

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

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-500 - Hawaii Balance of State CoC

1A-2. Collaborative Applicant Name: Hawaii Department of Human Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Hawaii Department of Human Services

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)	Yes	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	Yes	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	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Not Applicable	No
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)			
Maui AIDS Foundation (HOPWA Provider)		Yes	Yes
Local Businesses		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)**

Bridging the Gap (BTG), or the Hawaii Balance of State CoC, actively solicits and considers opinions from many different organizations and persons that have an interest in preventing and ending homelessness. The CoC recognizes that the homeless and at-risk populations utilize many different services that are delivered through a wide range of homeless service organizations. The CoC has implemented strategies to ensure that these organizations are well represented within the CoC so that services can be provided proficiently. One of the CoC's primary strategies is to ensure that all chapter, subcommittee, and executive meetings are conducted transparently and are made open to the public. This helps to foster communication and disseminate information to the public and other interested service organizations. Chapter and executive committee minutes are made available to the general membership to maintain transparency of information. Identified gaps in the services system encourage outreach to organizations that hold the skills to address those aspects of homelessness. Mediums such as listservs, local newspapers, and partner websites are also used to clearly convey information on upcoming meetings and homeless initiatives to help garner support and solicit input from knowledgeable individuals and organizations.

**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)**

(1) BTG invites new members through public forums such as chapter meetings, landlord summits, community events, and other homeless initiatives. BTG operates transparently with all general, subcommittee, and executive committee meetings fully open to the public.

(2) These forums help the CoC to cultivate new membership and to convey information about the homeless services that it provides, often leading to the expansion of housing and service resources. BTG is well-represented on the Hawaii Interagency Council on Homelessness (HICH) and has adopted its strategic plan. HICH membership offers the ability to collaborate with non-profit service providers, private businesses, faith-based organizations, public

agencies and policy makers, and other interested stakeholders. Membership enables the unique challenges of the rural communities represented by BTG to be heard despite the heavy emphasis on homelessness in the urban core of Honolulu. The HICH offers a wide-reaching forum that supports BTG's efforts to recruit new members to its chapters. Furthermore, local chapters manage listservs that can be subscribed to by new members and display information regarding upcoming meetings through partner websites.

- (3) The CoC solicits new members on an ongoing basis. Leadership and members are cognizant of gaps in the local homeless services system, and actively engage with organizations and partners that can help to address those needs. BTG's governance charter states that new members must be invited to join at least annually, however, this often occurs much more frequently.
- (4) As part of general outreach and organizational operations, providers actively encourage the homeless or formerly homeless to participate in and contribute to the CoC. The homeless or formerly homeless bring a wealth of information and understanding to CoC meetings that without them, would not be available. These populations actively participate in chapter and executive meetings.

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)

Upon release of the 2018 NOFA, all chapters were apprised of the funding opportunity and information was disseminated to all agencies regardless of whether the agency had received CoC Program funding previously. Technical assistance was afforded to all agencies as requested, including those that had never applied or been awarded CoC funding in the past. CoC leadership from local chapters met with the Collaborative Applicant to construct an RFI that aligned with federal and local policy priorities and the goal of efficiently prioritizing homeless households with the highest service needs.

The RFI soliciting proposals was released on 7/9/2018 to all service providers through the State Procurement Office website and CoC email distribution lists. The RFI was disseminated in local chapters through CoC meetings and email listservs. The RFI did not preclude any organization from applying that previously had not received funding. In recent competitions the CoC has actively encouraged experienced providers that have never received funding to apply.

Additionally, the Maui chapter held a special informational session regarding the NOFA. The invitation was sent to approximately 45 organizations and individuals, nearly all of which had never received CoC Program funding. The session was conducted by a former Collaborative Applicant administrator to inform, advise, and encourage new applications.

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)	

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) Each year the CoC works closely with ESG recipient, the State Homeless Programs Office (HPO), to ensure that the five-year Consolidated Plan is completed accurately and represents local efforts from all three rural county jurisdictions. As the entity responsible for the homeless and special needs

sections of the Consolidate Plan, and for allocating ESG funding, HPO convenes bimonthly, full-day meetings with CoC leadership from all three jurisdictions, including chair and county government representatives from each local chapter. This planning consortium discusses ESG resource utilization, funding priorities, and subrecipient performance. Strong partnership with HPO enables all jurisdictions to have a voice in the Consolidated Plan development process and ensures that ESG dollars are effectively distributed and utilized.

(2) ESG subrecipients are contractually required by HPO to actively participate in the CoC and have a strong voice in its direction. PIT and HIC data are used annually to supplement and add context to Consolidated Plan reporting along with ESG program-specific outcomes, demographic data, and other homeless statistics for each local chapter. CoC leadership is actively involved in evaluating the performance of subrecipients and in making recommendations for reallocation if subrecipients are underperforming. The HMIS admin team is contracted to provide transparent monthly performance reporting to the CoC through its website, which includes ESG-funded program data. Performance data along with CAPER reports are made available to CoC leadership to aid in decision making processes.

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)

(1) The CoC helps to coordinate efforts and resources to provide for victims of domestic violence and ensures that the needs of this population are addressed and included in locally developed systems and protocols. On Hawaii island, Child & Family Service Domestic Abuse Shelters (DAS) provides emergency housing for victims who are displaced from housing due to domestic violence. DAS accepts individuals into the program via 24-hour DV hotline, by self-referral, or through community agency-based referral. Individuals seeking safety and support for basic needs fleeing from imminent harm due to domestic

violence, are accepted into the program for 48-hours during which a DV specialist will meet and conduct a comprehensive assessment to identify presenting concerns, severity of abuse, and determine needs for their health, safety, and well-being. Individuals utilize the shelter for safety for up to 120 days, during which time program staff work towards decreasing barriers to safety, so that survivors can increase their safety and well-being. This includes offering education on the dynamics of domestic violence and referrals to housing resources through the CoC.

DAS programs often accept emergency transfers from HOPE Services (HOPE) for clients identifying as survivors of DV. DAS also provides consumers with resources on DV support groups, how to obtain a TRO, and safety planning as needed.

(2) DAS programs frequently collaborate with HOPE and Neighborhood Place of Kona (NPK) to support victims seeking housing. HOPE operates a CoC-funded RRH program specifically for victims of DV. HOPE or NPK will often come to the DV shelter to complete homeless verifications and conduct the VI-SPDAT. CoC policies mandate VAWA compliance and confidentiality for all DV clients.

On Maui, when participants identify as survivors of DV, CoC members frequently refer them directly to Women Helping Women for DV-related services and access to housing resources.

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 CoC has coordinated with victim service providers and invited staff to CES, Housing First, and VI-SPDAT training with OrgCode and Housing Innovations. Annual training includes best practices on preventing homelessness, stabilization and engagement techniques, safety protocols, CES prioritization, and CoC governance. CoC policies direct service agencies to provide necessary safety and security protections for DV survivors, including a threshold assessment for safety needs, and referral to appropriate trauma-informed services as necessary.

The East Hawaii DAS held an in-service for HOPE Services on 12/29/17. During this time, DAS staff provided information about program criteria for admission, services that the shelter program provides, and topics on the dynamics of domestic violence. On 4/24/18, HOPE provided an in-service for DAS staff regarding the VISPDAT and how shelter programs can assist with document readiness in preparation to be matched with HOPE's housing resources through the coordinated entry process. DAS staff currently assists victims by identifying and resolving barriers that may prevent them from getting housing such as photo ID, social security cards, verification of homelessness, and establishing a source of income. In May 2018, DAS invited HOPE to attend a DV 101, 4-day training in Hilo. Training was facilitated by the Hawaii State Coalition Against Domestic Violence.

West Hawaii providers regularly attend trainings that bring domestic violence awareness and identify best practices for serving the DV population. The Neighborhood Place of Kona conducts intakes and registers all individuals served through CFS programs into the Coordinated Entry System.

Women Helping Women is available on Maui and Lanai and provides training annually on the dynamics of domestic violence and the specific issues that arise for victims with respect to housing and public assistance.

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's HMIS admin team provided technical assistance to ESG DV subrecipient CFS on how to utilize the HUD SAGE repository to evaluate and submit its comparable data for FY2018. This assisted the CoC and Homeless Programs Office (HPO) in aggregating, analyzing, and interpreting DV data for the island of Hawaii. The admin team has integrated DV report filters in several HMIS reports to be able to isolate data on clients with DV history or that are currently fleeing domestic violence to better assess the scope of community need and target resources. These HMIS reports are available to providers, stakeholders, and administrative staff.

CFS submits data on clients served at their domestic abuse shelters via ESG CAPER reporting. In East Hawaii, HOPE Services is in regular contact with the East Hawaii Domestic Abuse Shelter (DAS). HOPE staff come to the shelter at least monthly, or as needed, to help facilitate survivor access into the coordinated entry system. HOPE visits upon request to complete VISPDAT assessments with participants. Regular contact and outreach between DAS programs and CoC members HOPE and Neighborhood Place of Puna apprises the CoC of current housing needs and facilitates access to coordinated entry. The Hawaii county CES convener connects households in need of DV services to providers with housing resources.

HOPE currently operates a Rapid Re-housing grant specifically for survivors of domestic violence. During FY2018, the Hawaii-island based project served 20 households representing 53 people. The project exited 10 households during the period, with eight exiting to permanent housing (80 percent PH housing rate).

Women Helping Women operates a comparable database to maintain victim confidentiality for the DV clients that it serves. The aggregate data from this non-HMIS source is used to shed light on the scope of the community's DV needs on the island of Maui.

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	<input type="checkbox"/>
RRH	<input type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

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)

(1) In the last 18 months we have placed eight Domestic Violence survivors at Ulu Wini. Seven were referred directly from the DV Shelter, one from East Hawaii and six from West Hawaii. Six went into our Transitional Housing program and two were accepted in the Section 8 – Project based program. Five DV survivors remain at Ulu Wini, three in Transitional Housing and two in Section 8 – Project based program. Two exited to permanent housing and one moved to the mainland.

HOPE Services provided information about those assisted with housing through their New Start Program. This is funding for those needing housing support who are coming from DV. This program started in December 2017 and they have aided a total of 20 households with a total of 53 individuals. This included financial assistance for housing and Case Management. They use their own internal software to monitor their data.

(2) We track all of our residents in our Social Solutions software at entrance and exit. If they are housed in a Transitional Unit they are then entered into HMIS. We receive HMIS reports directly from the HMIS provider and also Case Manage those who leave our Transitional Program for up to six months. We gather entrance and exit data from our internal software.

HOPE Services provided their information directly to this applicant. They track their programs in their own internal software and HMIS – there data comes directly from the financial assistance they provided the DV survivors.

(3) Our data was collected through our Social Solutions data base, leases signed by our tenants and entrance and exit interviews conducted by our Social Service Director and Care Coordinator.

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)

(1) The DHS QAR Quarter 4 data FY 17-18 for West Hawaii DV Shelter reported 70 service referrals for housing information/advocacy. This includes

residents and crisis callers. West Hawaii served 63 adults and 29 children in this time frame at their Shelter. They were closed for 3.5 months to renovate the shelter so anyone in need of shelter had to go to East Hawaii. East Hawaii DV Shelter reported 59 service referrals for housing information and they served 129 adults and 144 children.

The West Hawaii DV Shelter has bed space for 21 people and the East Hawaii DV Shelter has bed space for 30 victims, they can stay for up to 120 days. We have had many calls from women who were forced to exit and stay in their vehicle with their children because they were unable to secure safe housing and did not have access to funding to help with rent.

The National Network to End Domestic Violence reported that during the National Census of Domestic Violence Services on September 13, 2017, 100% of Hawai'i's domestic violence programs participated in collecting information about services provided during a 24-hour survey period.

288 victims were served in one day, 177 adult and child victims of DV found refuge in emergency shelters or transitional housing provided by DV programs. 111 adult and child victims received non-residential services including counseling, legal advocacy and children's support. There were 22 requests for services that were unmet of which 59% were for housing.

(2) The Program Administrator for the West Hawaii DV provider, Child and Family Service shared this information from her system. The other data on the national count came directly from the National Network to End Domestic Violence 2017 12th Annual Census report "Domestic Violence Counts, Hawaii Summary" (summary) located on their website at <https://nnedv.org/resources>.

(3) From the providers directly and the above-named resource.

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)

(1) Currently the DV provider does not participate in the CES process. We hope to develop this partnership and are working with the provider to set-up parameters. When we need help with funding sources for our tenants we seek funding through other providers which is not always available in a timely manner. We only have one funding stream specifically for DV survivors in Hawaii County and this is not adequate to serve all of those who may need help.

Neighborhood Place of Kona and Puna have access to the HMIS system and have training in conducting the VI-SPDAT. They are service providers that work with families and can refer survivors to this applicant for funding support. They

are active participants in the Coordinated Entry process. We can also accept referrals from Catholic Charities and Liliu'okalani Trust and will invite them to participate in the CES for those referrals to this funding.

(2) Many survivors have faced economic abuse as part of the violence, meaning that they have not had access to the family finances, have been prohibited from working, and have had their credit scores destroyed by the abuser.

Victims often face discrimination in accessing or maintaining housing based on the violent and criminal actions of perpetrators. Additionally, victims are limited in the locations and types of housing they can access because of their unique safety and confidentiality needs. Along with these barriers many survivors don't have immediate access to funds to pay household deposits for rent and utilities when they do find housing options and landlords have a choice to take the person who can provide the funding first.

Hawaii County is experiencing a high need for housing and DV survivors are competing for housing with those who were displaced by the recent lava flow and storms. Rents are very high and housing options are limited in West Hawaii as compared to East Hawaii. Jobs are plentiful in West Hawaii and far less in East Hawaii. We have always had an imbalance in this area. As noted in the Census Summary "in the period September 2016-2017, five local programs laid off or did not fill 16 staff positions. Most of these positions (67%) were direct service providers, such as shelter staff or legal advocates, meaning fewer workers to answer calls to help and/or provide much needed services."

(3) National Network to End Domestic Violence 2017 12th Annual Census report "Domestic Violence Counts, Hawaii Summary" (summary) located on their website at <https://nnedv.org/resources>.

Three-years of data collected through our Social Solutions software, tenant demographics and entry and exit data along with referral data and case management DAP notes and call logs. Staff participation in the Coc-BTG-CAP and the PIT Count.

(4) Please see (2) above.

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)

Will integrate DV Bonus proposal narrative.

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)**

(3) Funding will be available to provide housing; support will be provided through the survivor's transition. The Care Coordinator will cover safety planning and be responsible for educating them about VAWA and how it relates to housing, so they understand their rights. Locations being considered will be evaluated for safety before placement and our staff will work closely with the Shelter staff when the family is coming directly from Shelter to make sure all legal protections are in place for the family. We are aware that we must work with our DV providers and the community to assess and develop domestic violence programs with both safety and housing in mind. We are committed to safety planning protocols for coordinated entry as we bring our provider into the system.

(4) As part of the Coc we have agreed to using the "Housing First" model when tenants are referred to the Transitional Family units at Ulu Wini. These are the guidelines we will use in working with survivors as well. With Rapid Re-Housing funding we will have priority on placing a domestic survivor family or individual experiencing homelessness into permanent housing as quickly as possible, preferably within 30 days. We understand that Rapid Re-Housing was originally aimed at assisting individuals experiencing homelessness due to short-term situations such as a financial crisis, but data has shown it to work well in a variety of cases. This includes, those with no income, and survivors of domestic violence. The duration of financial assistance will varies based but on the survivor's ability to stabilize. We will work to identify individual barriers upon applicant interview whether it be personal documents, health issues, employment, child care, financial and system access. Staff is trained in Trauma-informed care, harm-reduction, and mental health assessment and has many years of experience in working with providers in the community for additional support. Staff has worked closely with the DV providers, Neighborhood Place of Kona and Child Welfare Services for many years. We are knowledgeable of education rights under Mc-Kinney/Vento and currently have existing working relationships with all schools and have staff trained in the educational system if this is a barrier.

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	10.00%	Yes-Both	No

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

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)?

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

PSH providers within the CoC's jurisdiction assess and identify participants who can move on to other affordable permanent housing resources as appropriate to their level of need. These strategies have enabled the CoC to generate turnover within CoC-Program-funded projects, thereby improving the ability to target these resources to other chronically homeless clients with the highest needs. In general, CoC service providers utilize the following strategies:

- (a) Identify PSH tenants who have been in PSH for a long duration and no longer need the level of supportive services they started with, and have demonstrated the ability to live independently and maintain housing;
- (b) The provider will ensure that the client meets the screening criteria for the permanent housing resource (i.e., Section 8, project-based rental assistance, public housing, etc.), which includes ensuring that the available affordable housing unit remains affordable to their clients based on current level of income;
- (c) The transition from PSH to mainstream affordable housing is on a voluntary basis and agreed upon by the client.

PSH service providers within the CoC have added that when there is a HUD Section 8 announcement of available vouchers, they encourage those CoC PSH clients who have stabilized to apply for this assistance. HMIS data shows that during FY 2018, a total of 51 people within CoC-funded PSH projects were able to move-on to other forms of affordable permanent housing.

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

FY2018 CoC Application	Page 14	09/16/2018
------------------------	---------	------------

**and their families experiencing homelessness.
(limit 2,000 characters)**

The CoC has made it a priority to address the needs of the LGBT community by integrating the following non-discrimination policies into their governance:

"BTG does not and shall not discriminate based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of board members, local CoC members, volunteers and vendors, and provision of services. BTG is committed to providing an inclusive and welcoming environment for all leaders, members, volunteers, subcontractors, vendors, and clients. BTG will not discriminate and will take affirmative action measures to ensure against discrimination in membership recruitment, advertisements for membership and conditions of membership against any member or nominee on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression."

BTG's CES P&P includes a section addressing LGBT non-discrimination entitled: "Fair Housing, Tenant Selection and Other Statutory and Regulatory Requirements." In addition, standard language in the General Conditions of all State administered contracts addresses anti-discrimination. The DHS Civil Rights Office conducts an annual mandatory "Civil Rights Awareness Training" for all State employees, service providers, contractors and vendors.

On Kauai, Catholic Charities (CCH) hosted YWCA trainings for agency staff and CoC member agencies covering LGBT community needs, sensitivity to challenges, and legal rights. In addition, CCH often refers homeless consumers to the YWCA LGBTQ coordinator for assistance in connecting with resources such as counseling/therapy to help deal with stressors relating both to their gender identity and housing status.

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:	<input checked="" type="checkbox"/>
--------------------------------------	-------------------------------------

Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Developed housing services protocol	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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) CoC P&Ps dictate that all street outreach, shelter, day-centers, and rapid re-housing staff will work to ensure that as many of the individuals they engage with will be assessed with the appropriate VI-SPDAT, can be readily located and contacted, are motivated to pursue housing, possess the documentation required for potential housing options, and have been successfully engaged by CoC providers seeking to resolve their crisis of homelessness.

DHS contracts require that street outreach projects serve as portals of entry for the CES and that services are provided over all geographic areas of each island. Modified outreach teams include late night, weekend, and early morning hours. Drop-In Services are available at various locations for individuals seeking services, which also serve as access points for assessment and referral into the CES.

(2) The CoC focuses on serving those with the deepest needs who oftentimes are not able to advocate for themselves. DHS outreach contracts have been restructured over the last two years to focus services to those with the most severe of service needs and have aligned performance standards with housing first methods. The CoC's prioritization scheme emphasizes referrals and priority for those with the most severe service needs who often are not able to obtain assistance on their own.

(3) The CoC has adopted written standards within their P&Ps to prioritize housing assistance to eligible individuals and families. The CES is managed by

county government representatives who serve on the BTG executive board. Each representative is the convener for the CES of their respective county. They have access to the HMIS from which they are able run By-Name Lists and refer homeless individuals to the most appropriate housing resources in the timeliest manner possible. Recently the HMIS admin team has automated the matching and referral process, which has greatly improved efficiency of the CES throughout the CoC.

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

1D-2. 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:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 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)

(1) Higher consideration was given to projects able to demonstrate that they prioritized housing and services to those clients with the most severe service needs. The specific needs and vulnerabilities the CoC considered during the FY2018 application and selection process included clients with no income, having a history of domestic violence, identifying as chronically homeless, having multiple disabling conditions, and having long histories of unsheltered homelessness. Projects following a housing first approach were considered more favorably, further emphasizing that clients will not be screened out for having active or history of substance abuse or having a criminal record, except where required by law.

(2) When evaluating and competitively ranking the FY2018 project applications, the CoC's evaluation committee granted higher point values and rewarded projects that proposed to serve the chronically homeless population with most severe service needs as outlined above. Project rating criteria included substantial points for following a housing first approach and demonstrating low-barriers for placement and stabilization in permanent housing. HMIS data was

used to supplement qualitative data to support project application claims that services and housing resources were being rendered to those with the highest needs.

Furthermore, PSH project applicants were required to describe the targeted populations to be served by their programs and to explain alignment with the CoC's adopted priorities of: 1) unsheltered CH with the most severe service needs and the longest history of homelessness; 2) CH with longest history of homelessness, 3) CH with most severe service needs, and 4) all other CH. Renewal applications were evaluated based on fidelity to CoC priorities in the past service year, while new project proposals were evaluated based on proposed services with respect to the CoC's prioritization policy.

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

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 days before the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

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.

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). Within Attachment 2A-1 (pp. 1-2, 8-9 Governance Charter; pp. 22-26 CoC-HMIS MOA)

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	544	75	469	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	289	16	273	100.00%
Rapid Re-Housing (RRH) beds	692	0	692	100.00%
Permanent Supportive Housing (PSH) beds	660	0	481	72.88%
Other Permanent Housing (OPH) beds	0	0	0	

**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 HMIS bed coverage rate for the PSH project type is due to the VA's continued unwillingness to enter its VASH PSH project data into the HMIS. Originally the CoC was going to exclude this project and the corresponding beds from the HIC, however, elected to include since technically these beds are part of the CoC's homeless PSH inventory. For the 2018 HIC, the CoC was able to obtain an accurate estimate of the total number of PSH beds from the VA for its neighbor islands VASH project, which are the 179 beds included on the HIC. Excluding these beds brings the HMIS bed coverage rate up to 100 percent. There has been some traction, with the VA continuing to enter VI-SPDAT assessment data for clients they serve, accept referrals for their VASH resources, and work with local homeless service providers, CES and HMIS administration. The CoC continues to emphasize the importance of having this data, with the hope that the VA will begin to enter their project data into the system. The VA has stated that they are in process of hiring a staff member who will focus on the VASH PSH data collection within the next 12 months. All other project types within the CoC have 100 percent HMIS bed coverage.

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

**2A-7. CoC Data Submission in HDX. 04/29/2018
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**

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 01/22/2018
the date the CoC conducted its 2018 PIT
count (mm/dd/yyyy).**

**2B-2. HDX Submission Date. Applicants 04/28/2018
must enter the date the CoC submitted its PIT
count data in HDX (mm/dd/yyyy).**

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)

- 1) In the months leading up to the 2018 PIT Count, the HMIS admin team spent considerable time training CoC providers on HUD-required reporting elements and data collection changes compared to 2017. The admin team provided an HMIS helpdesk support position to help expand the provision of technical assistance to homeless service providers specifically related to PIT questions. The team held webinars to demonstrate the correct way to add household members to existing families and how to revise or update mandatory subpopulation data.
- 2) Providers were updated with data quality reports for shelter programs that contributed PIT data, highlighting areas with high rates of missing or unknown data. These rates were compared to tolerances outlined in Hawaii's Data Quality Plan and revised by providers to the extent possible. The admin team continued to produce monthly chronic homeless reports made available through its website highlighting missing data rates for CoC emergency shelters. This assisted in more accurately counting the total number of chronically homeless. Instructions were provided on available HMIS tools and resources to ensure that subpopulation data were accurately collected. DV providers not entering population data into the HMIS were supplied with survey tools to guarantee that DV shelter data was included in the overall sheltered count.
- 3) Three in-person, full-day trainings were delivered by the HMIS Lead and admin team to each of the three neighbor islands prior to the 2018 sheltered count. The Statewide Data Committee underscored the importance of the count's execution and offered strategies to agency personnel to improve sheltered program data quality. An important strategy emphasized ensuring that actual census data for the night of the count matched HMIS intake record data.

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:	189
Beds Removed:	392
Total:	-203

2C-3. Presentially 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 Presentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

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 Presentially 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 an unsheltered PIT count in 2018, select Not Applicable.

2C-4a. If “Yes” was selected for question 2C-4, applicants must:
(1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC’s unsheltered PIT count results.
(limit 2,000 characters)

- 1) Three in-person, full-day trainings were delivered by the HMIS Lead and admin team to each of the three neighbor islands. These trainings underscored how to improve 2018 unsheltered survey data quality by highlighting areas of deficiency from 2017. Unsheltered PIT regional leads and admin staff noted the importance of minimizing survey duplication through full-name data collection and the cleaning of unsheltered survey data before entry into the system. The importance of accurate full-name data collection was highlighted in the trainings as the primary way to accurately unduplicate across sheltered and unsheltered datasets, and enable the ability to produce longitudinal and other types of analysis via client ID.

2) Outreach personnel pared down and utilized active outreach HMIS client listings and encounter locations to more efficiently target the unsheltered homeless. These active listings served as checklists to improve planning and to quickly locate and document clients during the count. Once located, client data collection was streamlined to gather necessary demographic and subpopulation data.

The HMIS Lead emphasized the importance of using skilled outreach personnel throughout the entirety of the count for providers that it had outreach contracts with. The admin team emphasized the importance of using skilled HMIS personnel to enter unsheltered surveys collected during the PIT. To support this point, the admin team spent nearly two hours at each site reviewing the data entry process with staff in the test site to prepare for the actual survey data entry. Knowledgeable outreach and program staff were responsible for reviewing and cleaning survey data before entry into the HMIS. This greatly reduced the number of users handling and entering data into the system and improved unsheltered PIT count results.

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?

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) In monthly CoC general meetings leading up to the count, the Maui and Hawaii chapters engaged membership serving homeless youth to help identify areas where youth congregate and to assist with the 2018 unsheltered count. Included in these general meetings were Maui Youth and Family Services (MYFS), and Salvation Army Family Intervention Services (SAFIS), who both provide services to homeless youth. Both organizations assisted in the 2018 PIT Count and as part of the general planning process leading up to the count.

(2) MYFS provided insight into locations where youth frequent, which proved valuable during the week-long canvassing efforts. This location information was integrated into planning and outreach efforts. Similar location information was used to coordinate efforts on Hawaii island. SAFIS is an executive committee member of the Hawaii chapter and a valuable partner. Additionally, the Hawaii chapter worked with the Inter Faith Community (IFC) to identify youth and families frequenting their congregations for meals and food pantry items. Dates and times were supplied to canvassing teams during the count to more accurately identify and count homeless youth. HMIS street outreach data was used to identify parenting and unaccompanied youth actively being served by

non-youth providers. These HMIS listings along with encounter location data were used to pinpoint youth households, further improving the youth enumeration.

(3) Youth and general service providers listed above engaged with youth identified during the count to help ensure that locations were canvassed completely. Youth providers with rapport and experience serving youth were able to gain more reliable information on the whereabouts of youth during the 2018 count.

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)

(1) The general implementation included planning to reduce duplication of effort by assigning providers to specific regions and areas. This strategy helped to ensure that resources were used efficiently during the count and that all areas were well-canvassed. Use of skilled outreach personnel accustomed to outreach specific areas and consumers helped to ensure that disability and length of time homeless chronic criteria were accurately recorded. As outlined above, the HMIS admin team produced monthly chronic homeless reports and published to their website, which has significantly improved missing and unknown chronically homeless data rates for shelter and street outreach projects.

(2) Continued use of HMIS outreach listings were encouraged to pinpoint family household configurations. Using outreach providers with experience providing services to families was a recommended strategy during the count. Local encampment data was used to canvass areas where families congregate. HMIS training on reviewing household configuration and adding family members was provided leading up to the count.

(3) Continued use of HMIS outreach listing data to identify homeless veterans and their locations. Active HMIS and BNL datasets to help crosscheck that unsheltered survey data captured as many homeless veterans as possible. Collaboration with VA outreach staff to identify veterans during the count and to corroborate veteran data that was collected. Full names and identifying information of veterans collected during the count with missing or unknown veteran status data were compared to veteran HMIS listings and adjusted if determined to be a veteran.

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.	1,625
---	-------

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) The CoC evaluated and addressed barriers that prevented households from accessing support services. Barriers included transportation, disability, and linguistic challenges. HMIS data was analyzed of the first-time homeless to determine risk factors. The CoC also used prevention/diversion data from other access points to evaluate risk-factors for homelessness.

The CoC uses the following criteria to identify persons becoming homeless for the first time:

Their primary residence will be lost within 45 days, and no other residence has been identified.

Individual or family lacks the resources or support networks, i.e. family, friends, other social networks needed to obtain other permanent housing;
Foreclosure of rental property;

Severe overcrowding which exceeds health or safety standards for the housing unit size. Landlord may give a warning, which may lead to eviction for excessive violations;

Unforeseen emergency situation, i.e. job loss, medical debt, or other factors beyond participant's control;

Discharge from an institution where participant has resided for more than 30 days, including jail, treatment facility, hospital, or other similar facility;

Residency in housing is no longer suitable for human habitation;

Living conditions are unsafe, i.e. domestic violence, participant is fleeing.

(2) All participants will go through a screening process to assess their situation,

utilizing a Diversion approach to finding alternatives, exploring their housing crisis, and any potential resources the family or individual may have to offer support, i.e. temporary housing or financial resources to keep them housed, or landlord mediation.

HPO expanded diversion/prevention resources through its SHEG and HPP programs to increase rental subsidies for at-risk households. HPO provided Legal Aid resources to provide legal assistance and representation for those on the precipice of eviction.

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) Average length of time homeless (LTH) for persons in ES and SH was 61 days, while median LTH was 45 days. Average LTH for persons in ES, SH, and TH decreased by 32 days, while median LTH was 80 days.

(2) HPO revised all service provider contracts to include LTH performance standards, which are now tied to funding allocations. HPO contracts have aligned with housing first principles, effectively reducing LTH, and incentivizing rapid placement into PH. The HMIS admin team has continued to produce monthly LTH monitoring reports for all ES and TH project types and integrates key concepts regularly into provider trainings.

(3) BTG CES operations prioritize the chronically homeless and include data on longest homeless history into housing placement decisions. BTG has expanded CES protocols to identify highly vulnerable unsheltered persons and move them quickly into PH.

(4) HPO oversees 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.

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.	92%
--	-----

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) The overall percentage of successful exits increased from 47 to 50 percent. There were 430 more people in the discharge universe.

(2) BTG has expanded monitoring of CoC-funded projects relative to housing outcomes in renewal project evaluation criteria. HPO contracts now contain benchmarks tying funding allocations to PH exit and retention rates, and standards for follow-up services for households exiting to PH. Case managers provide referrals to mainstream and community-based services for continued assistance, and eligible support 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

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) Service providers have implemented strategies to reduce returns to homelessness by integrating landlord/tenant interventions, assertive case management, and housing-focused support services. The HMIS admin team has developed CoC and project-specific reports to help stakeholders and providers evaluate performance. HPO has tied recidivism performance to contract funding.

(2) State emergency grant resources have been expanded to assist in cases where households may be at-risk of becoming homeless. More emphasis by the CoC and HPO has been placed on follow-up services to better identify individuals or families who may be at-risk of receding back into homelessness.

FY2018 CoC Application	Page 31	09/16/2018
------------------------	---------	------------

CCH hosts formal LASH Landlord/Tenant law workshops for clients and the public at least twice a year. In addition, twice a month LASH paralegal staff visit from 9am to noon to respond to questions relating to client housing needs. In addition, LASH assists consumers to secure their vital documents.

(3) HPO oversees the CoC strategies and outcomes.

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)**

(1) Employment income and labor force participation are screened at intake for all participants. Service plans are updated, and referrals are made to employment training and job-placement services. Intake assessments are used by case managers to identify eligibility and current receipt of all non-employment income and mainstream benefits.

Activities to increase income and assets include: assisting in obtaining screening for public benefits eligibility; applying for benefits as indicated; connecting to a SSI/SSDI Outreach, Access, and Recovery (SOAR) trained case manager as appropriate and available; providing and/or assisting participants to connect to services such as financial literacy, banking, budgeting, tax preparation, and credit repair; providing and/or assisting participants to connect to educational and vocational services and opportunities, including literacy, GED and computer skills classes, resume development, interview coaching, mentoring, job training, higher education, job placement, and Supported Employment services.

(2) DHS leadership have engaged in a series of strategic planning discussions aimed to streamline the application process for low-income individuals and families. DHS is currently building an Enterprise Platform that will allow individuals and families to access DHS benefits through a single electronic point of entry.

CoC agencies have worked to streamline benefit application processes, provide transportation assistance as needed, follow-up on referrals to partner agencies, work with local legal providers to assist with SSI/SSDI applications, and attend SOAR training annually.

(4) HPO oversees the CoC strategies and outcomes.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System 05/29/2018

FY2018 CoC Application	Page 32	09/16/2018
------------------------	---------	------------

Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

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	159
Total number of beds dedicated to individuals and families experiencing chronic homelessness	102
Total	261

**3B-2. Orders of Priority. Did the CoC adopt Yes
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.**

**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)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input type="checkbox"/>

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) Rapid Re-housing resources support low-barrier admission practices, do not require compliance with substance use treatment, and discourage rejection of applicants based on credit, lack of income, rental or criminal history, or other factors that assume a lack of housing readiness.

The CoC has collaborated with local landlords to increase housing capacity by convening landlord summits in every county. These events helped to inform and recruit landlords and property managers who may be able to offer rental units to homeless families. In addition, faith-based summits were convened on Hawaii Island to discuss opportunities for partnership with local churches and faith-based leaders.

The largest RRH funder in the CoC, HPO, continues to implement performance-based contracting. This has aided in reducing the length of time to housing placement for families receiving RRH assistance. Although the basis is 45 days, during FY2018, 68 percent of individuals served were placed into housing within this period. This is expected to improve in FY2019.

(2) The CoC emphasizes self-sufficiency as one of the primary goals to ensure families successfully maintain their housing once financial assistance ends. This is supported through CM services while clients are in the project to increase income and assets that households qualify for. Referrals to community services such as financial literacy, banking, budgeting, tax preparation, and credit repair are made to promote housing stability and prevent returns to homelessness. Participants interested in furthering their skills and education are referred to educational and vocational opportunities.

State RRH contracts mandate three and six-month follow-up for all households exiting to permanent housing and require CM services during this time to ensure housing retention.

(3) The State Homeless Programs Office (HPO) oversees the CoC's strategy to rapidly re-house families within 30 days of becoming homeless.

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.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
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.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

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)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.6. 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) Hawaii Youth Services Network (HYSN) was awarded a Grant-In-Aid by the HI Legislature for street outreach to runaway and homeless youth (RHY) in the amount of \$220,000. HYSN is partnering with three BTG member agencies to provide street outreach statewide. In the first quarter of the program, workers reached 263 runaway and homeless youth of which 40% entered shelter, were reunited with family, or obtained other safe, appropriate housing.

CoC members statewide are disseminating the results of the Hawaii Street Youth Survey, which has provided the first good local data about the needs, issues and characteristics of homeless youth to inform planning and public policy development and advocacy for additional resources for this highly vulnerable population. Data specific to the local target population is much more convincing to elected officials and funders than national data. The data about the youths' experiences with juvenile detention, foster care, violence while on the streets, and parental incarceration is effective in encouraging increased involvement from workers in those systems to address the issues of youth homelessness.

(2) Legislative efforts to authorize the Kawaiola Youth and Family Wellness Center were successful. Residential Youth Services and Empowerment (RYSE) has already opened Hawaii's first shelter specifically for 18-24-year-old young adults and will accept residents from anywhere in the state. In a needs assessment meeting conducted by HYSN in July 2017, a shelter program targeting this age group was identified as one of the top priority needs of homeless young people. A five-bed shelter for youth ages 12-17 who are victims of sex trafficking has also recently opened in the Kawaiola Center.

HYSN has pending applications for federal Basic Center (shelter), Transitional Living, and Street Outreach Program grant applications with the federal Administration for Children and Families. All programs feature multi-agency, statewide partnerships to ensure services in both urban and rural areas of the state.

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) and (2). Evidence used has been the ability to secure more homeless resources for youth statewide. Advocacy efforts and empirical data have helped the CoC to secure a wellness center and Grant-In-Aid by the HI Legislature for street outreach to runaway and homeless youth (RHY) in the amount of \$220,000.

(3) The CoC believes that by supplying local data about the needs, issues and characteristics of homeless youth, this will help to inform planning and public policy development and advocacy for additional resources for this highly vulnerable population. Data specific to the local target population is much more convincing to elected officials and funders than national data. A fully resourced service delivery system requires a range of supportive services and housing service components specific to the unique and varied needs of homeless youth. Since youth touch so many different systems, interventions targeting both housing and supportive services are necessary to be impactful.

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)

(1) In 2018, the State strengthened homeless coordination services for youths enrolled in public schools. The Legislature provided additional full-time positions within the DOE for homeless liaisons statewide. Homeless liaisons are vital to identifying homeless families and connecting them to PH supports. In addition, the DOE's collaboration will help to identify at-risk families and prevent first-time homelessness through linkages with support services and financial assistance. The DOE is currently in active recruitment for these positions.

(2) MV Local Education Liaisons regularly attend CoC meetings and planning events to help improve services for families with children. CoC member agencies also attend SEA, LEA meetings to remain connected to important educational services in the community.

(3) CoC agencies connect with the DOE LEA representatives locally on an ongoing basis to discuss challenges relating to homelessness and education. LEAs are used frequently to reach out to families in need that have been identified by CoC homeless providers.

(4) The DOE is currently exploring potential partnerships with the Hawaii State Library system to establish community-based afterschool tutoring programs for homeless youth. The State received a recent report from the Aloha United Way providing recommendations for longer term strategies for specific homeless sub-populations, including youth aging out of Foster Care. The report has been reviewed by the Hawaii Interagency Council on Homelessness (HICH) as the council looks to amend the State's 10-year strategic plan to end homelessness and forge partnerships with youth education providers.

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)

State funded providers, all of whom are CoC members, are contractually required to be responsible for ensuring that program participants are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act. Providers must ensure that children and young adults are immediately enrolled in school, as required by federal and state law; and to ensure that they are connected to educational services to help them succeed in school. CoC agencies notify families with children about their rights to an education. The CoC coordinates with the DOE in getting children into the education system through warm referrals. CoC educational activities include:

- (1) informing participants about their educational rights and eligibility for educational services at intake and as necessary thereafter;

- (2) enrolling all children and young adults in school immediately, even if they lack the paperwork normally required;
- (3) receiving the services for which they are eligible according to their needs and comparable to those provided to other students;
- (4) receiving help from the local homeless education liaison as necessary;
- (5) developing relationships with colleges to access higher education services specifically for homeless young adults;
- (6) designating a staff person to be responsible for ensuring participants' education rights are met.

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	Yes	Yes
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	Yes	Yes
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)

The VA regularly partners and conducts outreach with CoC providers. If homeless individuals identify as a veteran, a DD214 is requested to verify veteran status. If the veteran meets eligibility criteria for discharge status and length of service, the veteran will be referred to HUD-VASH, SSVF, or GPD resources, as appropriate. SSVF grantee U.S.VETS provides services on Kauai and subcontracts with HOPE Services and FLC to ensure that outreach and housing services are extended to veterans on Maui and the Big Island.

The VA operates CBOCs to help verify veteran status and begin the process of referring to appropriate VA and SSVF resources. U.S.VETS operates a VA-funded Emergency House (EH) on Kauai and subcontracts with HOPE Services to operate an EH in Hilo. U.S.VETS will be opening a new EH, via subcontract

with HOPE Services, in Kona. Outreach workers typically stabilize veterans in these interim housing facilities as they work with them until they are ready for placement into permanent housing.

In support of CES, the VA has added a HUD-VASH worker on the Big Island and Maui. The VA enters assessment and veteran verification data directly into the HMIS. This has helped to populate the By-Name-List, prioritize veterans with the most severe service needs for housing and services, and reduce the length of time it takes to place veterans into housing resources. Neighbor island CES conveners work directly with homeless service providers and HUD-VASH workers to provide veteran referrals as resources become available.

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.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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) CoC providers work with many different public and private agencies to obtain mainstream benefits for their clients. State contracted agencies are required to train staff and deliver bimonthly coaching and supervisory sessions. On Maui, Helping Hands Hawaii and Project Vision meet with clients onsite weekly to assist clients with Food Stamps applications. Legal Aid meets with clients onsite at FLC and KHAKO weekly to assist with ID documentation and SSDI applications. Many organizations throughout the neighbor islands have SSI/SSDI technical coordinators on site that are trained in SOAR to assist participants in accessing these critical income benefit programs.

(2) Each CoC includes a wide variety of organizations, which comprise

agencies that provide mainstream benefits. Monthly CoC chapter meetings allow for general, up-to-date information sharing between member agencies. Recently the HMIS admin team automated important aspects of the CoC's coordinated entry system by developing an automation algorithm to prioritize clients on the By-Name-List (BNL) to appropriate housing resources. Discussions with HPO have ensued to explore applying aspects of this automation process to systematically inform providers of mainstream benefits their clients qualify for. Key stakeholders have been involved in these discussions and would be provided aggregate data to apprise need and target resources more effectively.

(3) The State Homeless Program Office (HPO) will be responsible for overseeing the CoC's strategy for mainstream benefits. HPO currently operates under the Hawaii Department of Human Services, Benefit, Employment and Support Services Division.

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.	16
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.	16
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) DHS contracts with neighbor island organizations annually to provide comprehensive outreach coverage. Continued advocacy has resulted in a sustained \$2M increase in funding for outreach services in 2018, nearly doubling what the state's annual investment was in 2016. Outreach staff canvass areas of the island where the homeless congregate, use assertive engagement to target service resistant clients, assist with housing plan development, aid in obtaining housing documents, assist clients to gain income, and provide support through housing location and attainment processes.

(2) Outreach efforts cover 100 percent of the geography and services are provided so that they align with the CoC's PIT regions. Hawaii island continued its Rural Outreach Services Initiative and partnered with monthly food distribution centers to render services and resources to individuals who would be least likely to receive assistance if not for these focused outreach efforts. On Maui, Family Life Center subcontracts with the Salvation Army to integrate all outreach efforts and to ensure that services cover the entire island.

(3) Street outreach is conducted daily with agencies responsible for scheduling and conducting outreach to each of their assigned regions. Modified outreach teams canvass during late night, weekend and early morning hours. Drop-In Services are available at various locations for individuals seeking services.

(4) Outreach services are provided in a manner that is consistent with Housing First. Street outreach is provided to those least likely to request assistance by coordinating with community policing and the Dept. of Health, County parks dept., and State Land and Natural Resources. In this way many individuals are identified who may be out of sight and located in areas that are difficult to access. Outreach teams regularly receive calls from the above groups resulting in coordinated efforts to offer services to these hard to reach populations.

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 Policy and Procedures direct outreach projects operating within the CoC to ensure that services, housing resources and coordinated entry options are available to all persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. All state contracted service providers are required to adhere to non-discrimination practices. Embedded in all contractual agreements is language stating that no contracted entity shall engage in any discrimination that is prohibited by any applicable federal, state, or county law.

(2) Providers are contractually obligated to offer language assistance to households with limited English proficiency at no cost to the individual or family. This also includes assistance for the hearing impaired. Providers are required to document the offer of language assistance and whether the service was declined or accepted and submit the Language Access Reporting Tool to DHS semi-annually. All CoC provider agencies are required to participate in annual DHS Civil Rights Awareness training which includes topics on Language Access.

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	344	692	348

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?

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/13/2018
1C. Coordination	09/16/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/16/2018
3B. Performance and Strategic Planning	09/16/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
Submission Summary	No Input Required

Before Starting the Project Listings for the CoC Priority Listing

The FY 2018 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2018 CoC Program Competition NOFA.

The FY 2018 CoC Priority Listing includes the following:

- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new projects as described in the FY 2018 CoC Program Competition NOFA.
- New Project Listing – lists all new project applications created through reallocation, the bonus, and DV Bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2018 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/ask-a-question/>.

Collaborative Applicant Name: Hawaii Department of Human Services

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

**2-1. 2-1. Is the CoC reallocating funds from Yes
one or more eligible renewal grant(s) that will
expire in calendar year 2019 into one or more
new projects?**

3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$0				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

4. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2018 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

Amount Available for New Project (Sum of All Reduced Projects)					
\$140,661					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Eha FY2017	HI0039L9C001709	\$532,084	\$391,423	\$140,661	Regular

4. Reallocation - Grant(s) Reduced Details

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

4-1. Complete the fields below for each eligible renewal grant that is being reduced during the FY 2018 reallocation process. Collaborative Applicants should refer to the FY 2018 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Eha FY2017

Grant Number of Reduced Project: HI0039L9C001709

Reduced Project Current Annual Renewal Amount: \$532,084

Amount Retained for Project: \$391,423

Amount available for New Project(s): \$140,661
(This amount will auto-calculate by selecting "Save" button)

4-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

The CoC and Collaborative Applicant coordinated an extensive RFI application process, which objectively scored all renewal projects against HUD and CoC defined criteria. The Eha FY2017 project fell partially outside of the Tier 1 funding allocation, leading to the reallocation of a portion of its funding in favor of a more viable project. The CoC also felt that this project under-performed relative to other permanent housing projects within the CoC. The decision to reduce the project was reviewed and approved by the CoC's Evaluation Committee. The project was notified of the reduction on 8/29/18.

5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

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

\$140,661

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
17	Ulu Wini PSH...	PH	\$140,661	Regular

5. Reallocation - New Project(s) Details

Instructions:

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2018 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2018 CoC Program Competition NOFA.

FY 2018 Rank (from Project Listing): 17

Proposed New Project Name: Ulu Wini PSH FY2018

Component Type: PH

Amount Requested for New Project: \$140,661

6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2018 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

6-1 Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds request for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$140,661
Amount requested for new project(s):	\$140,661
Remaining Reallocation Balance:	\$0

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
HIHR PH 5 FY2018	2018-09-11 18:29:....	PH	Hawaii Island Hom...	\$140,661	1 Year	18	PH Bonus	PSH	Yes
Ulu Wini PSH FY2018	2018-09-13 22:29:....	PH	Hawaii Rise Found...	\$140,661	1 Year	17	Reallocati on	PSH	
Ulu Wini DV Assis...	2018-09-14 01:34:....	Joint TH & PH-RRH	Hawaii Rise Found...	\$140,661	1 Year	19			

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide", both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type
Kaahel Group Hom...	2018-08-07 21:05:....	1 Year	Steadfast Housing...	\$25,655	15	PSH	PH	
Kaulana Group Hom...	2018-08-07 21:04:....	1 Year	Steadfast Housing...	\$40,555	13	PSH	PH	
Kulalani Group Ho...	2018-08-07 21:03:....	1 Year	Steadfast Housing...	\$42,736	14	PSH	PH	

FLC S+C 1 FY2018	2018-09-07 06:51:....	1 Year	Family Life Center	\$161,912	6	PSH	PH	Individual
Family Life Cente... ...	2018-09-07 19:47:....	1 Year	Family Life Center	\$93,892	11	PSH	PH	Individual
Family Life Cente... ...	2018-09-07 19:13:....	1 Year	Family Life Center	\$266,797	9	PSH	PH	Individual
Kukui FY2018	2018-09-08 20:03:....	1 Year	HOPE Services Haw... ...	\$508,237	7	PSH	PH	
HOPE Rapid Re-hou... ...	2018-09-08 19:47:....	1 Year	HOPE Services Haw... ...	\$70,050	5	RRH	PH	
HOPE Continuum of... ...	2018-09-08 19:30:....	1 Year	HOPE Services Haw... ...	\$163,829	12	PSH	PH	
New HMIS FY2018	2018-09-09 18:25:....	1 Year	Hawaii Departmen... t... ...	\$68,914	3		HMIS	Individual
HMIS Analysis and... ...	2018-09-09 18:22:....	1 Year	Hawaii Departmen... t... ...	\$41,160	1		HMIS	Individual
Consolidated HMIS... ...	2018-09-09 18:17:....	1 Year	Hawaii Departmen... t... ...	\$141,205	C1		HMIS	Fully Consolidated
Hawaii HMIS \$31,1... ...	2018-09-09 18:21:....	1 Year	Hawaii Departmen... t... ...	\$31,131	2		HMIS	Individual
Eha 2018	2018-09-10 18:16:....	1 Year	Steadfast Housing... ...	\$391,423	16	PSH	PH	
HIHR PH 3 FY2018	2018-09-11 18:28:....	1 Year	Hawaii Island Hom... ...	\$70,660	4	PSH	PH	Individual
HIHR PH 2 FY2018	2018-09-11 18:27:....	1 Year	Hawaii Island Hom... ...	\$42,341	8	PSH	PH	Individual
HIHR PH 1 FY2018	2018-09-11 18:26:....	1 Year	Hawaii Island Hom... ...	\$184,394	10	PSH	PH	Individual
Consolidated HIHR... ...	2018-09-11 18:24:....	1 Year	Hawaii Island Hom... ...	\$297,395	C4	PSH	PH	Fully Consolidated
FLC Ohana One FY2018	2018-09-16 04:21:....	1 Year	Family Life Center	\$522,601	C6	PSH	PH	Fully Consolidated

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Project Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
HI-500 BTG Planni...	2018-09-12 21:10:...	1 Year	Hawaii Department...	\$70,330	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide", both of which are available at:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$2,203,686
Consolidated Amount	\$961,201
New Amount	\$421,983
CoC Planning Amount	\$0
Rejected Amount	\$0
TOTAL CoC REQUEST	\$2,625,669

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	FY2018 HI-500 Cer...	09/04/2018
FY 2017 Rank (from Project Listing)	No		
Other	No		
Other	No		

Attachment Details

Document Description: FY2018 HI-500 Certification of Consistency
(HUD 2991)

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

WARNING: The FY2017 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	09/12/2018
2. Reallocation	09/12/2018
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	09/16/2018
5. New Project(s)	09/16/2018
6. Balance Summary	No Input Required
7A. CoC New Project Listing	09/16/2018
7B. CoC Renewal Project Listing	09/16/2018

7D. CoC Planning Project Listing

Please Complete

Funding Summary

No Input Required

Attachments

09/12/2018

Submission Summary

No Input Required

Notes:

7D. CoC Planning Project Listing list contains 1 incomplete item.

Certification of Consistency with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: State of Hawaii, Department of Human _____

Project Name: Hawaii Balance of State Continuum of Care (HI-500) _____

Location of the Project: See attached list _____

Name of the Federal Program to which the applicant is applying:
FY18 Continuum of Care Program

Name of Certifying Jurisdiction: State of Hawaii, Hawaii Housing Finance and Development Corporation

Certifying Official of the Jurisdiction Name: Craig K. Hirai

Title: Executive Director

Signature: 

Date: 8-31-2018

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division
1010 Richards Street, Suite 512
Honolulu, Hawaii 96813

August 28, 2018

The following are the project names and locations included in Hawaii Department of Human Services' Certification of Consistency with the Consolidated Plan for the FY 2018 Continuum of Care Homeless Assistance Programs competition:

Hawaii Balance of State Continuum of Care – HI 500

1. **Hawaii HMIS \$31,131 FY2018**
1010 Richards St., Ste. 512, Honolulu, HI 96813

One of the strategies and goals of the Continuum is to integrate and/or interface data systems to better identify utilization of services by homeless families and individuals and to improve outcomes and performance measurement. This project will provide much needed support and maintenance to the State's HMIS system enhancing functionality and efficiency. These enhancements will allow more efficient tracking of homeless services statewide.

2. **HMIS Analysis and Dissemination**
1010 Richards St., Ste. 512, Honolulu, HI 96813

One of the strategies and goals of the Continuum is to integrate and/or interface data systems to improve service utilization tracking and the dissemination of key outcome measures. This project will provide much needed data analysis to the State's HMIS system targeting key elements such as services rendered, homeless demographics, and disability trends. These enhancements will allow more efficient tracking of homeless services statewide. The annual Homeless Utilization report is produced through this funding.

3. **Hawaii State Department of Human Services (DHS)**
1010 Richards St., Ste. 512, Honolulu, HI 96813

New HMIS FY 2018

The new project will support the ongoing need for HMIS training, technical support, data analysis, and custom report development. Comprehensive training related to new system features and reporting elements, extensive monitoring and evaluation of program

AN EQUAL OPPORTUNITY AGENCY

performance are just a few services that will be provided. The new project will also expand and strengthen HMIS usability, data analysis and evaluation.

4. **Family Life Center, Inc.**

95 S. Kane St., Kahului, HI 96732

FLC S+C 1

FLC S+C 2

FLC S+C 3

FLC S+C 6 (Eha)

The State has placed permanent supportive housing as a high priority goal to address Hawaii's chronically homeless population. Strategies to assist vulnerable homeless individuals and families include the expansion of affordable or subsidized rental units. These units will be matched with intensive case management and the prioritization of homeless clients based on acuity of need via a coordinated entry system. The projects proposed by Family Life Center (listed above) will address this need by providing permanent supportive housing units for the chronically homeless with disabilities through their proposed rental assistance programs.

5. **Hawaii Island Home For Recovery, Inc.**

440 Kapiolani St., Hilo, HI 96720

HIHR Permanent Housing 1

HIHR Permanent Housing 2

HIHR Permanent Housing 3

HIHR Permanent Housing 5

The State has placed permanent supportive housing as an area of emphasis to address the growing number of Hawaii's chronically homeless as a high priority goal. The projects proposed by Hawaii Island Home for Recovery, Inc. (listed above) will assist chronically homeless consumers by providing them with permanent housing and intensive support services.

6. **HOPE Services Hawaii, Inc.**

296 Kilauea Ave., Hilo, HI 96720

HOPE Kukui

HOPE CoC 2

HOPE Rapid Re-housing

The State has placed permanent supportive housing as a high priority goal to address Hawaii's chronically homeless population and victims of domestic violence. Strategies to assist vulnerable homeless individuals and families include the expansion of affordable or subsidized rental units. These units will be matched with intensive case management and the prioritization of homeless clients based on acuity of need via a coordinated entry system. The projects proposed by HOPE Services Hawaii, Inc. (listed above) will address this need by providing

permanent supportive housing units for the chronically homeless with disabilities and victims of domestic violence through their proposed rental assistance programs.

7. **Steadfast Housing Development Corporation**
888 Iwilei Road, Suite 250, Honolulu, HI 96813

SHDC – Eha (Maui)

The State has placed permanent supportive housing as a high priority goal to address Hawaii's chronically homeless population. Strategies to assist vulnerable homeless individuals and families include the expansion of affordable or subsidized rental units. These units will be matched with intensive case management and the prioritization of homeless clients based on acuity of need via a coordinated entry system. The projects proposed by Steadfast Housing Development Corporation (listed above) will address this need by providing permanent supportive housing units for the chronically homeless with disabilities through their proposed rental assistance programs.

8. **Steadfast Housing Development Corporation**
888 Iwilei Road, Suite 250, Honolulu, HI 96813

Kulalani Group Home (Maui)
34 Kulalani Dr., Kula, HI 96790

Kaulana Group Home 2016 (Maui)
425 Kaulana St., Kahului, HI 96732

Kaahele Group Home 2016 (Kauai)
6307 Kaahele St., Kapaa, HI 96746

The State has placed permanent supportive housing as an area of emphasis to address the growing number of Hawaii's chronically homeless as a high priority goal. These proposed projects (listed above) will assist seriously and persistently mentally ill consumers by providing them with permanent housing and supportive services that includes but is not limited to psychiatric and psychosocial rehabilitation.

9. **Hawaii Rise Foundation**
11 Silva Street, Hilo, HI 96720

Ulu Wini DV Assistance
Ulu Wini PSH

The State has placed permanent supportive housing as a high priority goal to address Hawaii's chronically homeless population and victims of domestic violence. Strategies to assist vulnerable homeless individuals and families include the expansion of affordable or subsidized rental units. These units will be matched with intensive case management and the prioritization of homeless clients based on acuity of need via a coordinated entry system. The projects proposed by Hawaii Rise Foundation (listed above) will address this need by providing

permanent supportive housing units for the chronically homeless with disabilities and victims of domestic violence through their proposed rental assistance programs.

Harold Brackeen III

Harold Brackeen III, Homeless Programs Administrator

8/28/2018

Date

PRIORITY LISTING RANK	SCORE	TYPE	AGENCY	PROJECT NAME	AMT. REQUESTED	AMT. AWARDED	TIER 1 BALANCE
1	N/A	RENEWAL	DHS	HMIS Analysis and Dissemination Project FY2018	\$41,160.00	\$41,160.00	\$2,162,526.00
2	N/A	RENEWAL	DHS	Hawaii HMIS \$31,131 FY2018	\$31,131.00	\$31,131.00	\$2,131,395.00
3	N/A	RENEWAL	DHS	New HMIS FY2018	\$68,914.00	\$68,914.00	\$2,062,481.00
4	145	RENEWAL	HIHR	HIHR PH 3 FY2018	\$70,660.00	\$70,660.00	\$1,991,821.00
5	135	RENEWAL	HOPE	HOPE Rapid Re-housing Project FY2018	\$70,050.00	\$70,050.00	\$1,921,771.00
6	124	RENEWAL	FLC	FLC S+C 1 FY2018	\$161,912.00	\$161,912.00	\$1,759,859.00
7	120	RENEWAL	HOPE	Kukui FY2018	\$508,237.00	\$508,237.00	\$1,251,622.00
8	120	RENEWAL	HIHR	HIHR PH 2 FY2018	\$42,341.00	\$42,341.00	\$1,209,281.00
9	119	RENEWAL	FLC	Family Life Center S+C 2 FY2018	\$266,797.00	\$266,797.00	\$942,484.00
10	119	RENEWAL	HIHR	HIHR PH 1 FY2018	\$184,394.00	\$184,394.00	\$758,090.00
11	118	RENEWAL	FLC	Family Life Center S+C 3 FY2018	\$93,892.00	\$93,892.00	\$664,198.00
12	118	RENEWAL	HOPE	HOPE Continuum of Care II FY2018	\$163,829.00	\$163,829.00	\$500,369.00
13	113	RENEWAL	SHDC	Kaulana Group Home 2018	\$40,555.00	\$40,555.00	\$459,814.00
14	113	RENEWAL	SHDC	Kulalani Group Home 2018	\$42,736.00	\$42,736.00	\$417,078.00
15	111	RENEWAL	SHDC	Kaahele Group Home 2018	\$25,655.00	\$25,655.00	\$391,423.00
16	110	RENEWAL	SHDC	Eha 2018	\$532,084.00	\$391,423.00	\$0.00

Total ARD
6% of ARD
Total Tier 1

\$2,344,347.00
\$140,661.00
\$2,203,686.00

TIER 2 RANKINGS

PRIORITY LISTING RANK	SCORE		AGENCY	PROGRAM NAME	AMT. REQUESTED	AMT. AWARDED	TIER 2 BALANCE
							\$281,322.00
17	142	NEW REALLOCATION	Hawaii Rise	Ulu Wini PSH FY2018	\$140,661.00	\$140,661.00	\$140,661.00
18	134	NEW BONUS	HIHR	HIHR PH 5 FY2018	\$141,320.00	\$140,661.00	\$0.00

PRIORITY LISTING RANK	SCORE		AGENCY	PROGRAM NAME	AMT. REQUESTED	AMT. AWARDED	
							\$140,661.00
19	133	NEW DV BONUS	Hawaii Rise	Ulu Wini DV Assistance FY2018	\$143,574.00	\$140,661.00	\$0.00