directly or plan through other means to ensure universal access to crisis response services including shelter for individuals and families seeking emergency assistance at all hours of the day and all days of the year.

Crisis response during non-business hours: Continuum of Care providers shall document planned after-hours emergency services and publish hours of operation in an easily accessible location or posted publicly on the internet. After hours' crisis response access may include telephone crisis hotline access, coordination with police and/or emergency medical care.

Persons fleeing domestic violence or sexual assault: Continuum of Care providers shall be trained on the complexity of responding to individuals and families fleeing domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access points. CoC providers shall make safety referrals to victim service providers as determined to be clinically appropriate or at the request of the client. Providers participating in the Coordinated Entry System will work in partnership with advocacy organizations/shelters serving survivors of domestic violence to ensure considerations are made to address the specific safety and privacy needs of victims. This includes giving individuals and families the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into a separate database, and have full access to housing options.

TRANSFERS

There are circumstances under which a client enrolled with one housing provider may benefit from transferring to another program or provider. For example:

- The client has lost several scattered-site housing placements due to problems with visitors.
- A client in a site-based setting is unable to comply with funder-imposed rules around sobriety or the environment is not conducive to mental or physical well-being.

The Coordinated Entry System seeks to minimize the number of persons who are exited back to homelessness, only to have to be re-screened, and re-prioritized, and wait again for supportive housing. If the current housing provider is unable to continue serving a household, staff should contact the appropriate Coordinated Entry System Continuum of Care Leadership representative to discuss options besides exiting to homelessness.

If a transfer within the same level of service intervention (i.e., one PSH provider to another PSH provider) is being considered, the referral should come through the Coordinated Entry System process. To do so, the current housing provider must contact Coordinated Entry System Continuum of Care Leadership to determine what other housing providers have available capacity. Housing programs shall not initiate transfers between providers without the involvement and permission of Coordinated Entry System Continuum of Care Leadership.

Housing providers are prohibited from transferring an individual or family from one service intervention to another (i.e., TH to PSH, internally or externally) without permission from the Continuum of Care. If a provider has an opening in a PSH program, they must receive the referral through the Coordinated Entry System, and may not fill that opening internally via transfer from a lower service intervention program. Additionally, if it is identified that a client may need a higher intervention than what was determined initially, the housing provider should discuss this with Coordinated Entry System Continuum of Care Leadership. If a program is terminated or otherwise ends, the provider should work with Partners in Care and the CES Administrator to ensure that current clients are not exited to homelessness.

COORDINATED ENTRY SYSTEM MONITORING AND EVALUATION

Continuum of Care providers shall adhere to HUD-defined monitoring and reporting plans for the Coordinated Entry System. A Coordinated Entry Oversight Group will be established to monitor and evaluate coordinated entry for all subpopulations, as well as design and implement policies and procedures related to the integration of all subpopulations (including veterans). The Oversight Group will consist of CoC leadership and representatives of all key stakeholders, including:

- The Chair of the CoC Planning Committee;
- The Chair of the Statewide Data Committee;
- CES Administrators for each subpopulation;
- The HMIS Administrator;
- The Governor of Hawaii's Office;
- The Mayor of Honolulu's Office;
- The Partners in Care Director's Office;
- Subpopulation representatives for chronically homeless persons, survivors of domestic violence, families, veterans, and youth;

The monitoring process will report on performance objectives related to Coordinated Entry System utilization, efficiency, and effectiveness. HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects; and,
7. Successful housing placement.

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.

Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities

to ensure that those placements are also stable. Taken together, these measures allow communities to evaluate the factors more comprehensively that contribute to ending homelessness.

The Oversight Group and/or the CES Administrator should also identify and implement other processes and/or measures to evaluate the ongoing implementation and operation of coordinated entry. In addition to the seven HUD-mandated System Performance Measures, regular review should occur related to the following seven metrics (at a minimum):

1. The total and change to the number of people on the housing queue (including by subpopulation and by Priority Group);
2. The total and change to the number of people who are document-ready on the housing queue (including by subpopulation and by Priority Group);
3. The total and change to the number of new assignments and total placements from the housing queue (including by subpopulation and by Priority Group);
4. The total and change to the number of successful and unsuccessful placements (including by subpopulation, Priority Group, and component type);
5. The total and change to the reason of unsuccessful placements (including by subpopulation, Priority Group, and component type);
6. The mean and median length of time from assessment to referral (including by subpopulation, Priority Group, and component type); and,
7. The mean and median length of time from referral to placement into a housing unit (including by subpopulation, Priority Group, and component type).

Some metrics may require additional information, apart from the information currently in HMIS, to complete. The Oversight Group should work with the HMIS Administrator to identify both available and desirable data to effectively measure performance utilizing these metrics.

For more information, please see the Draft Coordinated Entry Oversight Report template located in the Appendix.

TERMINATION

Any participating or Authorized Agency may terminate their participation in the Coordinated Entry System by providing written notice to the CES Administrator, the CES Oversight Group, and the CoC Board. Housing programs that are required to participate in coordinated entry due to HUD guidelines may not terminate participation without HUD approval.

Coordinated Entry System Policies and Procedures Manual

Appendix

Partners in Care

HI-501: Honolulu City and County Continuum of Care (CoC)

February 8, 2018

COORDINATED ENTRY SYSTEM TERMS

Literally Homeless (Category 1 of the HUD Homeless Definition)

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(1)   An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(2)   An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or,

(3)   An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

At Imminent Risk of Homelessness (Category 2 of the HUD Homeless Definition)

An individual or family who will imminently lose their primary nighttime residence, provided that:

(1)   The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(2)   No subsequent residence has been identified; and,

(3)   The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

Homeless Under Other Federal Statutes (Category 3 of the HUD Homeless Definition)

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(1)   Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(2)   Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(3)   Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and,

(4)   Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood

abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Fleeing Domestic Abuse or Violence (Category 4 of the HUD Homeless Definition)

Any individual or family who:

(1)   Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual 57 assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(2)   Has no other residence; and,

(3)   Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

At Risk of Homelessness (HUD Definition)

(1)   An individual or family who:

(a)   Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(b)   Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the —Homeless definition in this section; and,

(c)   Meets one of the following conditions:

(i)   Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(ii)   Is living in the home of another because of economic hardship;

(iii)   Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(iv)   Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(v)   Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

(vi)   Is exiting a publicly funded institution, or system of care (such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution); or,

(vii)   Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

(2)   A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e- 2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or,

(3)   A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Chronically Homeless (HUD Definition)

(1)   An individual who:

   (a)   Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;

   (b)   Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years (totaling one year combined); and,

   (c)   Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2)   An individual who has been residing in an institutional care facility, including a jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or,

(3)   A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition)

An individual who:

(1)   Has a disability as defined by Section 223 of the Social Security Act (42 U.S.C. 423); or,

(2)   Is determined by HUD regulations to have a physical, mental, or emotional impairment that:

   (a)   Is expected to be of long, continued, and indefinite duration;

   (b)   Substantially impedes his or her ability to live independently; and,

(c)   Is of such a nature that more suitable housing conditions could improve such disability; or,

(3)   Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)); or,

(4)   Has the disease Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome (HIV).

The definition does not include a person whose disability is based solely on any drug or alcohol dependence for the purpose of qualifying for low-income housing under HUD public housing and Housing Choice Voucher programs.

Homeless Management Information System (HMIS)

A Homeless Management Information System is an electronic web-based data collection and reporting tool designed to record and store client-level information on the characteristics and service needs of homeless individuals and families throughout a Continuum of Care (CoC) jurisdiction. Usage of the HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for any person experiencing homelessness.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is a triage tool that assists in informing an appropriate "match" to a housing intervention to individuals based on their acuity in several core areas. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (A) history of housing and homelessness; (B) risks; (C) socialization and daily functioning; and, (D) wellness (including physical health, substance use, mental health, medications, and abuse and trauma). Version 2 of the VI-SPDAT was released in 2015 and is currently being implemented for both single adults and families. Hawaii's Single Adults Coordinated Entry System has agreed to use the VI-SPDAT as the universal assessment tool across the Continuum of Care for screening and matching individuals experiencing homelessness in Hawaii. Staff administering any of the SPDAT tools should be trained by an authorized trainer.

SINGLE ADULTS VISION STATEMENT AND GUIDING PRINCIPLES

Background: This Vision Statement is intended to contain the general principles that will be incorporated into the coordinated entry process. All future planning efforts should be measured against the goals contained in this document.

Intent: Implement a transparent coordinated entry process to ensure that people experiencing homelessness in Hawaii are able to rapidly access the most appropriate homeless housing and services to meet their individual needs.

Purpose of Coordinated Entry: Participation in a coordinated entry system is a requirement for all Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funded programs under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. By the terms of the CoC Interim Rule, coordinated entry is "…a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals… [that] covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool." More importantly, though, development and implementation of

coordinated entry in Hawaii is an opportunity to think critically about our homeless response system. Through this process, we aim to increase the speed at which people seeking assistance are able to access the system, match those people to appropriate housing and services by prioritizing those with the most acute needs for placement, reserve the most intense services for those with the greatest vulnerability, improve efficiency by maximizing document readiness and minimizing vacancies throughout the response system, unify a fragmented response system, and ensure that we have a comprehensive array of housing and services to meet the needs of our community.

Key Principles of Hawaii's Coordinated Entry System: Through a community process, we have identified the following key principles as essential to our coordinated entry system:

- *Access* to the resources of our homeless response system should be fast, transparent, and open to anyone experiencing (or at-risk of) homelessness throughout Hawaii.
- The intake, assessment, and referral processes should be *streamlined* to ease the burden on both clients and frontline service staff by reducing redundancy within the system.
- Housing First should be implemented at the programmatic and systemic levels to *reduce barriers to entry* and ensure that the most vulnerable clients can access the most intensive resources.
- People experiencing (or at-risk of) homelessness should be *prioritized for resources* based on vulnerability and need, while still accounting for and maximizing client choice.
- Homeless housing and service providers, along with other mainstream service providers, should maintain a *cooperative approach* to problem-solving, goal setting, and systemic orientation.
- The coordinated entry system should prioritize *quality assurance* to ensure consistency in tools, standards, staff training, and opportunity for people experiencing (or at-risk of) homelessness throughout Hawaii.

Key Elements of Hawaii's Coordinated Entry System: Through a community process, we have identified the following key decisions regarding structural components of the coordinated entry system that have already been made:

- *Access Model:* People experiencing (or at-risk of) homelessness will be able to access the coordinated entry system through: (1) program sites within the CoC; (2) street outreach teams for those encountered in unsheltered environments by outreach staff; and, (3) a complimentary phone system for those unable to access a physical location (likely operated by Aloha United Way 2-1-1).
- *Assessment Tool:* The coordinated entry system will use the VI-SPDAT as its primary assessment tool. The VI-SPDAT, or subpopulation specific versions such as the F-SPDAT as appropriate, may be supplemented by additional screening/triage tools as needed to: (1) address the health/safety of vulnerable persons (e.g., victims of domestic violence or other persons in immediate distress); and, (2) meet the specialized needs of particularly vulnerable subpopulations (e.g., mental illness, substance abuse, etc.).
- *Prioritization:* People experiencing (or at-risk of) homelessness will be prioritized in a transparent, consistent manner that considers the individual's vulnerability and needs. Prioritization will be a transparent process for the benefit of both providers and those seeking assistance. This prioritization scheme may include: (1) VI-SPDAT scores; (2) length of time homeless; (3) physical and mental health conditions; (4) age; (5) document readiness; (6) client choice; and, (7) other factors that are consistent with identifying vulnerability and need.
- *Housing Navigation:* The coordinated entry system will incorporate housing navigation services that improve the ability of people experiencing (or at-risk of) homelessness to move through the homeless response system, increase efficiency in housing placement, and reduce the overall burden on individual programs.

DRAFT COORDINATED ENTRY PRE-SCREENING TOOL

All clients should be administered this pre-screening tool prior to a full coordinated entry assessment (VI-SPDAT, Family VI-SPDAT, TAY VI-SPDAT, etc.). If the individual or family appears to have obvious and immediate medical or victim-service safety needs, the surveyor should use their best judgment regarding how to proceed in a manner designed to ensure the individual or family's health and well-being.

Pre-Screening Date: _____

1. SAFETY NEEDS

Q1. **Do you need immediate medical attention? Would you like us to help you go to the hospital now?**

☐ Yes ☐ No

Q2. **Do you need immediate police assistance? Would you like us to contact the police for you now?**

☐ Yes ☐ No

Q3a. **Are you currently residing with, or trying to leave, a family member, intimate partner, or someone who threatens you, makes you feel fearful, or forces you to do something against your will?**

☐ Yes ☐ No

Q3b. **[Only if "yes" to Q3a] Do you want services that are specifically geared to help people who've experienced violence from a family member or an intimate partner, and do you need a safe place to stay?**

☐ Yes ☐ No

Surveyor Instructions: If the client answers "yes" to any of Q1-3b, they should be assisted to access appropriate emergency services prior to continuing this tool (if necessary) or receiving the full coordinated entry assessment. The full coordinated entry assessment should be administered only after the client's immediate safety needs have been stabilized.
- *If "yes" to Q1: Assist the client to access appropriate medical care*
- *If "yes" to Q2: Assist the client to access appropriate police assistance*
- *If "yes" to Q3a or 3b: Assist the client to access appropriate victim service provider*

2. BASIC INFORMATION

Q4. **What is your date of birth?**

_____

Q5. **Are you a veteran?**

☐ Yes ☐ No

Q6a. **Including you, how many total members are in your household?**

_____

Q6b. Including you, how many adults (ages 18 and up) are in your household?

_____

Q6b. Including you, how many children under the age of 18 are in your household?

_____

Q7a. Where did you sleep last night?

☐ Streets/Outdoors
☐ Emergency Shelter
☐ With Family or Friends
☐ Hotel or Motel
☐ Other: (Please Explain) _____

Q7b. In what area of Oahu did you sleep last night?

☐ Downtown Honolulu: Salt Lake to Piikoi St   ☐ East Honolulu: Piikoi St to Hawaii Kai, Waikiki
☐ Ewa: Aiea to Kapolei   ☐ Windward: Kaneohe to Waimanalo
☐ Upper Windward: Kahaluu to Kahuku   ☐ North: Wahiawa to North Shore
☐ Waianae Coast

Q8a. Do you have a place to sleep tonight?

☐ Yes   ☐ No

Q8b. [Only If "yes" to Q8a] Where will you sleep tonight?

Description: (Same or New Location Detail) _____

Q8c. [Only if "yes" to Q8a] Can you stay in that same place for the next two weeks?

☐ Yes   ☐ No

Q8d. [Only if "no" to Q8c] Why do you think that you'll need to find a new place to sleep? When do you think that you need to find a new place by?

Reason: _____
Date: _____

Q8e. [Only if "no" to Q8a] Would you like us to try to help you access an emergency shelter tonight?

☐ Yes   ☐ No

Q9. What's the best way for us to safely contact you or leave you a message so that we can help you access housing resources that may be available to you?

☐ Phone/Voicemail: _____
☐ Email: _____
☐ Physical Location: _____
☐ Other: (Detail) _____

The individual or family likely meets the **HUD definition of homelessness** if:
- The individual or family slept on the streets last night (Q7a);
- The individual or family slept in an emergency shelter last night (Q7a);
- The individual or family has no place to sleep tonight (Q8a); or,
- The individual or family stayed with family or friends or in a hotel or motel last night (Q7) <u>and</u> they expect to lose that option within the next two weeks (Q8c and Q8d)

If the individual or family is not likely to meet this definition of homelessness, refer the individual or family to mainstream resources.

3. HOUSING PREFERENCES

Q10. **What region(s) of Oahu are you <u>not</u> willing to accept housing in? (Select as many as applicable)**

☐ Downtown Honolulu: Salt Lake to Piikoi St   ☐ East Honolulu: Piikoi St to Hawaii Kai, Waikiki
☐ Ewa: Aiea to Kapolei   ☐ Windward: Kaneohe to Waimanalo
☐ Upper Windward: Kahaluu to Kahuku   ☐ North: Wahiawa to North Shore
☐ Waianae Coast

Q111. **[Only if under 24 years of age on Q4] Would you be willing to share an apartment with another youth?**

☐ Preferred
☐ Acceptable
☐ No
☐ Not Sure

DRAFT COORDINATED ENTRY OVERSIGHT REPORT

Subpopulation:	
Date:	

This oversight report should be provided by the four subpopulation-specific Coordinated Entry System Administrators to the Coordinated Entry Oversight Group on a monthly basis. The data contained in the following four charts will provide that group with the information it needs to conduct effective oversight of the Coordinated Entry System. The four charts include:

1. Monthly referral comparison showing placements and unassignments.
2. Unassignment overview showing unassignments due to: already housed, failure to locate, higher level of care needed, client choice, moved outside of CoC, and other comments.
3. Placement rates by housing type showing: total referrals, unassignments, placements, average days to house.
4. Placement rates by housing program showing: total referrals, unassignments, placements, average days to house.

REQUEST FOR PROPOSALS (RFP)

Homel~~ess~~

FY 2018 HUD Continuum of Care (CoC) Program Competition HI-501 Honolulu City and County Homeless Assistance Programs

PARTNERS IN CARE
Oahu's Continuum of Care

REQUEST FOR PROPOSALS (RFP)
FY 2018 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 federal grant application for funds under the U.S. Department of Housing and Urban Development (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 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 projects that will be eligible for renewal in the FY 2018 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 2018 CoC Program Competition is estimated at **$9,080,553**.

CoCs and applicants should read the NOFA in its entirety in conjunction with the CoC Program interim rule (24 CFR part 578) 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.

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

1. 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 consider 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.

2. 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 use 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.

3. 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. CoCs should also work to develop partnerships with Public Housing Authorities (PHAs) to work toward helping CoC Program participants exit permanent supportive housing through Housing Choice Vouchers and other available housing options. Finally, CoCs should review all projects eligible for renewal in FY 2018 to determine their effectiveness in serving people experiencing homelessness, including cost effectiveness.

4. 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.

Reallocation and Permanent Housing Bonus. PIC will reallocate between **$180,000 and $500,000** to support new eligible housing programs that prioritize Oahu's most vulnerable persons experiencing chronic homelessness and living with: Severe Mental Illness and/or; Substance Use Disorder and/or; Seniors (over 65) with severe (tri-morbid) medical needs. Housing project eligibility requirements are set forth in Section V of the NOFA.

Permanent Housing Bonus. PIC will accept new project proposals for the Permanent Housing

Bonus Project to support new eligible housing programs that prioritize Oahu's most vulnerable persons experiencing chronic homelessness and living with: Severe Mental Illness and/or; Substance Use Disorder and/or; Seniors (over 65) with severe (tri-morbid) medical needs. Housing project eligibility requirements are set forth in Section V of the NOFA. Up to 6 percent of the CoC's Final Pro Rata Need (FPRN), totally **$544,833,** will support the Permanent Housing Bonus Project.

New Eligible Housing Programs for Reallocation and Permanent Housing Bonus. Pursuant to Section V of the NOFA and in accordance with PIC's 2018 priorities, only Permanent Housing-Permanent Supportive Housing (PH-PSH) projects that meet the requirements of Dedicated PLUS as defined in Section III.C.3.f of this NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3 are eligible as new housing programs for reallocation and the Permanent Housing Bonus Project.

New Projects for DV Bonus. Up to $50 million is available nationwide for the DV Bonus which will provide housing and services to survivors of domestic violence, dating violence, and stalking. PIC may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), totally **$586,863**, for one of each of the following types of projects which are limited to a 1-year funding request and must follow the Housing First approach:

- Permanent Housing-Rapid Re-housing projects dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3;
- Joint TH and PH-RRH component projects as defined in Section III.C.3.m of the NOFA dedicated to serving survivors of domestic violence, dating violence, sexual assault, or stalking that are defined as homeless at 24 CFR 578.3; or
- Supportive Service Only-Coordinated Entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

Joint TH and PH-RRH Component Projects for DV Bonus. The Joint TH and PH-RRH component project combines two existing program components–transitional housing and permanent housing-rapid rehousing–in a single project to serve individuals and families experiencing homelessness. HUD will require the recipient to adopt a Housing First approach (see Section II.A.4 of the NOFA) across the entire project and program participants may only receive up to 24-months of total assistance. For more information about Joint TH and PH-RRH component projects, see Section V.C.3 of the NOFA for additional information. If funded, HUD will limit eligible costs as follows, in addition to other limitations found in 24 CFR part 578:

- leasing of a structure or units, and operating costs to provide transitional housing;
- short- or medium-term tenant-based rental assistance on behalf of program participants to pay for the rapid rehousing portion of the project;
- supportive services;
- HMIS; and
- project administrative costs.

When a program participant is enrolled in a Joint TH and PH-RRH component project, the recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the transitional housing unit, or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available. Additionally, if CoC Program funds are not being requested for both TH and PH-RRH units, the project application must still describe the number of TH and PH-RRH units that will be utilized by the project, if selected for conditional award, and provide details in the project description of how TH and PH-RRH assistance will be provided.

Unaccompanied Youth. HUD's homeless assistance programs do not prohibit providers from providing assistance to youth who meet the criteria in [HUD's definition of homelessness](#), whether they are unaccompanied children under 18 or youth age 18-24. However, organizations serving unaccompanied children under the age of 18 should be aware that there may be state and local laws or regulations that can affect program design or eligibility for these youth.

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 Collaborative Applicant (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. AUW 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 and 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 2018 CoC Competition, PIC will accept the following type of project proposals for

inclusion in the 2018 CoC Consolidated Application to HUD. Please see project type descriptions in the Summary section herein or by reviewing the 2018 NOFA.

- Renewal Project Proposals for PH (both PSH and RRH) and TH for victims of domestic violence.
- Renewal Project Proposals for HMIS.
- Renewal New Project Proposals for PH (both PSH and RRH) and RRH/TH which include all new projects awarded during the 2017 CoC Competition that are not yet under grant agreement with HUD or have not yet operated for an entire grant period.
- Renewal New SSO-CES Project Proposal awarded during the 2017 CoC Competition that is not yet under grant agreement with HUD or has not yet operated for an entire grant period.
- New eligible housing programs that prioritize Oahu's most vulnerable persons experiencing chronic homelessness and living with: Severe Mental Illness and/or; Substance Use Disorder and/or; Seniors (over 65) with severe (tri-morbid) medical needs. Housing project eligibility requirements are set forth in this RFP and in Section V of the NOFA.
- New eligible DV Bonus Projects that provide housing and services to survivors of domestic violence, dating violence, and stalking. DV Bonus Project eligibility requirements are set forth in this RFP and in Section V of the NOFA.

IV.   PROJECT EVALUATION

All project applicants must meet all statutory and regulatory requirements in the Act and 24 CFR part 578; and all project applicants must meet *Threshold Requirements* as outlined in Section V.C.3 of the NOFA.

Pursuant to Section I.K of the NOFA, HUD expects each CoC to implement a thorough review and oversight process at the local level for both new and renewal project applications submitted to HUD in the FY 2018 CoC Program Competition. Deficient project applications prolong the review process for HUD, which results in delayed funding announcements, lost funding for CoCs due to rejected projects, and delays in funds to house and assist individuals and families experiencing homelessness. CoCs are expected to closely review information provided in each project application to ensure: (1) all proposed program participants will be eligible for the program component type selected; (2) the information provided in the project application and proposed activities are eligible and consistent with program requirements at 24 CFR part 578; (3) each project narrative is fully responsive to the question being asked and meets all the criteria for that question as required by this NOFA; (4) the data provided in various parts of the project application are consistent; and (5) all required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information dated between May 1, 2018 and September 18, 2018.

The U.S. Department of Housing and Urban Development (HUD) published the Notice of Funding Availability (NOFA) for the Continuum of Care (CoC) Homeless Assistance Program on June 20, 2018 under Funding Opportunity Number FR-6200-N-25. The deadline for submitting applications to HUD for the FY 2018 CoC Program Competition is **September 18, 2018 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.

HUD will continue the Tier 1 and Tier 2 funding process. Tier 1 is equal to 94 percent of the CoC's ARD ($8,535,720), as described in Section III.C.3.a of the NOFA. Project applications in Tier 1 will be conditionally selected from the highest scoring to the lowest scoring CoC, provided the project applications pass both eligibility and threshold review. Any type of new or renewal project application can be placed in Tier 1. However, in the event insufficient funding is available to award all Tier 1 projects, Tier 1 will be reduced proportionately, which could result in some Tier 1 projects falling into Tier 2. Therefore, CoCs should carefully determine the priority and ranking for all project applications in Tier.

Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for bonus projects [not including amounts available for DV Bonus projects and before adjustments are made to permanent housing leasing, operating, and rental assistance budget line items based on changes to Fair Market Rent (FMR)] as described in Section III.C.3.c of the NOFA. Project applications that are in Tier 2 will be selected for FY 2018 CoC Program funding using the process described in Section II.B.10 of the NOFA. Project applications 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 the factors listed in Section II.B.10 of this NOFA.

If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project up to the amount of funding that falls within Tier. Using the CoC score and other factors described in Section II.B.10 of the NOFA, HUD may fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., is able to continue serving homeless program participants effectively).

PIC will review all project applications in accordance to Section II.B.1 of the NOFA consistent with *Performance-Based Decisions*. Pursuant to the requirements of the FY 2018 Appropriations Act:
- CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance;
- HUD is increasing the share of the CoC score that is based on performance criteria; and
- HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.

Pursuant to Section V.C.1 of the NOFA, in evaluating applications for funding, HUD will consider an applicant's past performance in managing funds. Items HUD may consider include, but are not limited to:
- Timely use of funds received from HUD;
- Timely submission and quality of reports submitted to HUD;
- Meeting program requirements;
- Meeting performance targets as established in the grant agreement;

- The applicant's organizational capacity, including staffing structures and capabilities;
- Time-lines for completion of activities and receipt of promised matching or leveraged funds; and
- The number of persons to be served or targeted for assistance.

All project applicants will be reviewed and ranked using the attached Project Evaluation Rubrics. Please note that Renewal New Project Proposals (new projects awarded during the 2017 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 New Project Evaluation Rubric, not the Renewal Evaluation Rubric.

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 **1:00 PM on Wednesday, September 5, 2018**, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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 must cover 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 2018 HUD Continuum of Care (CoC) Program Competition HI-501 Honolulu City and County, Homeless Assistance Programs.

VI. PROJECT PROPOPOSAL SUBMISSION REQUIREMENTS:

Applicants are required to submit one (1) original hard copy, and five (5) copies of project proposal packets. Each packet should have all required documents in order. Please note that agencies submitting multiple project proposals are only required to submit one copy of the agency audit and financials.

Renewal Projects
In accordance with Section V.C.3.d of the NOFA, renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards identified in the NOFA or they will be rejected from consideration for funding. When considering renewal projects for award; HUD will review information in eLOCCS, APRs, and information provided from the local HUD CPD field office; including monitoring reports and audit reports as applicable, and performance standards on prior grants, and will assess projects using the following criteria on a pass/fail basis:
- Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
- Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
- The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard; and
- Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.

HUD reserves the right to reduce or reject a funding request from the project applicant for the following reasons:
- Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- Audit finding(s) for which a response is overdue or unsatisfactory;

- History of inadequate financial management accounting practices;
- Evidence of untimely expenditures on prior award;
- History of other major capacity issues that have significantly affected the operation of the project and its performance;
- History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
- History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

Proposal Submission Requirements for 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, 2016 to September 30, 2017.
- eLOCCS draw down report for the current and most recent grant period ended.
- Agency most recent financial audit.
- 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 2018 NOFA;
  - ➢ Agency participation Partners in Care membership and leadership;
  - ➢ Project participation in 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 for the project.

Proposal Submission Requirements for Renewal Project – HMIS
- Completed e-snap Project Application (please use e-snap's project export into PDF format).
- A copy of the approved and executed MOU defining the roles and responsibilities of the CoC and the HMIS Lead.
- HUD and/or City monitoring letter(s) received during the last three years for the project.

Proposal Submission Requirements for Renewal New Projects – PSH, RRH and Joint TH/RRH
- 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 2018 NOFA;
  - ➢ Project continues to meet the needs of the CoC;

- ➢ Project participation in the CoC Coordinated Entry System; and
- ➢ Project cost effectiveness.

Proposal Submission Requirements for Renewal New Project – SSO-CES
- 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.
- Completed Coordinated Entry Self-Assessment, https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf

New Projects

Proposal Submission Requirements for New Eligible Housing Projects and DV 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 2018 NOFA;
    - ➢ Project participation in the CoC's 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 13, 2018 at 4:00 p.m.

Mail or deliver proposal submissions to:
> **Partners in Care**
> **200 N. Vineyard Boulevard, Ste. 210**
> **Honolulu, HI 96817**

POINT OF CONTACT:

> **Sharon Baillie, Planning Coordinator**

Phone: 808-543-2246
Email: sbaillie@auw.org

VII. RFP SCHEDULE:

July 20, 2018	RFP released and posted on PIC website
Week of July 23 (TBD)	RFP Information and Q&A Sessions, PIC Office, 200 N. Vineyard Way, Ste. 210
August 13, 2018	**DEADLINE TO SUBMIT PROJECT APPLICATION BY 4:00 PM HST**
August 10 to August 23	Project Evaluation and Ranking
August 23, 2018	Project Presentations to Evaluation Committee (project applicants will be notified by PIC staff to schedule project presentation)
Week of August 27	Planning Committee and Board of Directors Approval of Project Ranking
August 31, 2018	Written Notifications to Project Applicants
Week of Sept. 7	Draft CoC Consolidated Application and Project Ranking Posted on Website for Public Review and Comment Period
Week of Sept. 10	PIC Final Review and Revision of CoC Application
September 14, 2018	Final Consolidated application and priority listing posted on PIC website
September 17, 2018	AUW Submits HUD Application in e-snaps

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SENT VIA EMAIL

August 31, 2018

Tom McDonald
Executive Director
Alternative Structures International
tmcdonald@asi-hawaii.org

Dear Mr. McDonald,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), I am pleased to notify you that the following renewal project proposals have been reviewed and ranked for the 2018 CoC Competition.

Should you have any questions or concerns please contact Sharon Baillie, Planning Coordinator at 543-2246 or sbaillie@auw.org.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
RENEWAL	Family PSH Leeward Oahu	9	1	79.75	$319,141
RENEWAL	Youth Rapid Rehousing Collaborative	10	1	78.46	$261,067

Again, we are pleased to include these projects in the 2018 CoC Application to HUD.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

PARTNERS IN CARE
Oahu Continuum of Care

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SENT VIA EMAIL

August 31, 2018

Norm Baker
Chief Operating Officer
Aloha United Way
norm@auw.org

Dear Mr. Baker,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), I am pleased to notify you that the following renewal and new project proposals have been reviewed and ranked for the 2018 CoC Competition.

Should you have any questions or concerns please contact Sharon Baillie, Planning Coordinator at 543-2246 or sbaillie@auw.org.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
NEW/ DV Bonus	DV CES	n/a	1	80.71	$231,561
RENEWAL	Consolidated PH	4	1	89.76	$5,197,316
RENEWAL	2-1-1 CES	11	1	63.00	$300,000
RENEWAL	HMIS	13	1	N/A	$124,462

Again, we are pleased to include these projects in the 2018 CoC Application to HUD.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

PARTNERS IN CARE
Oahu Continuum of Care

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SENT VIA EMAIL

August 31, 2018

Amanda Pump
Director of Oahu Programs
Children and Family Services
apump@cfs-hawaii.org

Dear Ms. Pump,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank CFS for providing critical housing and support services to persons experiencing homelessness on Oahu. On Thursday, August 30, 2018 the PIC Board of Directors voted to renew and not award the following projects to CFS for inclusion in the 2018 Consolidated Application to HUD based on recommendations from the Planning and Evaluation Committees.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
RENEWAL	DV Abuse Shelter and TH	2	1	97.27	$79,580
NEW	Case Mgmt for Housing First	NR	NR	76.91	$0

The Board of Directors voted not to include the new project <u>as written</u> for inclusion in the 2018 CoC Application to HUD, based on project evaluation, and recommendations from the Planning and Evaluation Committees.

However, the Board of Directors would like to include a DV Bonus project in the 2018 CoC Application to HUD that includes PSH/RRH and/or a TH/RRH project types in collaboration with Women in Need. No later than Tuesday, September 4, 2018, please contact Planning Coordinator, Sharon Baillie, to discuss whether your agency is willing and able to re-submit a joint project in collaboration with Women in Need. Consultative services will be extended to both agencies for assistance in revising and resubmitting the joint project proposal. Should we not hear from you by the above-stated date, we will assume you are not interested in re-submitting a revised new project proposal.

Pursuant to Section IV of the CoC RFP, project applicants may appeal this decision. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, Honolulu, HI 96817. Appeals will be heard by an appeal panel made up of the non-conflicted

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members of the PIC Board of Directors who did not serve on the initial Evaluation Committee. The decision of the appeal panel is final.

Thank you for your hard work and dedication, and for submitting new and renewal project proposals for review during the 2018 CoC Competition. Please contact Sharon Baillie, Planning Coordinator, at 543-2286 or sbaillie@auw.org as soon as possible for instructions on new project proposal revisions and resubmission process.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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SENT VIA EMAIL

August 31, 2018

Connie Mitchell
Executive Director
The Institute for Human Services (IHS)
conniem@ihshawaii.org

Dear Ms. Mitchell,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank IHS for providing critical housing and support services to persons experiencing homelessness on Oahu. On Thursday, August 30, 2018 the PIC Board of Directors voted to renew, reallocate, reduce, and not award the following projects to IHS for inclusion in the 2018 Consolidated Application to HUD based on recommendations from the Planning and Evaluation Committees.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
RENEWAL	Youth Rapid Re-Housing	12	1		$316,721
RENEWAL	Home Sweet Home II	16	2		$131,007
RENEWAL	No Place Like Home	17	2		$248,307*
NEW	Prescription for Hope	NR	NR		$0
RENEWAL	Permanent Supportive Housing	NR	NR		$0

*Amount awarded less than amount requested by $47,008, project will be amended back for budget revisions.

In evaluating project proposals, the Committees considered the following:
- Performance data from the project APR submitted to HUD for the most recent completed grant period;
- HUD monitoring letters and findings during last three years;
- Project narrative;
- Agency financials for the most recent annual reporting period including balance sheet and income statement; and
- Current expense time ratio and timely draw down of grant monies, and any grant monies recaptured by HUD for the most recent grant period ending.

All proposals were reviewed by at least four non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Section IV of the CoC RFP, project applicants may appeal this decision. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on

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Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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.

Lastly, Partners in Care will amend back your project application titled "No Place Like Home" for revisions to your budget and application no later than Friday, September 7, 2018. You will receive an email notification when the project application has been amended back for revision. Please make project amendments and resubmit the project application in e-snaps no later than Wednesday, September 12, 2018.

Again, Partners in Care thanks IHS for providing critical housing and support services to persons experiencing homelessness on Oahu. Please feel free to contact Sharon Baillie, Planning Coordinator, at 543-2286 or sbaillie@auw.org with any questions.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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Oahu Continuum of Care

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SENT VIA EMAIL

August 31, 2018

Bill Hanrahan
Program Director
Mental Health Kokua
bhanrahan@mhkhawaii.org

Dear Mr. Hanrahan,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), I am pleased to notify you that the following renewal and new project proposals have been reviewed and ranked for the 2018 CoC Competition.

Should you have any questions or concerns please contact Sharon Baillie, Planning Coordinator at 543-2246 or sbaillie@auw.org.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
NEW/Reallocation	PSH	1	1	98.40	$265,720
RENEWAL	Safe Haven	5	1	89.68	$829,228

Again, we are pleased to include these projects in the 2018 CoC Application to HUD.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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SENT VIA EMAIL

August 31, 2018

Linda Ahue
Executive Director
Steadfast Housing Development Corporation
lahue@steadfast-hawaii.org

Dear Ms. Ahue,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), I am pleased to notify you that the following renewal and new project proposals have been reviewed and ranked for the 2018 CoC Competition.

Should you have any questions or concerns please contact Sharon Baillie, Planning Coordinator at 543-2246 or sbaillie@auw.org.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
NEW/Bonus	2018 Permanent Ohana	3	1	94.17	$544,833*
RENEWAL	Ekolu Group Homes	8	1	82.84	$117,967
RENEWAL	Headway House	14	1&2	87.29	$209,745**

*Project proposal will be amended back to applicant for revision as amount awarded exceeds amount requested.
**Project proposal ranked in both Tiers: T1 = $187,640 and T2 = $22,105.

Again, we are pleased to include these projects in the 2018 CoC Application to HUD.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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SENT VIA EMAIL

August 31, 2018

Kim Cook, Psy.D.
Executive Director
U.S.VETS – Barber's Point
Email: kcook@usvetsinc.org

Dear Dr. Cook,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), I am pleased to notify you that the following renewal project proposals have been reviewed and ranked for the 2018 CoC Competition.

Should you have any questions or concerns please contact Sharon Baillie, Planning Coordinator at 543-2246 or sbaillie@auw.org.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
RENEWAL	PSH for CH Vets and Fam	6	1	89.32	$217,657
RENEWAL	Leeward PSH	7	1	83.54	$319,221
RENEWAL	Kalaeloa PH for Vets with Disabilities	15	2	82.52	$143,414

Again, we are pleased to include these projects in the 2018 CoC Application to HUD.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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Oahu Continuum of Care

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SENT VIA EMAIL

August 31, 2018

Dawn Martin
Women in Need
dawnpatrolassessments@gmail.com

Dear Ms. Martin,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank Women in Need for submitting a new project application titled "Bridge to Success." After careful review of the new project application, we regret to inform you that on Thursday, August 30, 2018, the Board of Directors voted not to include the project <u>as written</u> for inclusion in the 2018 CoC Application to HUD, based on project evaluation, and recommendations from the Planning and Evaluation Committees.

However, the Board of Directors would like to include a DV Bonus project in the 2018 CoC Application to HUD that includes PSH/RRH and/or a TH/RRH project types in collaboration with Children and Family Services. No later than Tuesday, September 4, 2018, please contact Planning Coordinator, Sharon Baillie, to discuss whether your agency is willing and able to re-submit a joint project in collaboration with Children and Family Services. Consultative services will be extended to both agencies for assistance in revising and resubmitting the joint project proposal. Should we not hear from you by the above-stated date, we will assume you are not interested in re-submitting a revised proposal.

Please know that, pursuant to Section IV of the CoC RFP, project applicants may appeal the decision of the Board of Directors. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2018 CoC Competition. Please contact Sharon Baillie, Planning Coordinator, at 543-2286 or sbaillie@auw.org as soon as possible for instructions on proposal revision and resubmission.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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SENT VIA EMAIL

August 31, 2018

Phil Acosta
Executive Director
ALEA Bridge
pacosta@aleabridge.org

Dear Mr. Acosta,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank ALEA Bridge for submitting a new project application. After careful review of the new project application, we regret to inform you that on Thursday, August 30, 2018, the Board of Directors voted not to include the project for inclusion in the 2018 CoC Application to HUD, based on project evaluation, and recommendations from the Planning and Evaluation Committees.

Please know that, pursuant to Section IV of the CoC RFP, project applicants may appeal the decision of the Board of Directors. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2018 CoC Competition. Please feel free to contact Sharon Baillie, Planning Coordinator, at 543-2246 or sbaillie@auw.org with any questions.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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SENT VIA EMAIL

August 31, 2018

Connie Mitchell
Executive Director
The Institute for Human Services (IHS)
conniem@ihshawaii.org

Dear Ms. Mitchell,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank IHS for providing critical housing and support services to persons experiencing homelessness on Oahu. On Thursday, August 30, 2018 the PIC Board of Directors voted to renew, reallocate, reduce, and not award the following projects to IHS for inclusion in the 2018 Consolidated Application to HUD based on recommendations from the Planning and Evaluation Committees.

Project Type	Project Title	Rank	Tier	Score	Amount Awarded
RENEWAL	Youth Rapid Re-Housing	12	1		$316,721
RENEWAL	Home Sweet Home II	16	2		$131,007
RENEWAL	No Place Like Home	17	2		$248,307*
NEW	Prescription for Hope	NR	NR		$0
RENEWAL	Permanent Supportive Housing	NR	NR		$0

*Amount awarded less than amount requested by $47,008, project will be amended back for budget revisions.

In evaluating project proposals, the Committees considered the following:
- Performance data from the project APR submitted to HUD for the most recent completed grant period;
- HUD monitoring letters and findings during last three years;
- Project narrative;
- Agency financials for the most recent annual reporting period including balance sheet and income statement; and
- Current expense time ratio and timely draw down of grant monies, and any grant monies recaptured by HUD for the most recent grant period ending.

All proposals were reviewed by at least four non-conflicted evaluators pursuant to 24 CFR 578.95(d).

Pursuant to Section IV of the CoC RFP, project applicants may appeal this decision. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on

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

Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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.

Lastly, Partners in Care will amend back your project application titled "No Place Like Home" for revisions to your budget and application no later than Friday, September 7, 2018. You will receive an email notification when the project application has been amended back for revision. Please make project amendments and resubmit the project application in e-snaps no later than Wednesday, September 12, 2018.

Again, Partners in Care thanks IHS for providing critical housing and support services to persons experiencing homelessness on Oahu. Please feel free to contact Sharon Baillie, Planning Coordinator, at 543-2286 or sbaillie@auw.org with any questions.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

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

SENT VIA EMAIL

August 31, 2018

Jason Espero
Director of Homeless Services
Waikiki Health
jespero@waikikihealth.org

Dear Mr. Espero,

On behalf of Partners in Care (PIC), Oahu's Continuum of Care (CoC), we would like to thank Waikiki Health for submitting a new project application. After careful review of the new project application, we regret to inform you that on Thursday, August 30, 2018, the Board of Directors voted not to include the project for inclusion in the 2018 CoC Application to HUD, based on project evaluation, and recommendations from the Planning and Evaluation Committees.

Please know that, pursuant to Section IV of the CoC RFP, project applicants may appeal the decision of the Board of Directors. Appeals must be submitted in writing to the PIC Board of Directors and received by 1:00 PM on Wednesday, September 5, 2018, mailed or delivered to 200 N. Vineyard Boulevard, Ste. 210, 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.

Thank you for your hard work and dedication, and for submitting a proposal for review during the 2018 CoC Competition. Please feel free to contact Sharon Baillie, Planning Coordinator, at 543-2286 or sbaillie@auw.org with any questions.

Sincerely yours,

Jon Berliner, Chair
Board of Directors

Heather Lusk, Vice-Chair
Board of Directors

Memorandum of Agreement
Between Partners In Care (PIC) and Aloha United Way (AUW)
On
The PIC Homeless Management Information System (HMIS)

This Memorandum of Agreement (hereinafter "MOA"), dated July 1, 2018, is made by and between Partners in Care (PIC) and Aloha United Way (AUW).

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 AUW the HMIS Lead.

WHEREAS, the PIC Data Committee is a formal planning body comprised of participants and members from Partners In Care (the Continuum of Care for the City and County of Honolulu), that use the 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 Bridging the Gap (the CoC for Hawaii, Kauai and Maui Counties) (BTG).

WHEREAS, Caseworthy Solution has been selected by PIC and BTG to be the State's HMIS provider and both parties share a single contract with Caseworthy

WHEREAS, the purpose of this MOA is to clarify the duties and responsibilities of PIC, BTG, HPO and AUW as set forth in the PIC Governance Charter.

NOW THEREFORE, PIC and AUW hereby agree as follows:

PIC's duties and responsibilities:

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 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, SASHA PATH program, and other HUD required HMIS reporting (note: Domestic Violence agencies are excluded from participating in HMIS).

6. Working with AUW 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. Approving an annual HMIS plan that will guide HMIS activities and improvements.

8. Reviewing and approving at least annually HMIS policy documents created through the PIC Data Committee such as the HMIS Data Quality Plan, the HMIS Security and Privacy Plan, and the HMIS Policies and Procedures Manual.

The PIC Data Committee's duties and responsibilities:

1. The PIC Data Committee will be comprised of HMIS experts and community representatives that are capable of making salient recommendations to PIC.

2. Coordinating on behalf of PIC with the BTG Data Committee to seek mutually beneficial improvements with Caseworthy to improve HMIS reporting, outcomes and analysis.

3. Making formal HMIS recommendations to 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 PIC that will guide HMIS activities and improvements.

7. Reviewing HMIS budgets and recommendations for funding and to the extent possible, assist with identifying additional sources of funding for HMIS-related costs.

AUW's duties and responsibilities:

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 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 PIC Data Committee proposes.

Time of Performance:
This MOA shall be in effect from July 1, 2018 through June 30, 2019, 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 AUW or any AUW 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.
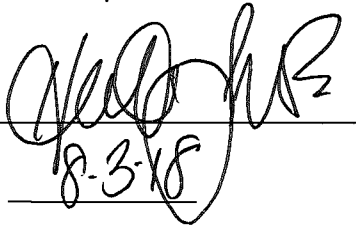
IN WITNESS WHEREOF, Partners in Care, the PIC Data Committee and AUW have executed this MOA effective date as written above.

Heather Lusk
Authorized representative of Partners in
Care

By: _____

Date: ___8-3-18_____

Carla Houser

MOA Between PIC and AUW - HMIS

Authorized representative of the
PIC Data Committee

By: _Carly Horn_

Date: _8/2/18_

Norm Baker

Norm Baker

Authorized representative of AUW

By: _NORM BAKER_

Date: _8/2/18_

Partners in Care

HMIS Policies and Procedures Manual

Honolulu (HI-501) CoC

October 2017

Table of Contents

HMIS Background and Structure

HMIS Data Quality Plan

HMIS Privacy & Security Plan

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 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 60 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, June 2016, and October 2017. 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 contracted with the HMIS Administration Team to provide Administrative and Support Services in Association with the HMIS. The HMIS Administration Team provides the following system administrative services to both of Hawaii's CoC's:

1. System Configuration and Customization
2. Data Quality Assurance
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
11. Creation of export reports (APR, SSVF, RHY) and local data export(s)

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
- Developing the HMIS Strategic Plan

- Reviewing annually the formal written policies and procedures for the operation of HMIS
- Monitoring data quality statewide and furthering data quality improvement with each CoC and HMIS Participating programs
- Collaborating with other PIC and BTG committees and the Hawaii Interagency Council on Homelessness to improve reporting, outcomes, and analysis (as needed)
- 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 Administration Team.
- Deciding on release of statewide 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 Lead Organization ⟷ HMIS Administration Team

STATEWIDE DATA COMMITTEE (Comprises BTG and PIC Members)

Nonprofit Orgs HMIS Users   Govt. Stakeholders   Private Partners
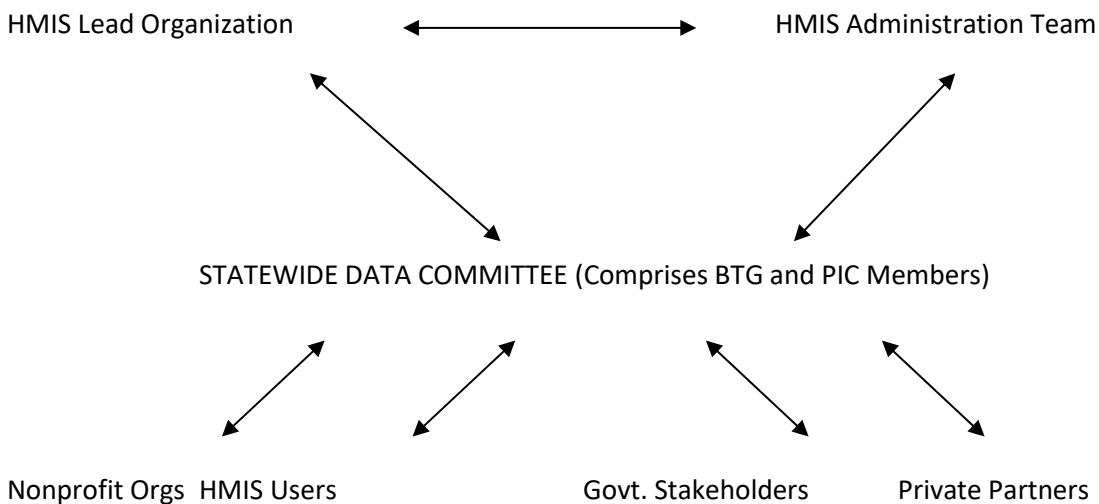
HMIS Implementation

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 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 Ticket 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 Administration 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 Paul Ruddell and can be reached at pruddell@dhs.hawaii.gov.

HMIS Roles and Responsibilities

HMIS USERS	HMIS PARTICIPATING AGENCIES	HMIS SYSTEM ADMINISTRATION TEAM	HMIS LEAD ORGANIZATION	HMIS VENDOR	COC
Maintain up-to-date knowledge with HMIS changes

Maintain Password Integrity

Obtain Client Consent(s) for data sharing

Enter and Update Data

Adhere to HMIS Policies and Procedures

Adhere to Privacy and Security Policies | Attend Statewide Data Committee

Ensure Adherence to HMIS Policies and Procedures

Ensure Adherence to HMIS Privacy and Security Policies Communicate Bugs, request support and technical assistance to HMIS Administration team via HMIS Ticket System | Obtain Feedback from the Data Specialist meetings

Attend Statewide Data Committee meetings

Inform Agencies of CoC Specific Policies

Monitor HMIS Utilization by CoC Agencies

Communicate Concerns, bugs and Enhancement Requests to HMIS Solution Provider

Troubleshoot Implementation and | Manage Hawaii HMIS

Coordinate with the Statewide Data Committee

Obtain Feedback from CoC Representatives

Monitor the HMIS System Administration Team Progress and Deliverables

Monitor Adherence to HUD HMIS Data and Technical Standards | Monitor Agency and System Security Repair Errors in a Timely Manner

Ensure System is Operational and Accessible

Provide technical components of HMIS to the HMIS Lead

Remain compliant with most recent version of HUD Data and Technical Standards | Ultimately responsible for HMIS Lead and Solution Provider Selection

Enforce HMIS Data Quality Policies

Determine program HMIS access

Monitor the HMIS Lead for compliance

Monitor HMIS Participating Agencies for |

Maintain HI Data Quality Standards	Adhere to Data Quality Standards Adhere to the HMIS Participation Agreement	Training Needs with HMIS Participating Agency and provide assistance Submit the AHAR and HUD System Performance Measures data Monitor system-level Data Quality Provide User Trainings and Help Desk Functionality	Communicate National HMIS Best Practices to Statewide Data Committee	Provide system back up procedures Provide disaster recovery procedures	adherence to the HMIS Policies and Procedures

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.

G. HMIS Monitoring

Each CoC is responsible for monitoring the HMIS Lead and HMIS Participating Agencies for compliance with HUD HMIS Data and Technical standards. Each CoC will develop a monitoring standard for each and implement monitoring in 2018.

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 60 agencies operating over 250 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:
https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf

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 annual 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. Each CoC should strive to follow the process for 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. Also allowable is the collecting intake/discharge data using the most updated paper forms provided by the HMIS administrator for data entry within the timeliness standards.

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 Start, Exit, Contact, Annual Update and Service Data Timeliness Benchmarks:

Type of Program	Data Entry Benchmark
1. Emergency Shelter	72 hours from program start, annual update or exit
2. Transitional Housing and Safe Haven	72 hours from program start, annual update or exit
3. Permanent Housing	72 hours from program start, annual update or exit
4. Homeless Street Outreach*	72 hours from program start, annual update exit, or contact
5. Homeless Prevention and Rapid Re-Housing	72 hours from program start, annual update exit, or service data
6. Support Service Only (excluding Outreach)	72 hours from program start, contact, annual update or exit

Homeless Street Outreach Programs:

Please note that HUD has a new standard for Street Outreach data quality that details 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. However the HUD System Performance Measures use all homeless clients in a street outreach program regardless of date of engagement. This means that all clients in a pre-engagement stage within HMIS are being counted in the HUD System Performance Measures. Therefore, street outreach programs must coordinate their efforts and reduce the amount of clients that are in pre-engagement status.

To aid Street Outreach programs in lowering un-identified client data in HMIS the following street outreach naming convention shall be followed: First name shall be client description and Last name will be agency and location for example: first name: Redhat Female last name IHS Waikiki.

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.

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.

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.

Merging of Client Records

A merge function is accessible to the HMIS Administration Team as a tool in the HMIS software. Please enter a ticket with the HMIS Administration team to merge client records.

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, HP, RRH	SO, SSO
	% Unk/Ref.	% Unk/Ref.
Name	0%	0%
SSN	2%	10%
DOB	0%	5%
Race	0%	5%
Ethnicity	0%	5%
Gender	0%	1%

Veteran Status	0%	10%
Disabling Condition	2%	10%
Exit Destination	1%	10%
Housing Move-in Date	10%	NA
Living Situation	5%	5%
Length of stay in prior living situation	5%	5%
Approximate Date homelessness started	5%	5%
Number of times the client has been on the streets, ES or SH in the past 3 years	5%	5%
Total number of months homeless on the streets, ES or SH in the past 3 years	5%	5%
Type of residence	5%	5%
Length of stay in the prior living situation	5%	5%
Income and Sources	2%	10%
Non-Cash Benefits	1%	10%
Health Insurance	5%	5%
Physical Disability	5%	5%
Developmental Disability	5%	5%
Chronic Health Cond.	5%	5%
HIV/AIDS	5%	5%
Mental Health Problem	5%	5%
Substance Abuse	5%	5%
Domestic Violence	5%	5%
Date of Engagement	NA	10%

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 the HMIS Lead 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, HMIS participating 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 for the CoC 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 HMIS System Administration Team will measure completeness by running a custom report 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 to work with the HMIS Administration Team and the CoC will be notified for enforcement. 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.

Data Quality Monitoring Instruments:

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

1.. Data Entry Timeliness

Monitoring Frequency:	Monthly
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

2.. Reduction of Client Duplication

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

3.. Data Completeness

Monitoring Frequency:	Quarterly

Measure:	Review of 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

4.. Data Accuracy

Key area of database verification:

 Sample of client records to compare agency files to HMIS.

STANDARD: The CoC will monitor HMIS participating agencies in 2018 to assure accuracy as part of a complete HMIS compliance monitoring.

V.   <u>Relating HMIS Data Quality to Systems Performance Measures, AHAR, and HIC</u>

<u>Background on System Performance Measures</u>

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.

<u>System Performance-Based Selection Criteria</u>

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. <u>Present Challenges and Future Directions</u>

This revised HMIS DQP seeks to greatly improve the quality of the data collected by over 60 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 Security and Privacy 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.

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 translation services for 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 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 and uploaded in HMIS. 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 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. It is important to keep the consent form collected for auditing purposes 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. **Offsite Data Entry**

Policy: Outreach providers and other HMIS users 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 via an unsecured wireless network.

Procedures: Outreach providers and other HMIS users 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 and other HMIS users must not enter client level data over unsecured public wireless internet connections to safeguard transmission of client PPI. Outreach providers and other HMIS Users should gather information on paper for data entry at a later time when a proper internet connection can be accessed.

D. 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 consent to share from individuals that may not appear to be fully competent during intake when there is no court order.

E. 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 share data 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 share their data 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. Clients that elect not to share their data within HMIS will limit the ability of the Coordinated Entry System to quickly house the client.

F. 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.

G. 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, the Agency Administrator must deactivate the user and notify the HMIS administration team though the ticket system with 24 hours so that the end user can be removed 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 administration team through the ticket system. 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, 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 HMIS Administration team before access will be established via the ticket system. A copy of the current Hawaii HMIS user agreement is located in Appendix 1. **The HMIS Administration Team must be apprised within 24 hours when HMIS end users exit employment voluntarily, are terminated, or are laid off**. These users will need to be deactivated from the HMIS by the Agency Administrator. CHOs repeatedly failing to adhere to this policy may see funding adversely affected.

H. 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 that can only share data in certain circumstances (RHY programs whose participants are over 18 years of age with a signed consent or under 18 years of age with a signed consent by parent or guardian). 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 services and basic demographic data including, 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. It should be noted that a client's SSN and DOB can be seen as part of the search.

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 service records, which allows them to coordinate services

more efficiently. Part of the CoC 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.

I. **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.

J. **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.

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 CoC.

The CoC 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, the CoC, and other participating HMIS agencies will not refuse or reduce services to the client because of a filed grievance. A thorough investigation by CoC will ensue if a client reports retaliation due to the filed grievance.

K. **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. The Statewide Data Committee will review data requests via Appendix 6.

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 6 of this Plan. Agencies may revise the agreement as needed.

L. **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 CoC will be solely responsible for authorizing new agency access to the HMIS and the HMIS Administration Team will be solely responsible for establishing new users in the HMIS. The highest HMIS access level of system administrator will only be assigned to the HMIS Lead and the associated HMIS Administration Team for each CoC.

Procedures: CHOs must establish an internal point of contact that will be the conduit for establishing new users with the HMIS administration team. Individual staff should not email or request new HMIS users with HMIS Lead or the HMIS administration team. This is important from a security standpoint, as staff may no longer be employed with the organization.

The Hawaii HMIS has the following 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 CHO point of contact(s)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 CoC via e-mail, after which the voting members of the CoC will vote for or against access. Requesting agencies should use Appendix 8 to acquire HMIS 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 HMIS 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 HMIS Lead and HMIS Administration team are responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the CoC. 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 has implemented these baseline written policies for managing a breach of the HMIS user agreement. The CHO Agency 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 CoC 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 HMIS Privacy or Security Standards. Security breaches that have the possibility to impact the Hawaii HMIS must be reported to the Agency Administrator, HMIS Administration team, the CoC, and HMIS Lead Agency. Each CHO will maintain and follow CoC-wide procedures related to thresholds for security incident reporting.

The CoC and HMIS Lead Agency staff, in conjunction with the HMIS Administration team and CoC, 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.

Procedures: The use of the HMIS audit trail will be used in situation of misusage of HMIS by the HMIS System Administration Team, HMIS Lead and CoC to the penalties listed in "Security Incident Procedures".

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. If a background check is completed, 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 prompted to reset their password with the HMIS "forgot my password" feature. If that fails, users should contact the HMIS administration team to reset.
5) All users with no login activity for at least three 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 and the user will be prompted to reset their password with the HMIS "forgot my password" feature. If that fails, users should contact the HMIS administration team to reset. All users with no login activity for at least three months will be automatically deactivated. The HMIS Administration team must be notified and will then have to reactivate.

E. 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.

F. Disaster Protection and Recovery

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

Procedures: The HMIS vendor 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.

G. Hardware/Software Management & Physical Safeguards

Policy: The HMIS vendor 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 HMIS vendor 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.

H. Wireless Transmission Security

Policy: The HMIS vendor 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 vendor 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.

I. **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 Agency 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.

HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) USER AGREEMENT FORM

User's Full Name: _____ Agency Name: _____

User's Email Address:_____

Zip Code of User's Employment Location:_____

Statement of Confidentiality:

Employees of your organization 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 sharing 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 sharing 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 HMIS System Administration Team in order to receive a new employee user name.

Employee: *Executive Director / Supervisor:*

Signature _____ Date _____ Signature _____ Date _____

Printed Name _____ Date _____ Printed Name _____ Date _____

HMIS User Agreement Forms for current employees and those no longer employed by the Agency should be kept on file for seven years at the agency and with the HMIS Administration Team.

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 OR UNACCOMANIED YOUTH UNDER 18 WITH PARENT OR GUARDIAN CONSENT)

_____ 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 (Physical Disability, Chronic Health Condition, Mental Health, Substance Abuse and HIV/AIDS), 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 OR Parent/Guardian   Date

_____   _____   _____
Print Name of Agency Staff   Signature of Agency Staff   Date

Once the HMIS Client Consent Form is completed the form must be uploaded into HMIS and filed at the Agency for seven years,

Appendix 3: Public Privacy Policy

PRIVACY POLICY

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

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 Policy 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.

__Appendix 4: Privacy Notice (Posted Sign)__

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 the HMIS privacy policy. 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. The HMIS Privacy Policy is available upon request.

Appendix 5: Privacy & Security Certification Checklist for Contributing HMIS Organizations (CHO)

All new and continuing CHOs must comply with the following privacy and security certifications annually. All CHOs will be monitored by the CoC according to the following checklist at least once every two years.

Section	Policy Requirement	Meets Requirement (Y/N)	If No, date when will be met
III.A	Posted HMIS privacy Notice at all CHO workstations or where data collection occurs and the HMIS Privacy Policy is available upon request.		
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 follows the HMIS security policy for deactivating personnel within 24 hours of the end of their employment and communicate this change with the HMIS Administration Team.		
III.I	CHO follow the HMIS 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 follows the HMIS privacy policy that contains wording expressing client's right to receive a copy of their information entered into the HMIS.		
III.K	CHO follows the HMIS security plan for grievances associated with violations of privacy rights regarding HMIS participation. A formal CoC grievance process has been established and utilized.		
IV.A	CHO follows the HMIS security plan details organizational control and accounting of active HMIS users. Point(s) of contact have been established to communicate with the HMIS Lead and HMIS Administration Team.		
IV.B	CHO follows the HMIS security plan that addresses measures for dealing with suspected or actual HMIS security breaches.		
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.H	Physical safeguards for protection of HMIS data must be in place at the organizational and administrative levels.		
IV.I	CHO must follow the HMIS security and privacy policies regarding the transmittal of PPI and user login and password information via email.		

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

Paul Ruddell

Phone: (808) 586-7066

Email: pruddell@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?** _____

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?** _____

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:

_____

Appendix 7: HMIS Training Policies and Procedures

HMIS TRAINING POLICIES AND ACCESS REQUIREMENTS

Homeless Management Information System (HMIS) policies and training requirements have been updated for all contributing HMIS organizations. The purpose of these revisions is to improve data quality, maintain the integrity of the database, and enhance usability of HMIS data for evaluation and analysis.

All required forms can be found in the training section of the Hawaii HMIS website: http://www.hawaiihmis.org/. Submit all questions, requests or notifications to the HMIS helpdesk: http://helpdesk.hawaiihmis.org/.

ORGANIZATIONS

- Organizations must provide each HMIS user/trainee with access to stable Internet connectivity and access to CaseWorthy and HMIS supported browsers: Google Chrome, Mozilla Firefox or Safari
- Organizations must provide employees with a screenshot tool (e.g. Greenshot, Jing, etc) or know how to do a screen capture in windows to communicate with the help desk
  - Images must be in standardized format. Cell phone pictures will not be accepted
- Any account not accessed for 90 days will be automatically deactivated by the HMIS admin team

NEW HMIS ORGANIZATIONS

- New organizations requesting access to existing baseline HMIS functionality must complete the new organization form and return to HMIS helpdesk at least 30 days prior to program start date
- The HMIS Admin team must be allowed two weeks from the time the form is submitted to have the new organization and projects setup in the system
- Specialized projects for which HMIS functionality will need to be expanded will be evaluated on a case by case basis to determine contract standards, service setup, reporting requirements, etc. For these types of cases, additional funding may be required
- Training for these new orgs/projects will be approved on a case by case basis by the HMIS admin team

POINTS OF CONTACT: Each organization can identify no more than 2 POCs per agency plus the Executive Director *(this policy will help to improve efficiency)*

- These people will be responsible for:
  - Training requests and user agreement forms
    - Must be signed by executive director and submitted as an attachment to helpdesk
    - Forms to be submitted on the same day registration requests are submitted
  - POC/agencies will be responsible to ensure that trainees have the necessary computer /phone requirements to access the training. The HMIS helpdesk is not responsible for internal IT issues
  - Change in user roles/access
  - Submitting training and access related questions to the helpdesk and HMIS support team via the ticket system
  - Cancelling unneeded training sessions in a timely manner
- Inform HMIS team immediately of any improper usage of HMIS database
- Inform HMIS team immediately of any employee that no longer requiring HMIS access – terminated, left organization, no longer needed access to fulfill job duties, etc.

BASIC USER TRAINING: Conducted in person and via webinar

- As of December 1, 2016, new user access to HMIS only provided after completion of HMIS training
- All existing users to be retrained by March 31, 2017 in order to maintain HMIS access
- Training certification will be valid for 2 years. HMIS admin team will notify individuals at least 60 days in advance of training expiration
- Training will be limited to users and organizations that are confirmed for each training session
- Training will begin promptly as scheduled. Late arrivals will be required to reschedule regardless of reason
- Training to include basic HMIS functionality:
    - (a) Client Management
    - (b) Enrollment, During and Exit Assessments
    - (c) Services and Referrals as applicable
    - (d) Capturing BNL and consent to share data elements
- Training is interactive and attendees are required to attend the entire session. Training can take up to 3 hours, attending the entire training session is required

IN PERSON TRAINING

- HMIS admin team will conduct in-person training on an as needed basis for organizations that have 4 or more new staff members that require training.
- HMIS admin team requires a 4-week notice to schedule an in-person training session
- Organizations requesting in-person training will be required to provide a suitable training site and the required computer resources for each trainee.
- Maximum attendees per training session will be determined by the HMIS admin team based on logistic and staffing availability
- Final trainee lists and new user agreement forms must be submitted at least 2 weeks prior to training

WEBINAR TRAINING

- HMIS admin team to schedule at least 1 webinar session per month
- Each session not to exceed 5 participants
- Webinar schedule available on the Hawaii HMIS website: http://www.hawaiihmis.org/training-support/training/
- HMIS Admin team reserves the right to cancel a training session if there are no registrants 1 week prior to the session
- Participants must have access to a quiet space, stable Internet connectivity, a supported browser: Google Chrome, Mozilla Firefox or Safari, and a phone or computer microphone.
- Participant must login at least 10 minutes prior to scheduled training. Technical assistance will not be available once the webinar begins

CONFIRMATION REQUIRED

- All registered attendees will receive a "CONFIRMATION REQUIRED" email one week prior to scheduled training.
- An emailed response will be required to confirm the scheduled training session – a deadline will be provided in the email.

- If confirmation is not received, the HMIS admin team will release the unconfirmed seats.
- Open seat availability will be emailed to registered participants in the next two scheduled webinars.

NO-SHOWS

An email will be sent to the Executive Director immediately after a missed training session.

The following are the designated HMIS Points of Contact:

Name: _____ Email: _____

Name: _____ Email: _____

Your signature indicates your organization agrees to comply with the training and user policies detailed in this document.

Organization: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Appendix 8: HMIS Agency Request Form

HMIS AGENCY REQUEST FORM

Date of Request: _____

8. **Organization Requesting Access**

   a. **Organization Name (include branch, division, department, etc.):**

   _____

   b. **Associated Programs**

   _____

   _____

   c. **Street Address or P.O. Box:**

   _____

   d. **City/State/Zip Code:**

   _____

   e. **Telephone (include area code):**

   _____

   f. **E-mail:**

   _____

9. **Rationale for Requesting Access**

   _____

   _____

10. **Mission of Organization and Associated programs**

_____

_____

11. Continuum of Care where services are provided (i.e. Partners in Care or Bridging the Gap)

_____

12. Services provided by Organization and Associated Programs

_____

_____

_____

_____

13. Number of individuals or families experiencing homelessness that are served annually

_____

14. Number of users needing access

_____

15. 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)

_____

_____

_____

_____

Submitted by:

_____   _____

(Name)   **(Title)**

    Statewide Data Committee Recommendation:

    _____

    Date of Recommendation: _____

    Statewide Data Committee Chair Signature:

    _____

Appendix 9 HMIS Participation Agreement

2018 HDX Competition Report

PIT Count Data for HI-501 - Honolulu City and County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	4940	4959	4495
Emergency Shelter Total	987	1,058	1,043
Safe Haven Total	26	25	0
Transitional Housing Total	1754	1,552	1,307
Total Sheltered Count	2767	2635	2350
Total Unsheltered Count	2173	2324	2145

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	1090	1159	1117
Sheltered Count of Chronically Homeless Persons	121	155	197
Unsheltered Count of Chronically Homeless Persons	969	1,004	920

2018 HDX Competition Report
PIT Count Data for HI-501 - Honolulu City and County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**513**	**458**	**407**
Sheltered Count of Homeless Households with Children	436	399	340
Unsheltered Count of Homeless Households with Children	77	59	67

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**332**	**413**	**449**	**407**
Sheltered Count of Homeless Veterans	185	224	214	212
Unsheltered Count of Homeless Veterans	147	189	235	195

2018 HDX Competition Report

HIC Data for HI-501 - Honolulu City and County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1294	84	1210	100.00%
Safe Haven (SH) Beds	35	0	35	100.00%
Transitional Housing (TH) Beds	1437	54	1359	98.26%
Rapid Re-Housing (RRH) Beds	1177	0	1172	99.58%
Permanent Supportive Housing (PSH) Beds	1880	0	1245	66.22%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	5,823	138	5021	88.32%

2018 HDX Competition Report

HIC Data for HI-501 - Honolulu City and County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 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	974

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	14	208	248

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	104	875	1177

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for HI-501 - Honolulu City and County 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)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	3509	3385	135	139	4	82	73	-9
1.2 Persons in ES, SH, and TH	6430	5938	250	227	-23	173	151	-22

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

 The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3509	3912	294	439	145	126	208	82
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	6430	6427	371	441	70	244	283	39

2018 HDX Competition Report

FY2017 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	379	26	7%	22	6%	29	8%	77	20%
Exit was from ES	803	128	16%	49	6%	50	6%	227	28%
Exit was from TH	1146	99	9%	60	5%	58	5%	217	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	618	55	9%	35	6%	15	2%	105	17%
TOTAL Returns to Homelessness	2946	308	10%	166	6%	152	5%	626	21%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	4940	4959	19
Emergency Shelter Total	987	1058	71
Safe Haven Total	26	25	-1
Transitional Housing Total	1754	1552	-202
Total Sheltered Count	2767	2635	-132
Unsheltered Count	2173	2324	151

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	6430	5938	-492
Emergency Shelter Total	3509	3385	-124
Safe Haven Total	0	0	0
Transitional Housing Total	3525	3048	-477

FY2017 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	214	547	333
Number of adults with increased earned income	51	0	-51
Percentage of adults who increased earned income	24%	0%	-24%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	214	547	333
Number of adults with increased non-employment cash income	137	18	-119
Percentage of adults who increased non-employment cash income	64%	3%	-61%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	214	547	333
Number of adults with increased total income	154	18	-136
Percentage of adults who increased total income	72%	3%	-69%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	533	588	55
Number of adults who exited with increased earned income	119	144	25
Percentage of adults who increased earned income	22%	24%	2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	533	588	55
Number of adults who exited with increased non-employment cash income	152	129	-23
Percentage of adults who increased non-employment cash income	29%	22%	-7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	533	588	55
Number of adults who exited with increased total income	244	240	-4
Percentage of adults who increased total income	46%	41%	-5%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4324	4158	-166
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.	1237	1397	160
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)	3087	2761	-326

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4851	5650	799
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.	1385	1851	466
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.)	3466	3799	333

2018 HDX Competition Report
FY2017 - 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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	792	838	46
Of persons above, those who exited to temporary & some institutional destinations	154	135	-19
Of the persons above, those who exited to permanent housing destinations	138	179	41
% Successful exits	37%	37%	0%

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

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3654	3697	43
Of the persons above, those who exited to permanent housing destinations	2191	2213	22
% Successful exits	60%	60%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1167	1146	-21
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1111	1089	-22
% Successful exits/retention	95%	95%	0%

2018 HDX Competition Report
FY2017 - SysPM Data Quality

HI-501 - Honolulu City and County 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.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	1103	1052	1362	1237	2309	2323	1932	1844	859	921	1677	1684			104	875				
2. Number of HMIS Beds	1054	1041	1362	1237	2309	2134	1932	1820	698	735	999	1004			104	875				
3. HMIS Participation Rate from HIC (%)	95.56	98.95	100.00	100.00	100.00	91.86	100.00	98.70	81.26	79.80	59.57	59.62			100.00	100.00				
4. Unduplicated Persons Served (HMIS)	2339	2693	2989	2839	3260	3488	3247	2684	1240	1205	1230	1243	959	1108	780	1837	4939	4987	5086	5112
5. Total Leavers (HMIS)	1411	1726	1910	1792	1347	1648	1664	1296	344	167	150	127	520	719	444	760	2344	2816	2856	3843
6. Destination of Don't Know, Refused, or Missing (HMIS)	246	466	540	513	195	142	148	124	69	28	11	10	88	74	58	84	1731	1751	523	479
7. Destination Error Rate (%)	17.43	27.00	28.27	28.63	14.48	8.62	8.89	9.57	20.06	16.77	7.33	7.87	16.92	10.29	13.06	11.05	73.85	62.18	18.31	12.46

2018 HDX Competition Report
Submission and Count Dates for HI-501 - Honolulu City and County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/29/2018	Yes