

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: HI-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 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	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	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Not Applicable	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Maui AIDS Foundation (HOPWA Provider)	Yes	Yes
Local Businesses	Yes	Yes

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

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

Bridging the Gap (BTG) or the Hawaii Balance of State CoC, comprises Hawaii, Kauai and Maui county chapters. BTG is a geographically-based network of service providers and stakeholders that carries out the planning responsibilities of the CoC. Each chapter includes representatives of organizations such as non-profit homeless assistance providers; victim service providers; HIV/AIDS agencies; faith-based organizations; mental health and medical agencies; government; educational providers; law enforcement; veteran service providers; and homeless or formerly homeless individuals.

The BTG executive board, which includes the chairperson of each local chapter and a respective county government representative, convenes every other month. This planning body determines how resources are allocated, sets policy and funding priorities, and supports legislative initiatives. The general membership of the three local chapters collectively convene at least twice annually for general meetings.

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

BTG actively solicits new membership through local CoC meetings and landlord summits, which also cultivates new housing and resource opportunities for the homeless. BTG strives for transparency in operations, so all general and committee meetings are open to the public. These meetings have resulted in opportunities to provide information and promote awareness.

Additionally, neighbor islanders are well-represented on the Hawaii Interagency Council on Homelessness (HICH) and have adopted its strategic plan as its standard. HICH membership encompasses non-profit service providers, private businesses, faith organizations, Federal, State and County government agencies and other interested stakeholders. Membership allows the unique concerns of the rural communities represented by BTG to have their voices 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.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

Upon release of the NOFA, all CoC chapters were apprised of the new funding opportunity, and information was disseminated to all CoC providers, regardless of whether the agency had ever received CoC funding. Technical support was afforded to all agencies as needed, including those that had never applied or been awarded CoC funding in the past. Leadership from local chapters met with the Collaborative Applicant, HPO, 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 was issued on Aug. 4, 2017 to all service providers through the State Procurement Office website and CoC chapter listservs. The RFI was also disseminated locally through CoC meetings. The RFI did not prevent any organization from applying that previously had not received funding. In recent competitions, the CoC has encouraged smaller, experienced providers to apply to expand services within the CoC.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.

Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The CoC works closely with the State Homeless Programs Office (HPO) to ensure that the 5-Year Consolidated Plan is completed accurately and represents local efforts in all three rural county jurisdictions. As the entity

responsible for the homeless and special needs sections of the ConPlan, 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 resource utilization, funding prioritization, and performance. Strong partnership with HPO enables all jurisdictions to have a voice in the ConPlan development process. ESG providers are contractually required by HPO to actively participate in the CoC and have a strong voice in its direction. Annual PIT and HIC data is used to supplement and add context to the reporting along with outcomes, demographic, and subpopulation characteristics for each county and the CoC.

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

(limit 1000 characters)

DV providers Women Helping Women, Child and Family Service, and the YWCA regularly attend and participate in CoC meetings. All are ESG grantees and work closely with their local CoC chapter. HOPE Services is now operating a new CoC-funded RRH program, which supports victims of DV. The Director of HOPE Services is the current BTG and local chapter chair.

BTG and HPO are committed to implementing a successful CES for victims of DV and have been involved in its advancement on each island. Planning has included initial discussions of expanding prevention and diversion resources to support the stabilization or rapid re-housing of those impacted.

HPO systematically coordinates efforts and resources to provide for homeless families and individuals that are victims of DV, and ensures that the needs of this population are addressed and included in the locally developed CoC systems. Strict protocols ensure that client PPI is transmitted securely, de-identified, and kept confidential.

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

(limit 1,000 characters)

BTG has been the beneficiary of CES TA from OrgCode and Housing Innovations. Each county received intensive training in May, June and July of 2017. Training included best practices on preventing homelessness, stabilization and engagement techniques, safety and planning protocols, CES service prioritization, and CoC governance.

The HMIS admin team provided TA to DV providers on how to utilize the eCart tool to evaluate comparable data and assisted HPO in aggregating, analyzing,

and interpreting need related to DV and homelessness. The admin team has started to analyze CoC HMIS data specifically for DV responses to better inform policy decisions.

In Sep 2017, BTG general membership formally adopted the BTG CES Policy and Procedures Manual. The manual directs service agencies to provide necessary safety and security protections for DV victims, including a threshold assessment for safety needs and referral to appropriate trauma-informed services if safety needs are identified.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Hawaii Public Housing Authority	47.00%	Yes-Both

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

**1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)**

n/a

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

BTG P&Ps direct CoC projects within the CES to include strategies to ensure that CoC resources and CES options are available to all persons, including LGBT individuals and their families. CoC projects must ensure that all subpopulations throughout the geographic area have fair and equal access to housing and the CES process.

CoC providers are required to participate in annual DHS Civil Rights Awareness Training. The HUD Field Office conducts annual training that touches on Equal Access to Housing in Accordance with an Individual's Gender Identity.

State-contracted service providers are required to adhere to non-discrimination practices. No person performing contracted work, including any subcontractor, employee, or agent of the provider, shall engage in any discrimination that is prohibited by federal, state, or county law. Providers not adhering to this requirement will be non-compliant and can face consequences, including but not limited to the termination of the contract.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

n/a

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

When evaluating and competitively scoring the FY2017 project applications, the CoC evaluation team awarded higher point values and gave additional consideration to the projects that served the chronically homeless (CH) with highest acuity. Project criteria also included substantial points for practicing a Housing First model and demonstrating a low-barrier approach for placement and stabilization in PH.

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

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

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

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

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

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

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

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

Reallocation: Option 1

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

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/11/2017

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/11/2017

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

Reallocation Supporting Documentation

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

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

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Instructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. pp. 1-2, 8-9 of the GC; pp. 1-5 of the CoC-HMIS MOA

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

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

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

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	395	77	318	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	641	10	631	100.00%
Rapid Re-Housing (RRH) beds	344	0	344	100.00%
Permanent Supportive Housing (PSH) beds	442	0	292	66.06%
Other Permanent Housing (OPH) beds	0	0	0	

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

The low bed coverage rate for the PSH project type is due to the VA's continued unwillingness to enter VASH PSH project data into the HMIS. Originally the CoC was going to exclude this project from the HIC, however, included since technically it is part of the CoC's homeless PSH inventory. The CoC obtained an accurate estimate of the total number of PSH beds from the VA, which are the 150 beds included on the HIC for this project. Excluding these beds will bring the coverage rate up to 100 percent. Recently there has been some traction, with the VA beginning to enter VI-SPDAT data and work with local CES and HMIS Administration. The VA has stated that they are also in process of hiring a staff member who will focus on the VASH PSH data collection.

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

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

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

Instructions:

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

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

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

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

Instructions:

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

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

- 1) Leading up to the 2017 PIT, the HMIS admin team spent considerable time training CoC providers on HUD-required reporting elements and changes compared to 2016. The admin team added an HMIS helpdesk support position earlier in the year to help expand the provision of technical assistance to homeless service providers.
- 2) Providers were updated with data quality reports for 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 to the extent possible. Instructions were provided on available HMIS tools and resources to ensure that subpopulation data were accurately collected.
- 3) Three in-person, full-day trainings were delivered by the HMIS Lead and admin team to each of the neighbor islands. The Statewide Data Committee emphasized the importance of the count's execution and offered strategies to agency personnel to improve the sheltered data.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?

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

Beds Added:	134
Beds Removed:	99
Total:	35

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a

Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

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

- 1) Three in-person, full-day trainings were delivered by the HMIS Lead and admin team to each of the neighbor islands. These emphasized improving survey data quality by highlighting deficiencies in 2016. The CoC stressed the importance of minimizing survey duplication and omitting duplicate records from the data entry.
- 2) Outreach personnel pared down and utilized active outreach HMIS client listings and encounter locations to more efficiently target the unsheltered. These listings served as checklists to quickly locate and document clients. Once located, data collection was streamlined to gather demographic and subpopulation fields.
- 3) The CoC emphasized the importance of skilled personnel entering surveys collected during the PIT. Skilled staff were responsible for reviewing and cleaning survey data for their programs before entry into the HMIS. This greatly reduced the number of users handling and entering data into the system, and improved data quality.

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

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the

**CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)**

In monthly CoC meetings leading up to the count, the Maui chapter engaged its members to help identify areas where homeless youth congregate. Included in these meetings was Maui Youth and Family Services (MYFS), which provides services to youth in foster services as well as youth that have aged out of the system. MYFS provided insight into locations where youth frequent. This info was integrated into planning and outreach efforts.

The Hawaii chapter worked with youth service provider Salvation Army Family Intervention Services to identify hangouts and other locations where homeless youth tend to meet. This info was used to coordinate efforts in Hawaii county. Salvation Army FIS is an executive committee member of the Hawaii chapter.

The Hawaii chapter worked with the InterFaith Community to identify youth and families who come to their congregations for meals and pantry food items. This information was used to more effectively target resources to count youth during the PIT.

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

In the months leading up to the count, CoC leadership met to discuss changes to the 2017 PIT and ensure that volunteer and staff resources were directed effectively. The CoC publicized the count and informed service partners of when the count would take place. These planning meetings also helped to identify locations where families and veterans had the highest probability of being encountered. The HMIS Lead and admin team expanded training in the two months leading up to the count, with three in-person, all-day trainings provided to each of the neighbor islands.

CoC providers reviewed their active HMIS outreach listings for families and veterans. Outreach teams targeted areas where these populations were known to congregate and searched specifically for those on their active listings to ensure that they were counted. The CoC worked with VA outreach staff to identify veterans during the count and to corroborate veteran data that was collected.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

(limit 1000 characters)

(1) There were improvements for both metrics. 93 fewer people became homeless for the first time among those that entered ES or TH projects. Among those that entered ES, TH, or PH projects, 117 fewer people became homeless for the first time. There were reductions in both universes. BTG does not have SH projects.

(2) 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.

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

(4) HPO oversees the CoC strategies and outcomes.

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

(limit 1000 characters)

- (1) There was improvement across the board. Average length of time homeless (LTH) for persons in ES decreased by 43 days, while median LTH decreased by 3 days. Average LTH for persons in ES and TH decreased by 42 days, while median LTH decreased by 13 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. Performance Measures: Successful Permanent Housing Placement and Retention

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

- (1) 79 fewer people exited from outreach projects to PH destinations, however, the overall percent of successful outreach exits increased significantly from 25 to 37 percent. There were also 698 fewer people in the outreach discharge universe. The number of persons who exited to PH destinations from ES, TH, and PH-RRH projects decreased by 97 persons. The number of persons in PH projects (excluding RRH) who retained or exited to PH destinations decreased by 59 persons.
- (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.
- (3) HPO oversees the CoC strategies and outcomes.

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

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

**individuals and families' returns to homelessness.
(limit 1000 characters)**

- (1) In aggregate, 17 more people returned to homelessness within two years, however, the CoC exited 213 more people in the FY2016 reporting period. There was a positive overall reduction in the recidivism rate of one percentage point compared to the prior year.
- (2) 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.
- (3) 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.
- (4) HPO oversees the CoC strategies and outcomes.

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

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

(limit 1000 characters)

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

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

The neighbor islands of Maui, Kauai, and Hawaii contain significant areas of dangerous mountain ranges, shorelines, caves, tropical forests, and volcanic activities. These types of areas were not canvassed during the most recent point-in-time count. PIT Regional Leads also helped to identify specific areas within each of the geographic divisions on the islands to be excluded from the count due to their danger or remoteness. The CoC excluded the islands of Molokai and Lanai, due to their low population estimates (8,000 and 3,000 respectively). There are no reports of homelessness on either of these islands.

The count was supervised and carried-out by very experienced agency directors that are very familiar with the rural areas in each county and the places that homeless persons tend to congregate.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy) 06/03/2017

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	232	265	33

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

Total number of beds dedicated as Dedicated Plus	126
Total number of beds dedicated to individuals and families experiencing chronic homelessness	109
Total	235

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

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

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

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

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

(1) Housing resources support low-barrier admission practices, don't 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 CES has helped to quickly re-house families that become homeless. Housing documents, access to benefits, and referrals to community services are emphasized to promote stability and prevent returns to homelessness.

County and State govt. have sponsored landlord summits to increase the supply of rental units for homeless families. State contracts allow budgeting for damage assistance to incent landlord participation.

HPO has tied contract funding to performance, which has aided in reducing LOS for families and individuals utilizing homeless shelter services. The goal is to be able to rapidly re-house all families within 30 days by the end of CY2018.

(2) HPO oversees the CoC strategies and outcomes.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	5	93	88

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

(limit 1000 characters)

BTG Policy and Procedures direct CoC providers utilizing the CES process to

maintain policies to ensure that ESG, CoC and CES resources are available to all persons regardless of age, sex, gender, LGBT status, marital status or disability. These projects must also ensure that all subpopulations throughout the CoC's geographic area are given fair and equal access to the CES process. The HUD Field Office conducts annual training for its federal resources that underscores the importance of equal access to housing in HUD programs regardless of sexual orientation or gender identity.

State-contracted shelter and housing providers are required to adhere to non-discrimination practices under contract general conditions. No person or entity performing work under the contract, shall engage in any discrimination that is prohibited by applicable federal, state, or county law. Any provider not adhering to this requirement will be considered non-compliant and risk termination of the contract.

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

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

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

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

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

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 has not yet received the funds as Dept. of Budget and Finance announced that none of the grants-in-aid would be released until at least Dec. due to revenue issues. Part of the funding will go to Neighbor Island youth homelessness providers as HYSN submitted the GIA as a multi-agency partnership.

Congressman Jeff Denham of CA has introduced an amendment to provide bridge funding to TLP grantees like HYSN that have grants ending in April 2018 and were not allowed to apply under the 2017 funding announcement. HYSN worked with the CA grantees to provide info about the impact of the loss of funding to Congressman Denham. Two neighbor island youth homelessness providers are impacted by this – MYFS and SA FIS, as they are partners on the grant.

Locally, Karl Rhoads, co-convenor of the Keiki Caucus, has agreed to submit a bill for bridge funding for TLP in the 2018 state legislative session.

An in-depth survey of 151 RHY was conducted by Waikiki Health and Hale Kipa staff with analysis of results by the UH Center on the Family (COF). The first release of the data was at HYSN's annual meeting in July, and COF is working on issue briefs with the data. While the survey was conducted entirely on Oahu, the data will be useful for BTG members to identify characteristics and needs of homeless youth.

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

In 2017, the State DHS (Collaborative Applicant and HMIS Lead) and DOE have collaborated to develop an MOA to formalize a partnership and data sharing requirements/procedures. The MOA will help to identify homeless families in service gaps, and thereby connect these families to vital PH supports. The MOA will also enable the DOE to be more involved in the CES.

HUD's definition of homeless does not include the DOE defined "doubled-up" category. These are families in unstable housing situations, unofficially living with others due to economic hardship or loss of housing. The DOE's collaboration in identifying these at-risk families will lead to prevention of first-time homelessness, and provision of support services to vulnerable families.

MVA Local Education Liaisons regularly attend CoC meetings and planning events to help improve services for families with children. Conversely, CoC providers attend SEA/LEA meetings to remain connected to important services in the community.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or

partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	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	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

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

The VA regularly partners and conducts outreach with CoC providers. If homeless individuals identify as vets, a DD214 is requested to verify vet status. If the vet meets eligibility criteria for discharge and length of service, the vet will be referred to VASH/SSVF. SSVF grantees USVETS and CCH subcontract with HOPE and FLC to ensure that outreach and housing services are extended to vets on all rural counties.

The VA operates CBOCs to help verify vet status and begin the process of referring to appropriate VA/SSVF/GPD resources. USVETS has added a VA-funded emergency house on Kauai. Outreach workers typically stabilize vets in these interim housing facilities as they prepare for placement into PH.

Now that CES is operational, the VA has added a VASH worker on the Big Island. The VA has also begun entering assessment and vet verification data directly into the HMIS. This has helped to populate the By-Name-List and reduce the time it takes to place vets into housing resources.

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

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

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

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

CoC providers work with many different county and state agencies to obtain mainstream benefits for their clients. State-contracted agencies are required to train staff and have twice monthly coaching and supervision sessions. DHS leadership have engaged in a series of strategic planning sessions aimed at streamlining DHS benefits application processes for low-income individuals and families. DHS continues the build out of an Enterprise Platform that will allow individuals and families to access DHS benefits through a single electronic point of entry. The Governor's Coordinator on Homelessness is working on establishing a funders' collaborative consisting of representatives from the State, City and County of Honolulu, Partners in Care (PIC), Bridging the Gap (BTG), Hawaii Community Foundation, and AUW. The group is working to align federal, state, local and philanthropic funding efforts, and to increase

communication and collaboration among these partners.

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

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

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

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

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

(1) The State Homeless Outreach Program provides comprehensive geographic coverage to Maui, Kauai and Hawaii. Outreach efforts cover 100 percent of CoC geography and have been contracted so that county regions are partitioned in the same way as the unsheltered PIT count. Advocacy has resulted in a \$2 million increase in funding for outreach services in FY2017, nearly doubling the State's annual investment.

(2) Street outreach is conducted daily. Each contracted agency is responsible for scheduling and conducting outreach services to each of its assigned regions to maximize coverage.

(3) In a paradigm shift from historic practices, outreach services are now provided in a manner that is consistent with Housing First. Staff use assertive engagement to target service resistant clients, assist with housing plan development, obtain housing documents, gain income through public benefits and employment, and provide support through the housing location and attainment process.

4A-5. Affirmative Outreach

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

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

(1) BTG Policy and Procedures direct outreach projects operating within the CES to ensure that CoC resources and CES options are available to all persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. State-contracted service providers are required to adhere to non-discrimination practices. 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 (including assistance for the hearing impaired) at no cost to the individual or family; document the offer of language assistance and whether 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-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	59	344	285

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	FY2017 Project Re...	09/22/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes	BTG Governance Ch...	09/21/2017
07. HMIS Policy and Procedures Manual	Yes	Hawaii HMIS Polic...	09/13/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	HPHA Homeless Adm...	09/21/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	CoC-HMIS MOA	09/21/2017
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	FY2017 HI-500 CoC...	09/12/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: FY2017 Project Rejection, Reduction Letters

Attachment Details

Document Description:

Attachment Details

Document Description: BTG Governance Charter

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Attachment Details

Document Description: Hawaii HMIS Policy & Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: HPHA Homeless Admissions Preference

Attachment Details

Document Description: CoC-HMIS MOA

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY2017 HI-500 CoC Competition Report (HDX Report)

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2017
1B. Engagement	09/20/2017
1C. Coordination	09/21/2017
1D. Discharge Planning	09/21/2017
1E. Project Review	09/22/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/21/2017
2B. PIT Count	09/12/2017
2C. Sheltered Data - Methods	09/23/2017
3A. System Performance	09/24/2017
3B. Performance and Strategic Planning	09/22/2017

4A. Mainstream Benefits and Additional Policies	09/24/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

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

September 11, 2017

Ms. Mary Scott-Lau
Executive Director
Women In Need
P.O. Box 414
Waimanalo, Hawaii 96766

RE: **RFI No.: HMS-224-18-01-HPO FY2017 NOFA
Continuum of Care (CoC) Homeless Assistance Programs**

Dear Ms. Scott-Lau:

Thank you for responding to the above mentioned Request for Information. Evaluation of all proposals has been completed and selections have been determined for the services specified. The Homeless Programs Office regrets to inform you that Women In Need has not been selected for inclusion in the State's FY2017 NOFA consolidated application.

Enclosed are the following for your information:

1. Statement of Findings and Decision;
2. Copy of the Evaluation Worksheet detailing the points awarded for each area and sub-area of evaluation of your proposal.

The Department appreciates the time and effort taken to prepare your proposals, and invites your participation in the future, should the opportunity arise.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Nakasone".

Scott Nakasone
Acting Division Administrator

Enclosures

**Competitive Purchase of Service
Chapter 103F, HRS
Statement of Findings and Decision**

September 11, 2017

State Agency Issuing RFI: Department of Human Services, Benefit, Employment and Support Services Division, Homeless Programs Office

Applicant: Women In Need

Program: Women In Need Program

Request for Proposal Title: 2017 Continuum of Care (NOFA)

RFI ID #: HMS-224-18-01-HPO

Applicant's proposal was selected.

Comments:

Amount awarded subject to appropriation and availability of funds:

Applicant's proposal was not selected.

Comments:

According to RFI HMS-224-18-01-HPO, Section 2, 1A, #4: Service Specifications – BTG's Decisions on Project Ranking:

"Support Services Only (SSO) projects will not be included in BTG's consolidated application, unless it is a new reallocation project to develop or operate a coordinated entry system."

WIN's application was a SSO project, therefore not eligible for inclusion in the PY17 NOFA consolidated application.

A copy of applicant's proposal evaluation worksheet is attached herewith for information. If there are any questions, please call Harold Brackeen III, Homeless Program Administrator, at 586-7072.

September 11, 2017

Proposal Evaluation Worksheet

State Agency Issuing RFI: Department of Humans Services, Benefit, Employment and Support Services Division (BESSD), Homeless Programs Office

Applicant: Women In Need (Women In Need WIN)

Request for Information Title: FY2017 Balance of State (HI-500) Continuum of Care (CoC) Competition

RFI ID #: HMS-224-18-01-HPO

Evaluation Criteria	Possible Points	Applicant's Scores
Experience & Capability	60	38
Project Organization & Staffing	10	10
Service Delivery	60	0
Financial	20	16
TOTAL POINTS	150	64

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

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

September 11, 2017

Ms. Linda Ahue
Steadfast Housing Development Corporation
Executive Director
888 Iwilei Road
Honolulu, HI 96817

RE: RFI No.: HMS-224-18-01-HPO FY2017 NOFA
Continuum of Care (CoC) Homeless Assistance Programs

Dear Ms. Ahue:

The Department of Human Services is pleased to inform you that Steadfast Housing Development Corporation has been selected for inclusion in the State's FY2017 NOFA application to the U.S. Department of Housing and Urban development (HUD) for the FY2017 Continuum of Care funding. The following projects will be included in Tier 1:

1. Kaahale
2. Kaulana
3. Kulalani
4. Eha

The following project will be included in Tier 2:

1. Eono

You will be informed once HUD announces its awards, and the process to enter into a contract will begin. Please do not commence with provision of services until a contract is executed.

Enclosed are the following for your information:

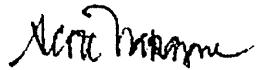
1. Statement of Findings and Decision;
2. Copy of the Evaluation Worksheet detailing the points awarded for each area and sub-area of evaluation of your proposal; and

**Ms. Linda Ahue
September 11, 2017
Page 2**

3. Copy of the award tracking sheet.

Should you have any questions or concerns, please contact Harold Brackeen III, Program Administrator, at 586-7072.

Sincerely,



**Scott Nakasone
Acting Division Administrator**

Enclosures

September 11, 2017

Proposal Evaluation Worksheet

State Agency Issuing RFI: Department of Humans Services, Benefit, Employment and Support Services Division (BESSD), Homeless Programs Office

Applicant: Steadfast Housing Development Corporation
EHA Program

Request for Information Title: FY2017 Balance of State (HI-500) Continuum of Care (CoC) Competition

RFI ID #: HMS-224-18-01-HPO

Evaluation Criteria	Possible Points	Applicant's Scores
Population Served	6	6
Population Served (PSH Only)	6	6
Program Capacity	8	8
Program Measurements/Quality	40	28
Financial	15	5
HMIS Participation	8	8
Leveraging	5	0
CoC Participation	40	22
HUD's FY16-FY17 Policy Priorities	6	6
HUD's FY16-FY17 Policy Priorities	6	6
TOTAL POINTS	140	95

**Competitive Purchase of Service
Chapter 103F, HRS
Statement of Findings and Decision**

September 11, 2017

State Agency Issuing RFI: Department of Human Services, Benefit, Employment and Support Services Division, Homeless Programs Office

Applicant: Steadfast Housing Development Corporation

Program: Eha Shelter Plus Care Program

Request for Proposal Title: 2017 Continuum of Care (NOFA)

RFI ID #: HMS-224-18-01-HPO

Applicant's proposal was selected.

Comments:

Amount awarded subject to appropriation and availability of funds: \$513,184.00
SHDC EHA was ranked last through project evaluation, therefore award amount has been reduced.

Applicant's proposal was not selected.

Comments:

A copy of applicant's proposal evaluation worksheet is attached herewith for information. If there are any questions, please call Harold Brackeen III, Homeless Program Administrator, at 586-7072.

September 11, 2017

Proposal Evaluation Worksheet

State Agency Issuing RFI: Department of Humans Services, Benefit, Employment and Support Services Division (BESSD), Homeless Programs Office

Applicant: Steadfast Housing Development Corporation
EONO Program

Request for Information Title: FY2017 Balance of State (HI-500) Continuum of Care (CoC) Competition

RFI ID #: HMS-224-18-01-HPO

Evaluation Criteria	Possible Points	Applicant's Scores
Population Served	6	6
Population Served (PSH Only)	6	6
Program Capacity	8	8
Program Measurements/Quality	40	25
Financial	15	3
HMIS Participation	8	8
Leveraging	5	0
CoC Participation	40	5
HUD's FY16-FY17 Policy Priorities	6	6
HUD's FY16-FY17 Policy Priorities	6	6
TOTAL POINTS	140	73

**Competitive Purchase of Service
Chapter 103F, HRS
Statement of Findings and Decision**

September 11, 2017

State Agency Issuing RFI: Department of Human Services, Benefit, Employment and Support Services Division, Homeless Programs Office

Applicant: Steadfast Housing Development Corporation

Program: Eono Shelter Plus Care Program

Request for Proposal Title: 2017 Continuum of Care (NOFA)

RFI ID #: HMS-224-18-01-HPO

Applicant's proposal was selected.

Comments:

Amount awarded subject to appropriation and availability of funds: \$60,280.00
Funding of \$60,280.00 is pending HUD tier 2 announcement

Applicant's proposal was not selected.

Comments:

A copy of applicant's proposal evaluation worksheet is attached herewith for information. If there are any questions, please call Harold Brackeen III, Homeless Program Administrator, at 586-7072.

Bridging the Gap
The Neighbor Island Continuum of Care
(The Hawai'i Balance-of-State Continuum of Care)

Governance Charter

The Hawaii balance-of-state Continuum of Care (CoC) is known as Bridging the Gap (BTG). BTG is a geographically based group of relevant stakeholder representatives that carries out the operating and planning responsibilities of the CoC program, as defined in 24 CFR Part 578, Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program.

As the neighbor island CoC, BTG represents the counties of Hawaii, Kauai, and Maui, with one chapter in each of these counties. The local chapters are Community Alliance Partners (Hawaii County), Kauai Community Alliance and the Maui Homeless Alliance. BTG's responsibility extends beyond the HUD-funded CoC Homeless Assistance Programs (formerly known as Supportive Housing and Shelter Plus Care), Housing Opportunities for Persons with AIDS (HOPWA), and Emergency Solutions Grant programs. BTG promotes community-wide commitment to the goal of ending homelessness.

Mission Statement

To end homelessness across the Counties of Hawaii, Kauai, and Maui through collaborative, coordinated and effective service delivery by agents for change, unified by a common vision where all Hawaii's people have safe, decent, affordable housing.

Purpose

As stated in the BTG mission statement, the purpose of BTG is to end homelessness in our geographic area. To do so, BTG shall be responsible for the following Continuum of Care activities:

Operating the CoC

1. Develop a governance charter which shall be reviewed and updated at least biennially or as requested by the BTG Board as a voting motion.
2. Hold meetings of the full membership, with published agendas at least semi-annually.
3. Invite new members to join at least annually.
4. Adopt and follow a written process to select a board; process shall be reviewed, updated and approved at least every 5 years.
5. Appoint additional committees, sub-committees or work groups as needed.
6. Consult with the collaborative applicant and HMIS Lead to develop, follow and update the governance charter annually, including policies and procedures needed to comply with HMIS requirements as prescribed by HUD.

7. Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcome and take action against poor performers.
8. Evaluate outcomes of project under the ESG and Coe projects, and report to HUD.
9. In consultation with ESG recipients, establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of needs individuals and families for housing and services which complies with requirements established by HUD.
10. In consultation with ESG recipients, establish and follow written standards for providing Coe assistance.

Designating and operating an HMIS

1. Designate a single HMIS for the geographic area.
2. Designate an eligible applicant to manage the CoC's HMIS, to be known as the HMIS Lead.
3. Review, revise and approve a privacy plan, security plan, and data quality plan for the HMIS.
4. Ensure consistent participation of recipients and sub-recipients in the HMIS.
5. Ensure HMIS is administered in compliance with HUD requirements.

Continuum of Care Planning

1. Coordinate the implementation of housing and services system within its geographic area that meets the needs of the homeless individual and families.
2. Plan for and conduct a point-in-time (PIT) count of homeless persons within its geographic area at least biennially.
3. Conduct an annual gaps analysis of homeless needs and services available within its geographic area.
4. Provide information to complete the Consolidated Plan within the CoC's geographic area.
5. Consult with the State on the plan for allocating ESG funds, and reporting and evaluating performance of ESG sub-recipients.

Prepare Application for Funds

1. Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a Notice of Funds Availability (NOFA) published by HUD.
2. Establish priorities for funding projects in the geographic area;
3. Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

4. Designate an eligible collaborative applicant to procure for qualified applicants; evaluate and select qualified applicants; collect and combine the required information from all applicants for submittal in response to the Coe NOFA.
5. The Continuum shall retain all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

In accordance with the HEARTH Act, BTG works to use multiple resources to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. BTG mandates collaboration among providers, promotes access to homeless assistance programs, encourages effective utilization of mainstream programs, and strives to optimize self-sufficiency among individuals and families experiencing homelessness.

OPERATING CALENDAR AND BOARD MEMBERSHIP

BTG defines each operating year as a calendar year, commencing January 1st of the year and ending December 31st of that same year.

The entire membership meets at least twice annually for General Membership Meetings. General Membership meetings shall be conducted via electronic means (webinar, video teleconference, teleconference, or other generally available technologies).

Elected members representing the three chapters of BTG and the HPO meet as the BTG Board at least five times a year and more frequently if deemed necessary. The Board shall meet in person or by electronic means. BTG Board members will have full authority to speak for their entire Chapter membership in matters described above (the Coordinated Assessment System, area needs, overseeing funds, evaluating project effectiveness, and establishing funding priorities).

Elected members may attend BTG Board Meetings in person or virtually via electronic means.

(See Attachment A: Annual Events Calendar)

BTG MEMBERSHIP

Each of the three neighbor island chapters include representatives of relevant organizations such as non-profit homeless assistance providers, victim service providers, faith-based organizations, mental health and medical agencies, federal, state or local governments, universities, law enforcement, veteran service providers and homeless/formerly homeless individuals.

Members may join BTG through "at large" membership or through a BTG Chapter based on the county in which they live and work.

Individuals who live or work in Oahu or the U.S. Mainland may join as "at large" members but may not vote, with the exception of two representatives from the State Homeless Programs Office (HPO).

All members must complete a chapter application and disclosure form. Members must renew these documents annually and may retain membership as long as they remain residents of the geographical area BTG serves, and sustain an interest in eliminating homelessness. Each local CoC chapter shall be responsible for maintaining and storing the membership documents.

BTG voting privileges shall be extended to voting members of each local chapter. To retain voting rights, regardless of their chapter affiliation, members or their designated representative must attend seventy-five percent (75%) or more of the BTG meetings (including chapter and committee meetings, as applicable) as well as meet any local chapter requirements to remain in good standing. Members may attend BTG meetings electronically by making prior arrangements with the BTG Vice Chair. In all cases, any missed meeting, regardless of the reason, will be considered an absence. Therefore, representatives are strongly encouraged to designate a second individual to attend in their place should they need to miss a meeting for any reason.

All members are expected to review the minutes and materials provided prior to BTG General Meetings, to contribute to discussions at General Meetings, and, if a voting member, to be prepared to vote on BTG issues at General Meetings.

In addition, each member or their designated representative shall actively participate in at least one of the following committees:

- Local CoC Chapter Committee
- BTG Sub-Committee
- BTG Special Committee.

Each local CoC chapter shall be responsible for recording and verifying meeting attendance and committee participation in a standard format or form across all local chapters of BTG.

It is important to note that when the funding proposals are evaluated, points will be awarded to agencies for attendance as well as participation at BTG chapter meetings (including Executive Committee and General Membership meetings), BTG meetings, and BTG Committee meetings. Additional points may be awarded for chairing and coordinating BTG committees.

For general membership meetings, quorum shall be established as fifty percent plus one (50% + 1) of the total voting membership of the BTG. The local chapter secretary will be responsible for keeping attendance records of all local chapter meetings. The local chapter will also accurately document quorum for each meeting and maintain voting records.

BIG BOARD, OFFICERS AND TERMS OF SERVICE

Board Selection

A minimum of nine individuals shall comprise the BTG Board. Each of the three county chapters shall name three individuals from their membership to participate on the BTG board. Selections by chapters shall occur at least every other year beginning in 2014. One out of the three chosen people shall be a representative of the respective county government. The second representative shall be the chair of the local chapter or their designated representative. The remaining member of the counties' delegation shall be chosen from the chapters' general voting membership. If one of the nine does not meet the homeless or formerly homeless criteria, then an individual meeting those criteria will be selected. In the event that there is an even number of voting members, the State Homeless Programs Office will act as the designated voting tiebreaker.

The term shall be limited to two consecutive two year terms, except when to do so would threaten the continuity of the Board. The Board shall have the discretion to extend or shorten the term limit.

Failure of any chapter to elect a replacement to the BTG Board will result in a reduction of the maximum number of votes or loss of voting privileges for that chapter until the replacement has been named.

In the event of a mid-term vacancy, the chapters from which the position was vacated shall select a new member to carry out the remaining term of office.

BTG Board Officers

The Board Members shall elect the BTG Board Officers by popular vote at the last scheduled meeting of the calendar year during the same two year voting cycle as the Board election.

The officers of BTG are Chair, Vice Chair, Secretary, and Advisory (Previous) Chair.

The collaborative applicant (the State HPO) shall reimburse chapter representatives for the travel cost of two individuals per chapter or up to three per chapter subject to availability of funding to attend sanctioned BTG meetings or functions. Travel costs shall comprise airfare at the lowest ticketed price regardless of airline, rental car and parking. As much as possible, traveling representatives will carpool, share ride and fly on the least expensive airline in an effort to minimize cost.

The Board meetings shall be conducted by adopting the procedures as outlined in "Robert's Rules of Order."

(Summary information of Roberts Rules of Order located at
<http://www.robertsrules.org/rulesintro.htm>)

For Board meetings, fifty percent (50%) of the board plus one other board member shall constitute a quorum.

A Board member may be terminated for code of ethic or code of conduct violations. Said member will be notified in writing of the violation and potential termination, and be required to appear before the Board for review. Final decision of termination will be by majority vote of the Board.

BTG Board Officer Responsibilities

BTG Chair

- Creates meeting agendas, schedules and facilitates BTG Board meetings in coordination with the HPO and Chapter Chairs.
- Coordinates with appropriate Chapter Chair to schedule General Membership Meetings.
- Serves as BTG's primary representative, media contact, and public speaker on behalf of BTG.
- Writes and signs letters on behalf of and as directed by BTG, and represents BTG at statewide meetings and other task force meetings related to issues of homelessness.
- Signs contracts, MOUs, and other documents on behalf of BTG.
- Calls special/emergency meetings of the Board as needed.

BTG Secretary

- Records and maintains BTG history, including membership files, meeting attendance lists, and captures meeting notes in conjunction with HPO.
- Disseminates agendas, minutes and other pertinent documents to BTG Board members.
- Updates the statewide BTG member application, disclosure form, and confidentiality agreement, as needed, for use statewide.
- Disseminates information statewide that may be of interest to BTG general members.
- Maintains and moderates the BTG email list.
- Maintains the BTG roster, posts announcements, distributes draft meeting minutes for review and distributes approved meeting minutes.

BTG Vice-Chair

- Assists the Chair in the completion of their duties when the Chair is out of state or otherwise unable to perform their full range of duties.
- Assists the BTG Chair and the Chapter Chair to schedule BTG Board and General Membership Meetings.

- Coordinates virtual attendance at meeting by members for BTG General or Board meetings, as requested.
- Performs the full duties of the Chair in the event the Chair is unable to complete their term.

BTG Advisory (Previous) Chair

- Serves as an advisor to the current BTG Chair in matters related to protocol and BTG operations.
- Serves as the secondary representative, media contact, and public speaker on behalf of BTG.

BTG BOARD STATEWIDE SUB-COMMITTEES

The BTG Board Statewide sub-committees are: Advocacy/Awareness, HMIS/Data, and Planning. These committees shall be formed annually. The Advocacy/Awareness and HMIS/Data Sub-committees shall consist of a minimum of three Board members each. The Planning sub-committee shall consist of the entire Board.

Additional standing committees may be formed, combined or eliminated by amending this charter when such changes will better address stakeholder and community needs. The Board shall decide upon the establishment, adjustment or dissolution of committees.

With the exception of the Board, all sub-committees are open to BTG members. Only members with voting privileges will be allowed vote on recommendations.

Sub-Committee General Responsibilities:

Advocacy/Awareness

In collaboration with Partners In Care (PIC), the Oahu Coe, the Advocacy/Awareness Committee shall follow county, state, and federal legislation and strive to educate legislators regarding issues relating to homelessness on the Neighbor Islands. The Advocacy Chair or assigned members will draft testimony on behalf of BTG and distribute that testimony statewide for member comment and vote. Because members often do not respond to email or other requests for feedback in a timely manner, the committee has the right, if members do not respond with objections within the stated time, to assume silent members are in agreement with the proposed testimony as written and to submit this testimony on behalf of BTG. The Chair will represent BTG at related task-force meetings, and answer questions from legislators.

Additionally, the committee will work to increase awareness of BTG as a statewide entity, to increase awareness of the issues of homelessness on the Neighbor Islands, and to engage additional partners for all chapters of BTG. The committee will develop materials to increase community knowledge of homelessness; plan events to bring

attention to issues relating to homelessness; develop membership packets for BTG to distribute to potential new members; oversee annual updates of local Resource Directories and the homeless help card for each chapter; and maintain an on-line presence through a website and social media.

HMIS/Data

BTG's HMIS/Data sub-committee shall participate in the Statewide Data Committee in collaboration with PIC, and shall provide oversight and recommendations to BTG regarding the Homeless Management Information System (HMIS). The HMIS is used by government and non-profit agencies to document services provided to homeless individuals and families in the counties served by BTG.

The responsibilities of the HMIS/DATA committee include, without limitation, the following activities:

- Participate in decision making and recommend policies and procedures regarding the statewide HMIS database and software system
- Collaborate and support statewide HMIS activities
- Disseminate information about the statewide HMIS database, the steering committee and its activities, policies, and procedures
- Provide counsel and assistance to HMIS staff within each participating continua of care
- Identify, develop, and implement strategies for improving HMIS coverage and data quality throughout the geographic region
- Provide support to BTG chapters in their efforts to identify and diminish potential barriers to the use and improvement of the statewide HMIS database, develop strategies to ensure consistent, accurate input by recipients and sub-recipients in the HMIS
- Ensure the HMIS is administered in compliance with requirements prescribed by HUD

The HMIS/Data Sub-committee chair shall schedule and lead committee meetings; assign tasks to members; and represent BTG at Point-in-Time events, HMIS policy meetings, and Statewide Data Committee meetings.

Planning

The Planning Committee will include the entire Board and least one member from the State Homeless Programs Office (HPO). The Planning Committee will review data, trends, and successful strategies related to reducing or eliminating homelessness and report these to the BTG General Membership as well as the BTG Board at each meeting. The Planning Committee, working with the HMIS/Data Committee, with stakeholders, and within the guidelines of the HEARTH Act, will implement, assess, and update, as necessary, the BTG Coordinated Assessment System. The Planning Committee will provide regular updates to BTG Membership regarding the status of the assessment system.

Furthermore, the committee will plan for and conduct point-in-time (PIT) counts of homeless persons within each geographic area; conduct an annual gaps analysis of homeless needs and services; provide information to complete the Consolidated Plan within the CoC's geographic area; consult with HPO on the plan for allocating ESG funds; and reporting and evaluating performance of ESG sub- recipients.

(See Attachment B - Diagram: relationship between BTG and CoC chapters.)

BTG Special Purpose Committees

Additional committees will be called into service for special purposes as needed and will include one to three representatives from each Chapter. These representatives may be chairs of sub-committees, board officers, or other chapter stakeholder representatives. However, some Special Purpose Committees have membership exclusions relating to conflicts of interest. Members of Special purpose Committees will be called together as needed by the BTG Board to address specific issues, but at least once annually.

BTG COLLABORATIVE APPLICANT

The BTG Board selects the State of Hawaii Department of Human Services, Homeless Programs Office (HPO) to act as the BTG Collaborative Applicant. Each year BTG Membership shall reassess the decision and determine whether it is in the best interests of the BTG stakeholders to continue this relationship.

As the Collaborative Applicant, HPO shall:

- Maintain a financial management system through the State of Hawaii that meets the standards set forth in 24 CFR 85.20;
- Demonstrate the ability to monitor sub-recipients;
- Meet other criteria as HUD may establish by NOFA;
- Apply to HUD for funding for all projects within the geographic area and enter into grant agreements with HUD for the entire geographic area;
- Enter into legally binding agreements with sub-recipients, receive and distribute funds to sub-recipients;
Require sub-recipients to establish fiscal control and accounting procedures to assure proper disbursal of and accounting for federal funds in accordance with 24 CFR parts 84 and 85 and corresponding Office of Management and Budget (OMB) circulars;
- Obtain approval of any proposed grant agreement amendments by BTG before submitting a request for an amendment to HUD.

AMMENDMENTS

Charter revisions/amendments proposed by the Chapters shall be elevated to the BTG Board for vetting. After vetting by the Board, the board will take a vote on final proposed charter revisions, and if voted in the affirmative, the proposed charter revision shall be put before the full membership for ratification. All proposed charter revisions must be reviewed and approved by the Board by vote with enough time to be properly added to the agenda for the next general membership meeting.

Amendment of the charter requires a majority vote of the members present at a BTG general membership meeting.

NOTICE OF FUNDS AVAILABILITY

HPO shall post Request for Information or Request for Proposal notices on the State Procurement website. It is the sole responsibility of each member or member agency to check the State Procurement website to obtain notices of funds availability.

MEMBERSHIP DUES

Dues, if any, shall be at the sole discretion of each local chapter.

GLOSSARY OF TERMS

See Attachment D - 24 CFR Ch. V §578.3 Definitions

ATTACHMENTS

- A. Bridging the Gap Annual Events Calendar (Tentative)
- B. Diagram – Relationship between BTG and CoC chapters
- C. Governing Policies
- D. Glossary of Terms

Attachment A

Bridging the Gap Annual Events Calendar

2017 Update	January	February	March	April	May	June	July	August	September	October	November	December
BTG Board	Board meets 2nd Tues, 1/17 Oahu		Board meets 3rd Wed, 3/22 Webex		Board meets 3rd Tues, 5/16 Oahu		Board meets 3rd Tues, 7/18 Webex		Board meets 3rd Tues, 9/19 Oahu		Board meets 1st Tues, 11/7 Webex	
BTG - General Membership Meetings					May 17 (Wed) at 10am via VTC or Webex					Oct 17 (Tue) at 10am via VTC or Webex		
Neighboring Island BTG Chapter Meetings	CAP: Last Wed /ExCo 2nd Tue KCA: 4th Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: Pause MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: TBD MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 1st Tue MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	CAP: Last Wed /ExCo 2nd Tue KCA: 2nd Wed MHA: 3d Wed	
CoC Programs, NOFA, CDBG ESG/HOPWA	CDBG grant app DUE	RFI Posted & Apps due	Evaluate RFI	Award RFI	New ESG/ HOPWA contracts							
Homelessness Awareness Events			Bl: Summit (Affordable Housing) Kaua'i: Landlord Summit						Prep Mayor's Proclamations for HAW	Bl: Faith Based Summit	State Homeless Conference	Local HAW Activities
Legislative & Advocacy	Finalize Leg Priorities to support										Legislative Presentations	
HPT	Training 3d week; Count last week	HPT data entry due	Draft report	Complete draft report	Draft Joint press release and talking points				Outreach, Recruitment and advertising of HPT 2018			
Housing First Training					May 18-25, 18/19 Hilo 20/21 Maui 24/25 Kauai	June 15-22, 15/16 Kona 17/18 Maui 21/22 Kauai						
Coordinated Entry for Families	Draft templates and forms	Boot Camp: Kick off event & Finalize	Implement CE Systems BTG-wide (families)	Case conference & match	Case conference & match	Case conference & match	Update policies	Case conference & match				
Coordinated Entry for Singles			Draft templates and forms	Kick off event & Finalize	Implement CE System BTG-wide (singles)	Case conference & match	Update policies	Case conference & match				

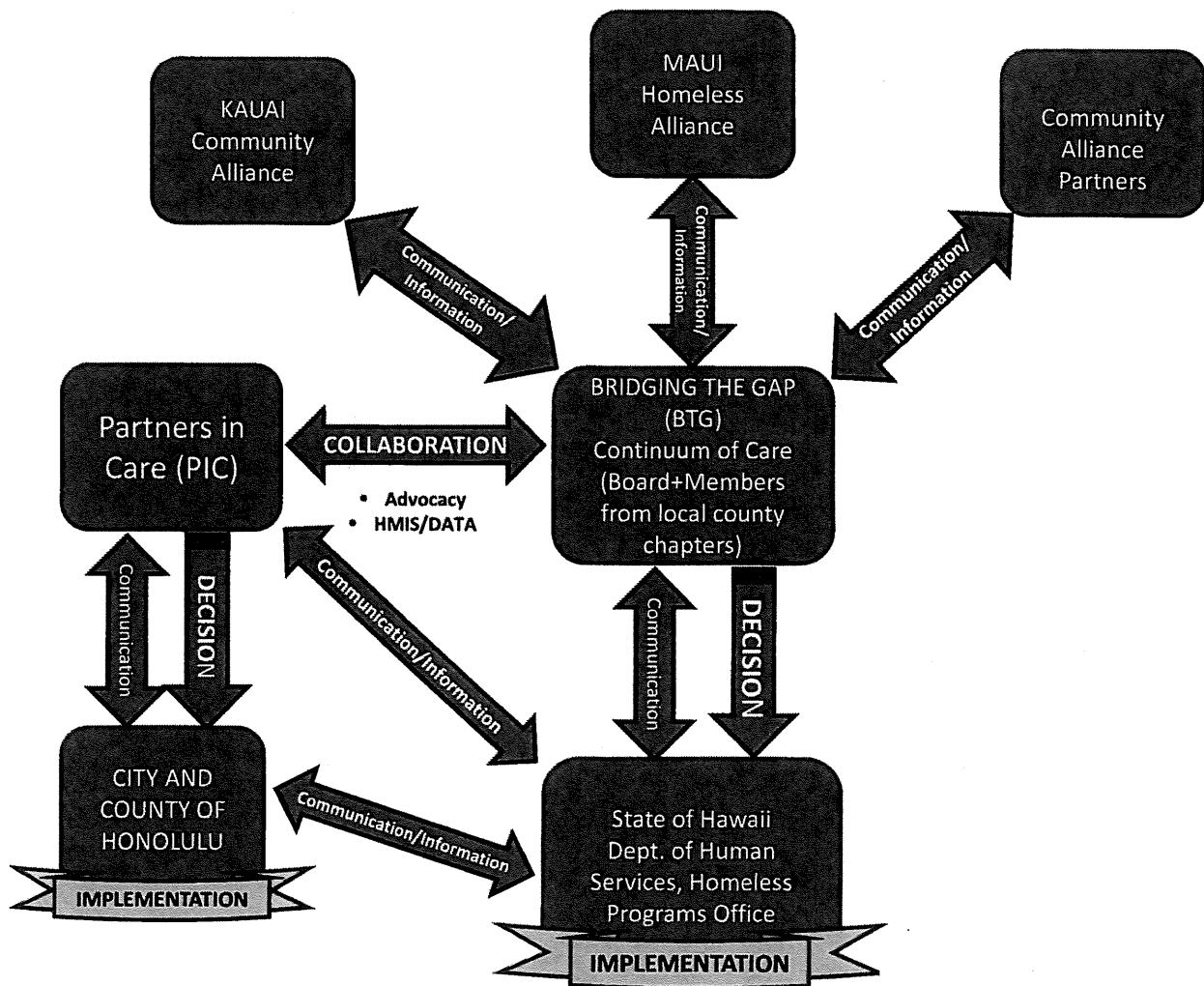
For more information on local chapter meetings, to ask for Webex access to Board or General BTG meetings, or to request accommodations for a meeting you plan to attend:

In Hawai'i County, contact Community Access Partners Co-Chair Beth at (808) 961-7051 or email elizabeth.murphy@catholiccharitieshawaii.org

In Kaua'i County, contact Kaua'i Community Alliance Chair Sharon at (808) 872-4427 or email sgraham@kauai.gov

In Maui County, contact Maui Homeless Alliance Co-Chair Thelma at (808) 872-6251 or email thelma.akita-kealoha@catholiccharitieshawaii.org

Attachment B
BRIDGING THE GAP
RELATIONSHIP BETWEEN BTG AND COC CHAPTERS



Attachment C
GOVERNING POLICIES

TRANSPARENCY POLICY

BTG strives for transparency in operations, so all General and Board meetings are open to all members and to the public.

All meeting agendas (General and Board) and meeting minutes shall be posted on the State DHS website.

All meeting minutes for BTG Board and General meetings will include quorum records for said meeting as well as a detailed voting record for every voting item. Voting record shall be recorded via roll call method and the minutes will reflect the vote of each BTG member.

Annual Performance Reports (APR) for the CoC Programs and the Consolidated Annual Evaluation and Performance Reports (CAPER) for ESG and HOPWA programs shall be posted on a State website following HUD's approval of the annual reports.

Policies under Revision (May-June 2017)

CONFLICT OF INTEREST POLICY

A conflict of interest is defined as a situation in which a BTG member, either as an individual or organization, might benefit financially in some way, whether directly or indirectly, from actions on which they might vote or in situations when their decisions would not be objective and impartial.

All BTG members must disclose their affiliations, whether paid or unpaid, to include board membership, director, staff, advisor, sub-contractor, or volunteer with all homeless service providers.

BTG members shall not participate in or influence discussions or decisions related to the award of a grant or other financial benefits to the organization that the member represents. Additionally, all BTG members must publicly recuse themselves from voting on issues that would directly affect any agencies with which they are affiliated. Should a conflict of interest, or the appearance of a conflict exist, and the Board member fails to recuse him or herself, another BTG board member may make a motion to recuse that individual. The motion will be voted on by remaining members and decided upon by a majority vote.

All BTG members are free to testify at the Hawaii Legislature as well as at County Council meetings on behalf of their agencies, regardless of the BTG position on any

issue. However, in these circumstances BTG members must clearly state they are testifying for their agency only and avoid the appearance of having the support of BTG.

CODE OF CONDUCT POLICY

Visitors:

1. *All visitors may not display or distribute items deemed to demean or discredit people who are homeless or organizations serving them.*
2. *The BTG Chair may, at its discretion, ask a visitor to leave the meeting if their conduct is disruptive, inappropriate, or if their presence is inappropriate (for example, may violate confidentiality or appears to be a conflict of interest).*
3. *Any visitors who collect personal data from attendees are required to disclose how the information will be used and shared with others.*
4. *No beverages containing alcohol may be served, offered, or distributed at BTG meetings.*

Guest Speakers:

1. *Speakers are expected to present topics appropriate for professionals serving the homeless and relevant to the mission of BTG.*
2. *Speakers shall not solicit business, present product information, distribute products, promote their own business, or use BTG meetings to inform attendees about products and services unless their purpose at the meeting is clearly to do so (for example, HMIS vendors).*
3. *Speakers must provide a speaker biography, objectives and outline of content at least one week prior to their appearance.*
4. *Speakers must stay within time limits as determined by BTG and are encouraged to provide time for questions and answers when appropriate.*
5. *Handouts are the responsibility of the speaker unless otherwise arranged with BTG.*
6. *BTG may, at its discretion, accept or reject any request to present at a General or Board Meeting.*

Meeting Etiquette:

1. *All attendees of BTG chapter, general, and Board meetings and conferences shall conduct themselves in a professional and courteous manner showing respect to others at all times.*
2. *All members shall conduct themselves professionally.*
3. *All attendees are asked to arrive on time to meetings, events, and programs and attend the entire meeting.*

Anyone who violates this code of conduct may be removed from the event.

GLOSSARY OF TERMS

Annual renewal amount – The amount that a grant can be awarded on an annual basis when renewed. It includes funds only for those eligible activities (operating, supportive services, leasing, rental assistance, HMIS, and administration) that were funded in the original grant (or the original grant as amended), less the unrenewable activities (acquisition, new construction, rehabilitation, and any administrative costs related to these activities).

Applicant - An eligible applicant that has been designated by the Continuum of Care to apply for assistance under this part on behalf of that Continuum.

At risk of homelessness - An individual or family who:

- (1) Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- (2) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and
- (3) Meets one of the following conditions:
 - (i) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - (ii) Is living in the home of another because of economic hardship;
 - (iii) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

Centralized or coordinated assessment System - A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Chronically homeless -

- To be considered chronically homeless, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years **where those occasions cumulatively total at least 12 months**;

- There is not a minimum number of days in which each occasion must total but instead, occasions are defined by a break of at least seven days not residing in an emergency shelter, safe haven, or residing in a place meant for human habitation;
- Stays in institutions of fewer than 90 days do not constitute a break and count toward total time homeless; and
- The final rule establishes recordkeeping requirements for documenting chronic homelessness that take into account how providers use Homeless Management Information Systems (HMIS) and that *does not* require documentation of each day of homelessness but a method that can be more easily implemented.

Collaborative applicant - The eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

Consolidated plan - The HUD-approved plan developed in accordance with 24 CFR 91. The Consolidated Plan is designed to help states and local jurisdictions to assess their affordable housing and community development needs and market conditions, and to make data-driven, place-based investment decisions. The consolidated planning process serves as the framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula block grant programs: Community Development Block Grant (CDBG) Program, HOME Investment Partnerships (HOME) Program, Emergency Solutions Grant (ESG) Program, and Housing Opportunities for Persons with AIDS (HOPWA) Program.

Continuum of Care and Continuum - The group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Developmental disability -

- (1) A severe, chronic disability of an individual that-
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the individual attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitations in three or more of the following areas of major life activity:

- a. Self-care;
 - b. Receptive and expressive language;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living;
 - g. Economic self-sufficiency.
- (iv) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1) (i) through (v) of the definition of "developmental disability", if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Eligible applicant -A private nonprofit organization, State, local government, or instrumentality of State and local government.

Emergency shelter - Defined in 24 CFR part 576 as any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Emergency Solutions Grants (ESG) - The grants provided under 24 CFR part 576. ESG is authorized by subtitle B of title IV of the McKinney-Vento Homeless Assistance Act. The program authorizes the Department of Housing and Urban Development (HUD) to make grants to States, units of general purpose local government, and territories for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance.

Fair Market Rent (FMR) - FMRs are gross rent estimates. They include the housing rent plus the cost of all tenant-paid utilities, except telephones, cable or satellite television service, and internet service. The Fair Market Rents are published in the Federal Register annually by HUD and available for use at the start of that fiscal year, on October 1.

High-performing community (HPC) –A Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD. Each year, HUD will specify in the CoC Program NOFA whether and how CoCs may apply for designation as a high-performing

community (HPC), which will provide the designated CoCs with flexibility to use CoC funds to support homelessness prevention costs. HUD will select up to 10 HPCs based on their ability to meet specified performance criteria. If selected, the HPC designation lasts only for that specific year and CoCs will have to reapply to be considered an HPC in subsequent years.

Homeless -

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- (2) An individual or family who will imminently lose their primary nighttime residence provided that:
 - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

- (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS) - The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead - The entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

Permanent housing - Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Permanent supportive housing - Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Point-in-time count - A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

Private nonprofit organization –means an organization:

- (1) That has no part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
- (2) That has a voluntary board;
- (3) That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
- (4) That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

Program participant - An individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project – A group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

Recipient - An applicant that signs a grant agreement with HUD.

Safe haven - For the purpose of defining chronically homeless, supportive housing that meets the following:

- (1) Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
- (2) Provides 24-hour residence for eligible persons for an unspecified period;
- (3) Has an overnight capacity limited to 25 or fewer persons; and
- (4) Provides low-demand services and referrals for the residents.

State - Each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands.

Subrecipient - A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

Transitional housing - Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA) - An eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in which is approved by HUD and to which HUD awards a grant.

Victim service provider - A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

State of Hawaii

HMIS Policy and Procedures Manual

Hawaii Balance of State (HI-500) CoC

Honolulu (HI-501) CoC

September 2017

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HMIS Background and Structure

A. Background

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

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

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

B. HUD Data and Technical Standards

HUD published the Homeless Management Information System (HMIS) Data and Technical Standards Final Notice on July 30, 2004. The final notice describes the types of data that HUD funded providers must collect from clients receiving homeless assistance services. The notice also presents privacy and security standards for providers, CoCs and all other entities that use or process HMIS data. These data standards were revised in October 2014, September 2015, and June 2016. The revised data standards can be found at the following link:

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

Additional HMIS resources can be found at the following link:

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

C. Annual Homeless Assessment Report (AHAR)

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

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

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

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

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

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

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

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

D. HUD System Performance Measures (SPM)

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

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

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

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

Instructions and guidance can be found at the following link:

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

E. HMIS Organization and Management

Project Goals

The goals of Hawaii's HMIS Project are to:

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

Project Organization

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

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

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

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

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

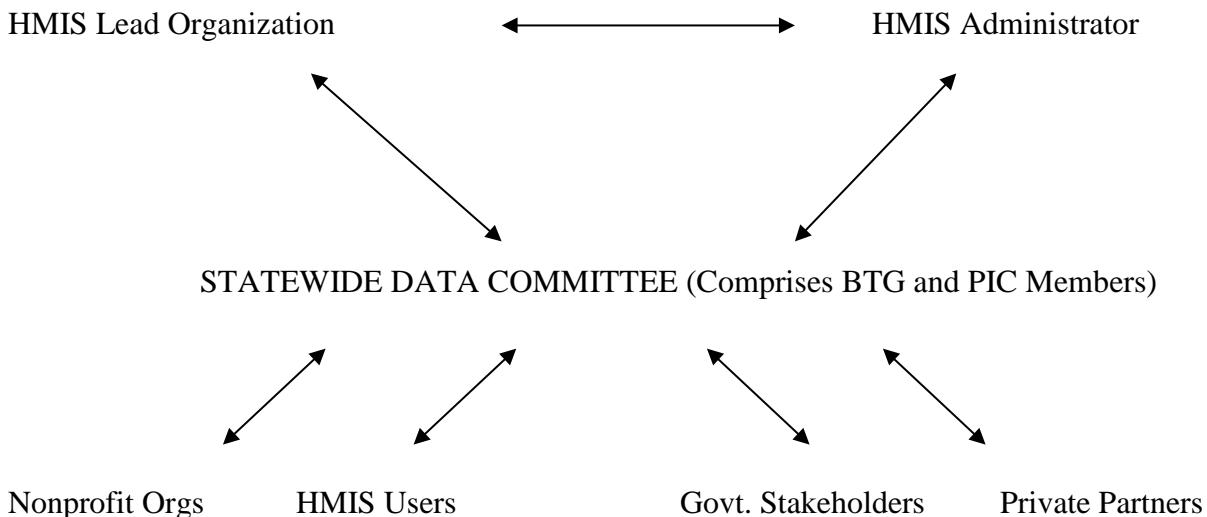
HMIS System Development and Planning

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

- Soliciting feedback and recommendations on HMIS implementation from users and CoC Board members
- Using feedback to continually improve functions and use of HMIS
- Coordinating annual Point in Time Count (PIT) and Housing Inventory Count (HIC) data collection
- Carrying out the HMIS Strategic Plan
- Assisting with technical capacity for Coordinated Assessment and Centralized Intake
- Developing and annually reviewing the formal written policies and procedures for the operation of HMIS
- Monitoring data quality
- Utilizing HMIS data to produce local reports
- Collaborating with other PIC and BTG committees and the Hawaii Interagency Council on Homelessness to improve reporting, outcomes, and analysis
- Making recommendations to the CoC Board(s) based on analysis of program data
- Making recommendations for each CoC about the operation of HMIS
- Making recommendations on agency access to HMIS for both PIC and BTG to the HMIS Lead for inclusion in HMIS for user level access below HMIS System Administrator.
- Deciding on release of data requests

Project Development Organization Chart

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



HMIS Implementation

Hawaii's CoCs are responsible for ensuring that all agencies in the CoC are adhering to local HMIS policies and procedures. The HMIS System Administration Team (C. Peraro Consulting) has developed written training materials and training policies for all HMIS users that is delivered at initial and on-going HMIS trainings. Agencies can also request additional training and technical assistance from the local HMIS administrator.

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

HMIS System Errors

For issues related to system errors, agencies and the Continuum of Care representatives should communicate directly with the local HMIS System Administration team. System errors can be reported through the HMIS System Administration Team. All HMIS-related issues and questions should be directed through the HMIS website's osTicket system, which can be located at: <https://helpdesk.hawaiihmis.org/>

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

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

Project Management

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

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

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

HMIS Roles and Responsibilities

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

			Administration Team	
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F. Domestic Violence Agencies

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

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

At this point in time, HUD has instructed Domestic Violence agencies not to use HMIS to enter any client level information, including non-identifying information. If the Domestic Violence agencies are funded by HUD (CoC or ESG funds) they must use an HMIS comparable database that adheres to the latest HMIS Data and Technical Standards.

HMIS Data Quality Plan

I. Overview and Purpose

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

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

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

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

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

The DQP includes protocols for on-going data quality monitoring that meet or exceed requirements set forth by the United States Department of Housing and Urban Development (HUD). It has been developed by the City & County of Honolulu, the Hawaii Balance of State CoC, the Honolulu CoC, the Statewide Data Committee, and local HMIS participating service providers.

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

HMIS Data and Technical Standards

Hawaii's HMIS is a web-based system that stores longitudinal client-level information about persons utilizing homeless assistance services, whose data is entered by over 30 agencies operating over 100 programs that fall under the homeless services network. Aggregate HMIS data can be used to understand key characteristics of the homeless population and to generate statistical reports used by stakeholders in making policy and funding decisions.

HUD's HMIS Data and Technical Standards provide a framework for an HMIS implementation. HUD's October 2014 Notice revised the HMIS Data and Technical Standards Final Notice (69 FR 146, July 30, 2004) and a revised version was released in September 2015 and June 2016. This acts as the most recently revised data standards. The final data standards can be downloaded from:

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

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

Program Descriptor Data Elements (PDDE) ensure that standardized information about each CoC program is available to 1) generate Annual Performance Reports (APR), Quarterly Performance Reports (QPR) for HPRP, the Annual Homeless Assessment Report (AHAR), and the Housing Inventory Count (HIC), 2) track bed utilization rates, 3) calculate HMIS participation rates among categories of programs (e.g. ES, TH, PH, Outreach, etc.), and 4) monitor data quality. These fields are populated via the HMIS, and updated by agency users and the local HMIS Administrator. A full listing and description for each element are available on pages 17-39 of the HUD HMIS Data and Technical Standards.

Universal Data Elements (UDE) establishes baseline data collection requirements for all programs utilizing the HMIS. These data elements provide a basis for producing unduplicated estimates of the number of homeless persons accessing services from homeless assistance providers. They assist in gathering key demographic information and help to identify frequency and duration of homelessness. All UDE are collected in the HMIS and are the primary set of variables used to produce the AHAR report each year. Data quality for these elements largely determines whether HMIS data will be useable in the national AHAR. Useable AHAR data also garners points in the annual CoC competition, and could mean the difference in funding allocation. A full listing and description for each element are available on pages 40-63 of the HUD HMIS Data and Technical Standards.

Program Specific Data Elements (PSDE) provide information about the health and medical status of participants, and also enable the calculation of financial outcomes of clients when documented correctly at program entry and exit. These elements can also help to identify persons that are chronically homeless and help with service planning. PSDE are outlined on pages 64-105 of the HUD HMIS Data and Technical Standards.

Summary exhibits outlining program applicability, who data collection applies to, and when data should be collected are available on pages 12-16 of the HUD HMIS Data and Technical Standards. The data standards serve as a great resource, and should be referenced if questions arise concerning definitions or instructions for individual data elements.

II. Improving HMIS Data Quality

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

Area I: Fidelity to Data Entry Collection Procedures and Protocols

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

An important area identified through analysis of HMIS data are the protocols and procedures related to the collection of accurate discharge data and medical/income assessments. Since a formal client discharge

interview is not always possible, it is important that key information such as income and disability status are continuously updated in both the HMIS and client case files.

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

SUPERIOR:

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

ACCEPTABLE:

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

LACKING:

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

AREA II: Increasing Data Entry Timeliness:

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

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

Table 2 outlines timelines for intake, exit, encounter, and service data entry by CoC program type.

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

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

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

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

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

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

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

AREA III: Reducing HMIS Record Duplication

Preventing Client Duplication at Program Entry

Using the search criteria effectively in the HMIS before adding client-level data is the most important method for reducing duplication in the HMIS. Before adding a new client it is important that users search for the client to determine if he or she has been entered into the HMIS at some point in the past. Duplication is a major issue within the HMIS and will be addressed by the System Administration Team once the functionality exists as needed in CaseWorthy.

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

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

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

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

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

Table 3: Benchmarks for Client Duplication

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

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

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

Merging of Client Records

A merge function is accessible to all users as a tool in the HMIS software. Please refer to training materials from the HMIS vendor on how to merge client records. The agency level merge functionality will only allow *Hawaii State HMIS Policy and Procedures Manual – Rev Sep 2017*

merges of client records where the visit history lies solely within that organization. Records with multi-organizational enrollment records will need to be merged by the HMIS Admin Team.

Elimination of Duplicate Intakes

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

AREA IV: Improving and Measuring Data Completeness

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

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

Table 4: Data Quality Completeness Thresholds

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

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

Generating the above Data Quality Report in the HMIS is relatively straightforward. Please refer to training materials from the HMIS System Administration team on how to run a data quality report.

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

Area V: Data Accuracy and Consistency

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

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

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

Aliases and Record Building Techniques in the HMIS:

Aliases are allowable only when a client refuses to provide their accurate personal identification information. Agencies are required to keep track of the alias/pseudonym given and must not create a new alias record if one already exists, as this will increase duplication. Aliases, however, may adversely affect overall accuracy and completeness.

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

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

File Sampling:

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

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

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

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

III. Updating Data During the Program Stay

While the bulk of client information entered into the HMIS is collected during the program entry and exit interviews, the HMIS system has expanded greatly to allow and encourage entry of data during the client program stay. Data on disability, income and other medical related domains are both difficult to collect in the program entry interview and also may change over the course of time. Please refer to training materials from the HMIS vendor on how to update client records.

Producing Reports with the APR Generation Tool

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

IV. Data Monitoring

Responsibilities and Compliance

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

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

The HMIS Lead and support staff will run monthly custom reports outlining timeliness issues and procedures to reconcile the information by the second week of the following month. It is the responsibility of the HMIS Lead and SDC to relay the information to the CoC and contributing HMIS organizations, and to hold the providers accountable for non-compliance and deviance from acceptable standards. Random census listings will be requested to determine if all clients have been entered within the standards set forth in Section II above.

Agencies not meeting standards will be asked to provide an explanation and resolve any findings. This information will be shared with the CoC, which may aid in program funding determinations.

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

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

Data Quality Monitoring Instruments:

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

1. Data Entry Collection Protocols

Monitoring Frequency:	Yearly
Measure:	On-site review of program entry and exit records.
Method:	Observation, review of records, staff and client interviews
Standard:	See Table 1 for standards
Sample:	Randomly selected clients enrolled in prior six month period

2. Data Entry Timeliness

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

3. Reduction of Client Duplication

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

4. Data Completeness

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

5. Data Accuracy

Key areas of database verification:

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

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

General Procedures and Funding Impacts

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

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

V. Relating HMIS Data Quality to Systems Performance Measures, AHAR, and HIC

Background on System Performance Measures

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

A critical aspect of the amended Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to homeless assistance programs and funding sources that operate independently in a community. To facilitate this perspective, the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or types. Therefore, the purpose of the System Performance Measures are to encourage CoCs, in coordination with ESG Program recipients and all other homeless assistance stakeholders in the community, to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD.

System Performance-Based Selection Criteria

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VI. Present Challenges and Future Directions

This revised HMIS DQP seeks to greatly improve the quality of the data collected by over 45 agencies serving over 10,000 persons throughout the State of Hawaii. High-quality HMIS data is extremely important in monitoring the success of programs and establishing successful policy and funding decisions.

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

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

HMIS Privacy and Security Plan

I. Introduction and Background

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

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

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

II. Key Terms and Definitions

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

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

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

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

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

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

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

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

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

III. HMIS Privacy Standards

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

A. HMIS Privacy Policy Notice

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

Procedures: Each workstation, desk, or area used for HMIS data collection must post the HMIS Privacy Notice. As Outreach workers gather data in the field, they should have the Privacy Notice visible to all clients. This policy will allow Outreach agencies to use an implied consent model, which is outlined in Section C of this Part. If an agency serves non-English-speaking clients, or clients whose primary language is not English the agency must also provide the translated version of the HMIS Privacy Notice. If an agency has a website, the HMIS Privacy Notice must be posted on that website as well. An agency may also post the HMIS Privacy Notice in a waiting room, an intake line, or any other public area where clients congregate before intake occurs.

B. HMIS Client Consent Form (Release of Information)

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

Procedures: Each adult client must initial and sign the HMIS client consent form before their information and information for their dependents may be shared with other agencies in the HMIS. The HMIS client consent form is valid for three years from the date of signature whereby the client consents to share their data. Monitoring will occur at least annually and in conjunction with standards outlined in the HMIS Data Quality Plan. Sample records will be based on clients that have consented to share data. Failure to comply with monitoring standards set forth in this Plan and the HMIS Data Quality Plan may adversely affect funding. Therefore, for auditing purposes it is important to keep the consent form collected for at least seven years. Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked in a file cabinet and not accessible without authorization).

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

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

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

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

D. Outreach Data Entry

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

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

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

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

E. Presumed Client Competence

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

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

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

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

F. Denial of Services

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

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

G. Workstation Privacy

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

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

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

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

- 4) CHO IT departments must implement locking screen savers on all computers used for HMIS data entry or analysis.

H. Password Privacy Requirements

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

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

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

I. HMIS Data Sharing

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

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

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

J. Client Access to Their Records

Policy: Clients have the right to receive a copy of their data that is entered into the Hawaii HMIS. This policy must be present in the HMIS Privacy Notice and is outlined in item A of this section. Agencies must be able to accommodate this item but are advised not to make copies for clients unless it is requested. Client's may lose or misplace PPI via paper forms, which may increase the likelihood of the information being used for malicious purposes.

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

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

K. Client Grievance Process

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

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

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

L. Research Agreements

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

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

M. Data Integration Requests

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

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

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

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

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

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

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

IV. HMIS Security Standards

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

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

A. Levels of User Access and Security

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

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

The Hawaii HMIS has three levels of user types:

- 1) ***Program Users*** – Program users are assigned to one program within the CHO, even if the organization has multiple programs. These users can only perform data entry for the specific program to which they have access.
- 2) ***Agency Super Users*** – Agency super users can enter intake information into any program within their organization. These users also have access to the full range of functionality under the Admin link and have access to most reports. Reports are restricted to programs within their organization, however. Agency super users can view records for clients in all of their programs and can view visit history if the client has elected to share data.
- 3) ***System Administrators*** – System Administrators can view all programs and client histories housed within the HMIS and have access to all client records. These user types are restricted to HUD, HPO, HMIS Lead Agency officials, and the HMIS Administrator.

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

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

The request must detail the following:

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

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

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

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

B. Security Incident Procedures

Policy: Security incident procedures elicit a two tiered approach:

- 1) A user who breaches the terms of the HMIS user agreement will face sanctions specified by the CoC so that repercussions are uniform and fair for all CHOs. These specifications are required to be documented as part of the CoC's internal security plan. Any breaches related to security or privacy must be reported to the HMIS Lead within three business days of discovery. These breaches will be dealt with on a case by case basis by the HMIS Lead. The CHO assumes all responsibility for negligence due to data breaches or risk of incident within the organization.
- 2) All HMIS users are obligated to report suspected instances of noncompliance with these Standards that may leave HMIS vulnerable to intrusion or compromise client PPI. The HPO and HMIS Administrator are responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency. Each CHO is responsible for reporting any security incidents involving the real or potential intrusion of the HMIS to the HMIS Lead Agency.

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

- 1) Penalties may include, but are not limited to: a temporary or permanent ban from using the HMIS and legal action. The CoC will develop and implement baseline written policies for managing a breach of the HMIS user agreement. The CHO HMIS Administrator should use all reasonable measures to ensure staff complies with these policies. At minimum, CHOs will inform users that unauthorized use or disclosure of PPI is considered a serious matter and will result in penalties or sanctions, which may include:
 - a) The loss of use or limitation on the use of the HMIS and other office and technology resources;
 - b) Financial liability for any costs that may arise through user negligence;
 - c) Adverse employment actions including dismissal;
 - d) Civil and/or criminal prosecution and penalties

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

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

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

C. Audit and Access Controls

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

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

D. Personnel Authentication & Password Protocols

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

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

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

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

E. Public Access Protocols

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

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

F. Malware and Virus Protection with Auto Update

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

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

G. Disaster Protection and Recovery

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

Procedures: The HMIS Lead Agency will include provisions to maintain a backup of the HMIS data at a separate physical location consistent with the most up-to-date HUD HMIS security standards. The HMIS hosting entity will back up all HMIS data daily. All backups will be held securely at a secondary data center within the hosting entity. To the extent possible, all data will be copied to a second server so that if an entire server malfunctions, data will be available immediately with no service interruption. The failover function will be tested at least once per year and after each major system upgrade.

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

H. Hardware/Software Management & Physical Safeguards

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

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

I. Wireless Transmission Security

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

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

Each CHO must establish policies within its security plan so that PPI is not transmitted over the internet via email. Username, password, and HMIS URL information must not be sent in the same email as a defense against potential threats to the HMIS. Users accessing the HMIS outside of the natural work environment are expected to adhere to the same policies as outlined in this Plan. Wherever possible, information should be sent over the phone to communicate usernames and passwords with HMIS end users.

J. CHO Data Safeguards Outside of HMIS

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

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

Appendix 1: Hawaii HMIS User Agreement Form

HAWAII HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

USER AGREEMENT

User's Full Name: _____ Agency Name: _____

User's Email Address: _____

Zip Code of User's Employment Location: _____

Statement of Confidentiality:

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

Guidelines for use of HMIS include:

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

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

Employee:

Executive Director / Supervisor:

Signature _____ Date _____ Signature _____ Date _____

Printed Name _____ Date _____ Printed Name _____ Date _____

The original Statement of Confidentiality should be kept on file at the Agency. Forms on individuals no longer employed by the Agency should be kept on file for five years.

Appendix 2: HMIS Client Consent Form

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

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

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

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

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

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

Print Name of Client

Signature of Client

Date

Print Name of Agency Staff

Signature of Agency Staff

Date

Appendix 3: Public Privacy Notice (Posted Sign)

PRIVACY NOTICE

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

Effective Date: _____

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

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

We are required to follow the privacy practices described in this Notice, although the Statewide Data Committee is responsible for updating this Privacy Notice annually and can make changes at any time. (Agency Name) _____ may have additional privacy protocols internal to the agency and may change their privacy protocols at any time. As a client you have the right to request the most up to date privacy policy from _____.(Agency Name)

How We May Use and Disclose Your Information:

We use and disclose collective information for a variety of reports. We have a limited right to include some of your information for reports on homelessness and services needed by those who are homeless. Information that could be used to identify you will never be used for these reports. If you are enrolled in the Supportive Services for Veteran Families (SSVF) Program, your information will be shared as mandated by the Department of Veteran Affairs.

We may use your information in approved research requests. We must have your written consent to use or disclose your information unless the law permits or requires us to make the use or disclosure without your permission. Please review the client consent form for further details.

Your Rights Regarding Your Information:

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

Partners in Care and Bridging the Gap CoC

Homeless Management Information System (HMIS) Mandatory Collection Notice

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

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

All new and continuing CHOs must comply with the following privacy and security certifications within one year of execution of this Plan. All CHOs will be monitored by the HMIS System Administration team according to the following checklist at least once every two years by the HMIS System Administration Team.

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

IV.I	CHO security and privacy policies must contain language proscribing the transmittal of PPI and user login and password information via email.		
	Organizational policy must establish that users accessing the HMIS outside of the natural workplace assume all risk associated with potential HMIS breach.		

Appendix 5: Data Request Form

Hawaii HMIS Data Request Form

Introduction:

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

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

Do Not Need to Submit Hawaii Data Request Form:

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

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

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

Process:

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

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

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

Email completed application to:

HMIS Lead Organization

Homeless Programs Office

John Gibo

Phone: (808) 586-7066

Email: Jgibo2@dhs.hawaii.gov

Date of Request: _____

1. Organization and Individual Requesting Use of Data

a. Individual's Name and Title:

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

c. Street Address or P.O. Box:

d. City/State/Zip Code:

e. Telephone (include area code):

f. E-mail:

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

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

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

Hawaii HMIS Data Request Form

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

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

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

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

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

Hawaii HMIS Data Request Review Form

HMIS Lead Organization Recommendation: _____

Date of Recommendation: _____

HMIS Lead Signature: _____

Statewide Data Committee Recommendation: _____

Date of Recommendation: _____

Statewide Data Committee Chair Signature: _____

CoC Recommendation: _____

Date of Decision: _____

BTG CoC Executive Committee Chair Signature: _____

PIC CoC Executive Committee Chair Signature: _____

HAWAII ADMINISTRATIVE RULES

SECTION 8

HAWAII ADMINISTRATIVE RULES

TITLE 15

DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT
AND TOURISM

SUBTITLE 14

HOUSING AND COMMUNITY DEVELOPMENT CORPORATION OF
HAWAII

CHAPTER 185

SECTION 8 - HOUSING CHOICE VOUCHER PROGRAM

SUBCHAPTER 1 General Provisions

§15-185-1	Purpose
§15-185-2	Nondiscrimination
§15-185-3	Definitions
§15-185-4	Public notice to lower-income families
§15-185-5	Participation by owners and others
§15-185-6	Income limits
§15-185-7	Assets
§15-185-8	Subsidy and occupancy standards
§15-185-9	Allowance for utilities and other services
§15-185-10	Verification of information

SUBCHAPTER 2 Eligibility

§15-185-21	Applications
§15-185-22	Eligibility for admission and participation
§15-185-23	Income targeting
§15-185-24	Notification of eligibility
§15-185-25	Local preferences
§15-185-26	Waiting list
§15-185-27	Removal from the waiting list

(b) An eligible applicant shall be placed on the waiting list.

(c) An applicant determined to be ineligible for admission or participation in the program shall be accorded an opportunity to request for an informal review as set forth in section 15-185-71. [Eff

DEC 03 2001] (Auth: HRS §201G-15) (Imp: HRS §201G-15; 24 C.F.R. §982.554)

§15-185-25 Local preferences. (a) Eligible applicants shall be given preference for certification in the program in the order of the dates of their applications if, at the time they are seeking housing assistance, they fall within the following preference categories:

(1) The following preferences shall be given first priority but have equal weight within this group:

- (A) Involuntarily displaced;
- (B) Victims of domestic violence; or
- (C) Homeless.

(2) The following preferences shall be given second priority but have equal weight within this group:

- (A) Living in substandard housing; or
- (B) Paying more than fifty per cent of annual income for rent.

(3) The following are other preferences that have equal weight:

- (A) Working families and those unable to work because of age or disability;
- (B) Veterans and veterans' surviving spouse;
- (C) Residents who live or work in the jurisdiction (by county); or
- (D) Victims of reprisals or hate crimes.

(b) Each preference in each priority group is of equal weight and an applicant who qualifies for any of the preferences shall receive assistance before any other applicant who is not so qualified regardless of:

(1) Place on the waiting list; or

HAWAII ADMINISTRATIVE RULES

STATE PUBLIC HOUSING

HAWAII ADMINISTRATIVE RULES

TITLE 15

DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT,
AND TOURISM

SUBTITLE 14

HOUSING AND COMMUNITY DEVELOPMENT CORPORATION
OF HAWAII

CHAPTER .193

STATE-AIDED FAMILY PUBLIC HOUSING PROJECTS

Subchapter 1 General Provisions

§15-193-1	Purpose
§15-193-2	Definitions
§15-193-3	Income limits
§15-193-4	Asset limits
§15-193-5	Asset transfers
§15-193-6	Occupancy standards
§15-193-7	Interim utility allowances for the tenants in the Hauiki project
§15-193-8	Verification of information
§15-193-9	Misrepresentation

Subchapter 2 Eligibility

§15-193-20	Applicants
§15-193-21	Eligibility for admission
§15-193-22	Notification of eligibility

Subchapter 3 Tenant Selection

§15-193-30	Nondiscrimination
§15-193-31	Preference
§15-193-32	Loss of preference
§15-193-33	Waiting lists

- (10) Provide a social security number for all family members who are over five years old or certify that the person does not have a social security number; and
- (11) Furnish evidence that the applicant is a citizen of the United States or a resident alien. [Eff DEC 13 2001] (Auth HRS §201G-4) (Imp: HRS §§201G-4, 201G-42)

§15-193-22 Notification of eligibility. (a) An applicant shall be notified in writing by the staff as to the applicant's eligibility after a determination is made and the notification shall specifically state the reasons for determination.

(b) An eligible applicant shall be placed on a waiting list.

(c) An ineligible applicant may request an informal hearing within fourteen days after date of the written notification. The informal hearing shall be conducted by someone other than the person or the person's subordinates, who made or approved the decision. [Eff DEC 13 2001] (Auth: HRS §201G-4) (Imp: HRS §201G-42)

SUBCHAPTER 3

TENANT SELECTION

§15-193-30 Nondiscrimination. Tenant selection and assignment shall be made without regard race, sex, color, religion, marital status, familial status, ancestry, disability, age, or HIV (human immunodeficiency virus) infection. [Eff DEC 13 2001] (Auth: HRS §201G-4) (Imp: HRS §§201G-5, 201G-42, 515-3)

§15-193-31 Preference. (a) Except for those units design for a specific purpose (such as units for person with disabilities), applicants for admission into state public housing projects shall be given

preference for placement in a state-aided family housing project in the following order:

- (1) The elderly;
- (2) The displaced;
- (3) Disabled veterans with service connected disabilities;
- (4) Families of deceased veterans whose death was determined to be service connected;
- (5) Other veterans;
- (6) Families residing in a transitional shelter for the homeless and who have successfully completed a social service plan; and
- (7) Other families determined by the staff.

(b) Regardless of the date and time of application, an applicant who will be the sole occupant of a unit and who is not elderly, or displaced, or a person with disabilities, shall not have preference over elderly, displaced, or disabled families with up to two members. [Eff DEC 13 2001]

(Auth: HRS §201G-4) (Imp: HRS §201G-42)

§15-193-32 Loss of preference. An applicant who declines an offer, without just cause, of a housing unit or who voluntarily requests cancellation of the application after declining an offer shall lose all preferences and priorities for a period of twelve months from the date the offer was declined or from the date of the request for cancellation. [Eff DEC 13 2001]

(Auth: HRS 201G-4) (Imp: HRS §201G-4, 201G-42)

§15-193-33 Waiting lists. (a) The corporation shall maintain a waiting list of all apparently eligible applicants for each of state-aided family housing projects.

(b) Applicants shall be notified of the opportunity to apply for and be placed on any and all waiting lists through notices posted in a conspicuous place at the corporation's offices which accept applications and a printed statement in the corporation's informational material on its application process.

HAWAII ADMINISTRATIVE RULES

FEDERAL PUBLIC HOUSING

HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 5

HAWAII PUBLIC HOUSING AUTHORITY

CHAPTER 2028

FEDERALLY-ASSISTED PUBLIC HOUSING PROJECTS

Subchapter 1 General Provisions

§17-2028-1	Purpose
§17-2028-2	Definitions
§17-2028-3	Income limits
§17-2028-4	Asset transfers
§17-2028-5	Occupancy guidelines
§17-2028-6	Occupancy standards
§17-2028-7	Utility allowances
§17-2028-8	Verification of information
§17-2028-9	Misrepresentation

Subchapter 2 Eligibility

§17-2028-21	Applicants
§17-2028-22	Eligibility for admission and participation
§17-2028-23	Notification of eligibility
§17-2028-24	Informal hearing for applicants determined to be ineligible for admission

(b) The authority may not concentrate very low-income families in dwelling units in certain public housing projects or certain buildings within projects. Additionally, the authority may not concentrate higher income families in dwelling units in certain housing projects or certain buildings within projects.

(c) In order to effectuate the policies stated in this section, the authority may reserve a certain percentage of units for applicant placement for applicants who do not qualify for a preference as described in section 17-2028-34. [Eff 7/21/05; am and comp 9/4/07; am and comp **MAY 24 2014**] (Auth: HRS §§356D-4, 356D-13) (Imp: 24 C.F.R. §§5.607, 903.1, 903.2, 960.204, 960.205, 960.206; HRS §§356D-4, 356D-13, 356D-31)

§17-2028-34 Local preferences. (a) Subject to section 17-2028-33(c), eligible applicants shall be given preference for admission in the program in the order of the dates of their applications if, at the time they are seeking housing assistance, they fall within the following preference priority groups:

- (1) Involuntarily displaced;
- (2) Victims of domestic violence who are participating in a program with case management through a domestic violence shelter, program, or clearinghouse; or
- (3) Homeless persons who are participating in a federally or state funded homeless transitional shelter or program, and who are in compliance with a social service plan.

(b) Subject to section 17-2028-33(c), each preference in each priority group is of equal weight and an applicant who qualifies for any of the preferences shall receive assistance before any other applicant who is not so qualified regardless of:

- (1) Place on the waiting list; or
- (2) Date or time of submission of an application.

(c) A single applicant who is elderly, disabled or displaced shall be given preference over all other

Bridging the Gap (Balance of State Continuum of Care) HMIS Memorandum of Agreement (MOA)

Between
Bridging the Gap
Statewide HMIS Data Committee
And Homeless Programs Office

This Memorandum of Agreement (hereinafter "MOA"), dated September 1, 2017, is made by and between Bridging the Gap (BTG), the Statewide Homeless Management Information System (HMIS) Data Committee, and the State of Hawaii's Department of Human Services, Homeless Programs Office (HPO).

RECITALS

WHEREAS, pursuant to the U.S. Department of Housing and Urban Development's (HUD) HEARTH ACT, federal regulations state that each Continuum of Care (CoC) must designate one HMIS software and one HMIS Lead in compliance with parts 24 CFR 91, -576, -580, -583.

WHEREAS, in accordance with such federal regulations, BTG, the HI-500 Balance of State Continuum of Care, has designated HPO the HMIS Lead.

WHEREAS, the Statewide HMIS Data Committee is a formal planning body comprised of participants and members from BTG (the Continuum of Care for the counties of Hawaii, Kauai and Maui) and Partners In Care (the Continuum of Care for the county of Honolulu), that use the Hawaii Homeless Management Information System.

WHEREAS, the State of Hawaii's Department of Human Services, Homeless Programs Office (HPO) is the Collaborative Applicant and HMIS Lead for BTG.

WHEREAS, the purpose of this MOA is to clarify the duties and responsibilities of BTG, the Statewide HMIS Data Committee, and HPO as set forth in the BTG Charter.

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

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

BTG's duties and responsibilities shall be:

1. Planning and selecting HMIS software and the HMIS Lead agency.
2. Evaluating the outcomes of HMIS projects in the CoC pursuant to 24 CFR 578.39(a)(2).

3. Establishing HMIS policies/protocols, reviewing these policies/protocols at least annually, and monitoring compliance with HUD Data and Technical Standards for programs utilizing the Hawaii HMIS within BTG.
4. Providing accurate, reliable data reporting for the following: Annual Homeless Assessment Report (AHAR), Housing Inventory Count (HIC), Point In Time (PIT) Count, HMIS utilization rates, Emergency Solutions Grant (ESG), Consolidated Annual Performance and Evaluation Report (CAPER), data required for the Continuum of Care Consolidated Application, HUD performance measures, Coordinated Entry System, SAMHSA PATH program, and other HUD required HMIS reporting (note: Domestic Violence agencies are excluded from participating in HMIS).
5. Working with HPO to ensure and enforce the standards established by the HMIS Data Quality Plan and the HMIS Security and Privacy Plan system-wide and at the provider-program level.
6. Participating in the Statewide HMIS Data Committee to help agree on an annual HMIS plan that will guide HMIS activities and improvements.
7. Reviewing and approving at least annually HMIS policy documents created through the Statewide HMIS Data Committee such as the HMIS Data Quality Plan, the HMIS Security and Privacy Plan, and the HMIS Policies and Procedures Manual.

The Statewide HMIS Data Committee's duties and responsibilities shall be:

1. Making formal HMIS policy recommendations on behalf of both CoCs with members seated from both CoCs. The Statewide HMIS Data Committee will be comprised of HMIS experts and community representatives that are capable of making salient recommendations to the BTG and PIC.
2. Collaborating with BTG, PIC, and the Hawaii Interagency Council on Homelessness (HICH) to improve HMIS reporting, outcomes and analysis.
3. Communicating recommendations provided to BTG, PIC, and HICH. The communication of these recommendations will assist with reporting, outcomes analysis, and evaluation as they pertain to CoC planning and Coordinated Assessment activities.
4. Making formal HMIS recommendations to BTG and PIC based on analysis of program data.
5. Proposing and reviewing HMIS policy documents at least annually.
6. Proposing an annual strategic HMIS plan for BTG and PIC that will guide Hawaii HMIS activities and improvements.

HPO's duties and responsibilities shall be:

1. Working with BTG to implement the HMIS recommendations and policies as described above.
2. Working with BTG to locate funds to carry out the annual HMIS plan and to meet matching requirements for the federal, annual CoC application.
3. Working with BTG to ensure and enforce program compliance with the standards established by the HMIS Policies and Procedures, HMIS Data Quality Plan and

- the HMIS Security and Privacy Plan.
4. Collaborating with BTG to apply for HUD and other HMIS funds.
 5. Work in collaboration with BTG leadership in the design of HMIS Administrator scope of work.
 6. Administering BTG HMIS funds for management of HMIS operations.
 7. Administering BTG HMIS funds to implement the annual HMIS plan that the Statewide HMIS Data Committee proposes.

Time of Performance:

This MOA shall be in effect from September 1, 2017 through August 31, 2018, unless earlier terminated as provided herein.

Modification of the MOA:

Any modification, alteration, or change to this MOA shall be by mutual, written and executed, amended agreement by all parties listed and signed below.

Termination of the MOA:

This MOA may be terminated earlier than the designated termination date by any of the parties listed and signed below, but only by written notice sent no later than thirty (30) days prior to the termination date. Such notice shall include a brief statement of the reason for the termination.

Binding Effect of the MOA:

This MOA is a binding agreement. It is not intended to create any rights, interests, or remedies for any third party beneficiaries. Third parties may not rely upon this MOA to assert any claim against the State of Hawaii or any State employee, whether individually or in their official capacity. The parties are not legally "partners" to the extent that encompasses joint and severability. Each party is responsible for its own employees and representatives.

IN WITNESS WHEREOF, Bridging the Gap, the Statewide HMIS Data Committee and the Department of Human Service's Homeless Programs Office, have executed this MOA effective date as written above.

Authorized representative of BTG
(Bridging the Gap)

By: Bonita Menn
Date: SEP 1 2017

Authorized representative of the
Statewide HMIS Data Committee

By: Erin Maderford
Date: SEP 1 2017

Authorized representative of HPO
(Homeless Programs Office)

By: Judy Shire
Date: 9/1/17

Bridging the Gap (Balance of State Continuum of Care) HMIS Memorandum of Agreement (MOA) Chart

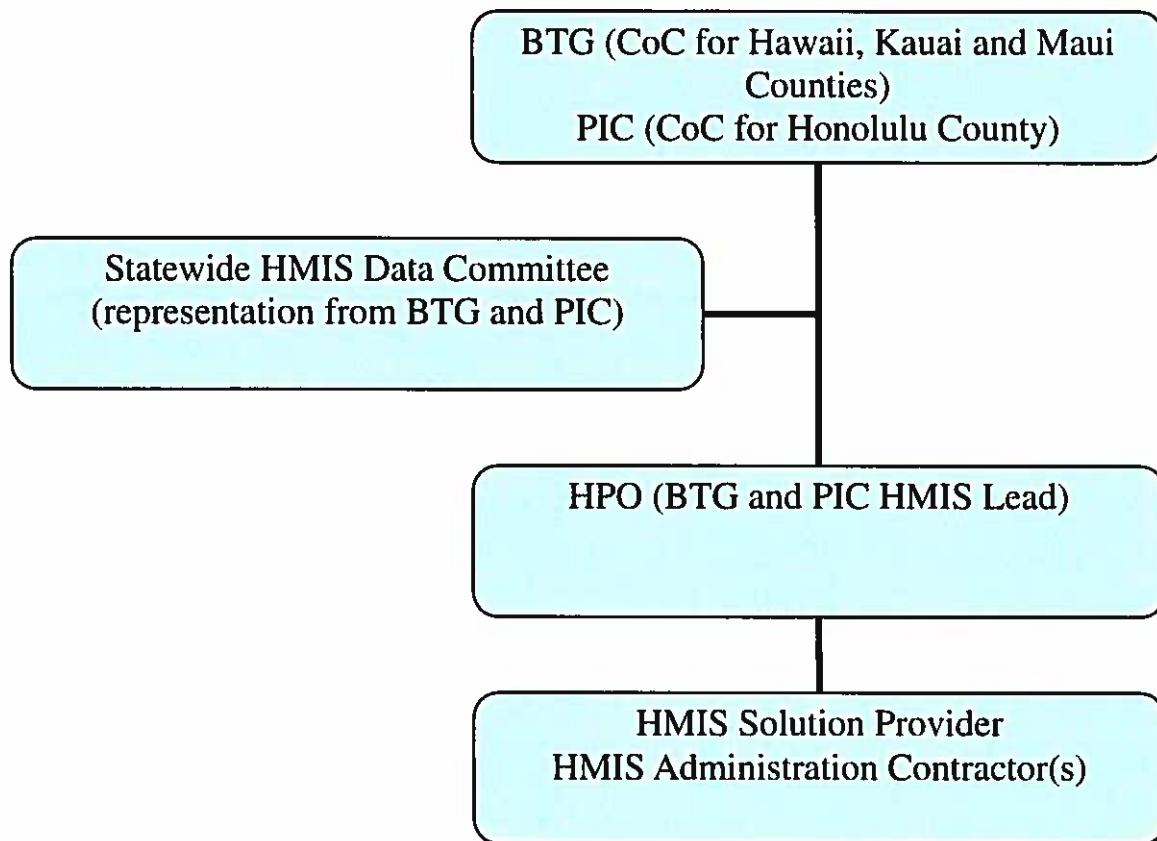


Exhibit A

2017 HDX Competition Report

PIT Count Data for HI-500 - Hawaii Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	2981	2261
Emergency Shelter Total	239	283
Safe Haven Total	0	0
Transitional Housing Total	607	502
Total Sheltered Count	846	785
Total Unsheltered Count	2135	1476

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	859	641
Sheltered Count of Chronically Homeless Persons	16	52
Unsheltered Count of Chronically Homeless Persons	843	589

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	292	208
Sheltered Count of Homeless Households with Children	133	140
Unsheltered Count of Homeless Households with Children	159	68

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	173	257	166
Sheltered Count of Homeless Veterans	25	40	23
Unsheltered Count of Homeless Veterans	148	217	143

2017 HDX Competition Report

HIC Data for HI-500 - Hawaii Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	395	77	318	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	641	10	631	100.00%
Rapid Re-Housing (RRH) Beds	344	0	344	100.00%
Permanent Supportive Housing (PSH) Beds	442	0	292	66.06%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	1,822	87	1585	91.35%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	232	265

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

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	5	93

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HIC Data for HI-500 - Hawaii Balance of State CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	59	344

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FY2016 - Performance Measurement Module (Sys PM)

Summary Report for HI-500 - Hawaii Balance of State CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	1879	1855	97	54	-43	45	42	-3
1.2 Persons in ES, SH, and TH	2584	2512	209	167	-42	97	84	-13

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	1855	-	192	-	-	65	-
1.2 Persons in ES, SH, and TH	-	2512	-	297	-	-	166	-

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FY2016 - Performance Measurement Module (Sys PM)

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

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

Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years		
	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	
Exit was from SO	642	43	7%	32	5%	44	7%	119	19%
Exit was from ES	274	21	8%	25	9%	18	7%	64	23%
Exit was from TH	332	8	2%	15	5%	15	5%	38	11%
Exit was from SH	0	0		0		0		0	
Exit was from PH	177	12	7%	7	4%	10	6%	29	16%
TOTAL Returns to Homelessness	1425	84	6%	79	6%	87	6%	250	18%

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Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2717	2981	264
Emergency Shelter Total	262	239	-23
Safe Haven Total	0	0	0
Transitional Housing Total	551	607	56
Total Sheltered Count	813	846	33
Unsheltered Count	1904	2135	231

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2584	2512	-72
Emergency Shelter Total	1879	1855	-24
Safe Haven Total	0	0	0
Transitional Housing Total	1232	1172	-60

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

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

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	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	35	78	43
Number of adults with increased earned income	9	13	4
Percentage of adults who increased earned income	26%	17%	-9%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	35	78	43
Number of adults with increased non-employment cash income	29	41	12
Percentage of adults who increased non-employment cash income	83%	53%	-30%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	35	78	43
Number of adults with increased total income	30	51	21
Percentage of adults who increased total income	86%	65%	-21%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	65	63	-2
Number of adults who exited with increased earned income	2	4	2
Percentage of adults who increased earned income	3%	6%	3%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	65	63	-2
Number of adults who exited with increased non-employment cash income	35	24	-11
Percentage of adults who increased non-employment cash income	54%	38%	-16%

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Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	65	63	-2
Number of adults who exited with increased total income	35	27	-8
Percentage of adults who increased total income	54%	43%	-11%

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

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2026	1849	-177
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	540	456	-84
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1486	1393	-93

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2556	2415	-141
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	723	699	-24
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1833	1716	-117

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FY2016 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in 2016.

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FY2016 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	1704	1006	-698
Of persons above, those who exited to temporary & some institutional destinations	100	121	21
Of the persons above, those who exited to permanent housing destinations	332	253	-79
% Successful exits	25%	37%	12%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	1743	1613	-130
Of the persons above, those who exited to permanent housing destinations	859	762	-97
% Successful exits	49%	47%	-2%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	373	326	-47
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	357	298	-59
% Successful exits/retention	96%	91%	-5%

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FY2016 - SysPM Data Quality

HI-500 - Hawaii Balance of State CoC

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

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

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

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FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach				
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	
1. Number of non-DV Beds on HIC	256	253	225	234	420	480	574	685	438	361	384	455			78	54	59				
2. Number of HMIS Beds	256	253	225	234	420	480	574	685	422	361	294	305			78	54	59				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96.35	100.00	76.56	67.03			100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	1026	1044	1038	937	991	1033	1112	1088	407	369	397	342	115	325	691	814	4243	3726	3678	3562	
5. Total Leavers (HMIS)	806	839	832	711	597	561	563	645	81	79	106	89	76	109	488	360	2476	1650	2246	2082	
6. Destination of Don't Know, Refused, or Missing (HMIS)	230	109	72	200	133	113	80	137	23	12	16	11	5	6	22	64	1720	432	551	597	
7. Destination Error Rate (%)	28.54	12.99	8.65	28.13	22.28	20.14	14.21	21.24	28.40	15.19	15.09	12.36	6.58	5.50	4.51	17.78	69.47	26.18	24.53	28.67	

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Submission and Count Dates for HI-500 - Hawaii Balance of State CoC

Date of PIT Count

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

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	6/3/2017	Yes