

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** HI-500 - Hawaii Balance of State CoC

**1A-2. Collaborative Applicant Name:** Ka Mana O Na Helu

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Ka Mana O Na Helu

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	No
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	No
32.	Youth Homeless Organizations	Yes	Yes	No
33.	Youth Service Providers	Yes	Yes	No
	Other: (limit 50 characters)			
34.				
35.				

**By selecting "other" you must identify what "other" is.**

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

**(limit 2,500 characters)**

HMIS data currently shows that Native Hawaiian and Pacific Islander populations are vastly overrepresented in the homeless system, with service rates for these races over 55%, far exceeding the general population. Clients identifying as non-Caucasian currently comprise 69% of clients actively being served in BTG homeless programs. Despite this inequity, BTG has been able to successfully work with these groups, designing and operating projects that bring positive outcomes for many.

BTG continues to improve racial equity by expanding outreach services, advocating for more housing resources and seeking partnerships with service organizations that intersect heavily those overrepresented including State Depts of Health, Education, and Human Services. As an active member of the Hawaii Interagency Council on Homelessness (HICH), BTG actively engages with these and other agencies at the chapter and executive levels to address equity and culturally specific issues affecting persons with disabilities, indigenous, minority, and LGBTQ+ communities experiencing homelessness.

Service providers frequently strive to have staff that are reflective of overrepresented populations since cultural sensitivity provides communication tools and social practices to make engagement more inviting. Service staff are equipped with appropriate cultural knowledge and practices, and work to eliminate racial disparities. Peer support worker initiatives occur within organizations as they seek to employ former clientele or those with lived experience. Feedback from these employees is critical in the design of both company and program policies and often provides jobs to those that are Native Hawaiian or Pacific Islander.

Studies demonstrate that people experiencing homelessness face higher rates of mental health, substance use disorders, and complex health needs compared to the general population. The rate of adults active in BTG homeless programs with mental health and substance use disorders is 38% and 28% respectively. BTG remains committed to equity in service delivery by collaborating with community stakeholders engaged in equity work; working with community health centers specialized in advancing health outcomes among populations experiencing homelessness at disproportionate rates including Native Hawaiians; and implementing behavioral health services to ensure that interventions are available to people experiencing mental health, substance use, and complex health issues.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
	1. communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
	2. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	3. invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

**(limit 2,500 characters)**

(1) CoC governance requires that new members be invited at least annually, however, this often occurs more frequently. The BTG website (BTGHawaii.org) conveys monthly meeting schedules and membership information including points of contact, by-laws and application packets. New membership is encouraged at the local chapter level where anyone interested can attend, participate and become members. Membership information is shared during monthly general membership meetings and guest attendees can introduce themselves and share community involvement or agency connections in hopes of building membership and bringing new voices to the table. There are often multiple membership levels to ensure that membership itself is not a barrier to participation. Public meetings are held regularly, meeting and membership information are posted to social media or local chapter websites, and in-person or virtual presentations are initiated to directly engage with the community. At the BTG level, general, subcommittee and executive committee meetings are open to the public.

(2) BTG and local chapter meetings are conducted virtually to aid in accessibility. Virtual meetings contain audio and visual aids and are often in an easy-to-follow slide presentation. Presentations are shared by request and can be provided to individuals who may require more time to review the content, including people with disabilities. Prior to the meeting, materials are emailed to all participants electronically including guests and past attendees. Meeting materials typically include minutes, agendas, monthly agency reports and public notices and flyers related to homeless services and community events. These materials are also made available through local chapters or BTG website.

(3) BTG is a member of the Hawaii Interagency Council on Homelessness (HICH), which includes many organizations that advocate for or directly serve culturally specific communities overrepresented in the homeless population. These include Hawaiian Homes Commission, American Civil Liberties Union, Office of Hawaiian Affairs, and Dept of Hawaiian Homelands. BTG engages with and invites participation from these and other agencies at the chapter and executive levels to help address equity and culturally specific issues. BTG strives to build solution focused relationships with these types of communities and groups, which often means having a diverse pool of leadership present at local and executive levels.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,500 characters)**

(1) BTG and local chapters have a broad and growing membership that involves both traditional and non-traditional partners that have knowledge of or an interest in preventing and ending homelessness. This broad array of organizations provides opinions through regular meetings, special meetings, and committee participation. Guest speakers including the Governor’s Coordinator on Homelessness, Hawaii Medicaid, State Homeless Programs Office, Org Code Consulting and HUD technical assistance have been invited to share expertise with organizations present. Presenters such as these have offered guidance and strategic advice towards preventing and ending homelessness.

(2) BTG attends Homeless Funder Group meetings facilitated by the Governor’s Coordinator on Homelessness, which presents opportunities to communicate information and advocate for homeless initiatives. BTG members provide legislative testimony in support of bills that will positively impact homeless initiatives. Point-In-Time Count press conferences are conducted annually whereby news organizations, and the public are invited to ask questions and provide input based on results. General, subcommittee, and executive committee meetings are open to the public. Often individuals from the community will present and share insights, experiences and feedback.

(3) Notices for public comments on new funding initiatives are conveyed through the BTG website. Public comment forums are accessible through electronic means to accommodate people with disabilities or those that cannot attend in person. BTG meetings are held virtually with audio and visual aids so that all attendees can access content and provide input. Meeting materials are emailed to all participants including guests and past attendees prior to meetings to help solicit input.

(4) BTG is constantly seeking innovative ideas to build a better homeless response system. Strategies offered through HUD technical assistance and Org Code Consulting have helped to shape local homeless policy. New approaches to homeless service delivery identified through national best practices, the NAEH and national homeless conferences are discussed and integrated to the extent possible. Feedback from community members guides conversations in forming future responses. Local CoC chapter Community Alliance Partners maintain a four-year strategic plan which is developed in conversation with members in good standing.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	

	4. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.
--	---

**(limit 2,500 characters)**

(1) The FY 2024 CoC Program Request for Proposals (RFP) was publicly posted to the BTG website. RFP language did not preclude organizations from applying based on whether they received funding in the past. Collaborative Applicant, Ka Mana O Na Helu (KMNH) held a virtual, open to the public RFP orientation session in September 2024 reminding organizations that it would consider proposals from organizations that had not previously been funded. Throughout the year, BTG encouraged new organizations to become members and apply for CoC Program and other homeless funding opportunities. Information related to the competition was provided at BTG meetings leading up to the public RFP notification. Technical assistance during the RFP process was provided to agencies that requested it, including those new to the process.

(2) The RFP was released publicly on 8/28/24 through BTG website. It contained the process for submitting proposals for funding consideration including procurement timetable, proposal requirements, e-snaps application process, service specifications, evaluation criteria, points of contact, and proposal submission deadline. KMNH held a virtual RFP orientation session in September 2024, shortly after the RFP was released. The virtual orientation covered key activities and timelines related to the proposal submission process. Proposal requirements were outlined in the RFP, and proposals were accepted up to the deadline of 9/19/24.

(3) The RFP conveyed information as to how project applications would be prioritized for HUD funding. BTG established an unbiased evaluation committee to objectively score and rank all new and renewal proposals that were submitted by the RFP deadline. KMNH ensured that RFP evaluation criteria integrated system performance standards, aligned with BTG policy priorities, and prioritized funding for projects serving homeless households with the highest service needs. The RFP established evaluation criteria and maximum points that would be awarded for new and renewal proposals received by the deadline.

(4) Once posted to the BTG website, the RFP was then publicized within local chapters through in-person and virtual meetings to reach a broad array of individuals and service organizations, which included availability through electronic means for people with disabilities.



## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

<b>1C-2.</b>	<b>CoC Consultation with ESG Program Recipients.</b>	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

<b>1C-3.</b>	<b>Ensuring Families are not Separated.</b>	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	No
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

<b>1C-4.</b>	<b>CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

<b>1C-4a.</b>	<b>Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

**(limit 2,500 characters)**

In October 2023 an MOU was renewed between the State of Hawaii Department of Education (DOE) and Bridging The Gap CoC (BTG) to strengthen ties and operationalize McKinney-Vento Act (MVA) educational requirements. The MOU was executed by BTG BOD Chair and DOE Superintendent and was approved by the Supervising Attorney General of the Education Division. The MOU outlines systemwide processes, formally delegates duties and responsibilities, and expands DOE responsibilities to provide families with children aged 0-5 with additional educational supportive services. More details regarding how this partnership has grown and positively impacts families on the neighbor islands is provided below. The MOU is effective through December 2025.

Education for Homeless Children and Youth (EHCY) program liaisons serve as State/Local Education Agencies and work with BTG to ensure that youth are connected to resources that support educational stability. DOE has agreed to dedicate staff on each of the neighbor islands to provide educational services, attend and participate in BTG local chapter meetings, register students in school, help families to understand their educational options, connect students with transportation to or from school, arrange tutoring and homework assistance, and connect unsheltered families with street outreach programs through warm handoff.

Kauai’s liaison is an active part of a multi-agency community outreach effort throughout the island, canvassing locations including soup kitchens, food pantries, community resource events, and nonprofits. The liaison partners with Hoola Lahui’s Mobile Health Clinic and attends monthly local chapter meetings to share DOE related information and resources with the group.

Maui’s liaisons assist family shelter provider Ka Hale A Ke Ola with preschool and family engagement services, summer enrichment programs, and special educational events. As part of the Lahaina wildfire disaster relief and support efforts, liaisons continue to partner with the Disaster Case Management Program (DCMP) and Family Promise Hawaii.

Hawaii Island’s liaison provides collaborative support for enrollment and accessing resources to families at Hale Iki. Liaisons work with In Peace and Neighborhood Place of Puna to provide an extra layer of support for children and youth experiencing homelessness. St. Jude's in Ocean View is a resource for families and a place where liaisons meet students and share information.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.  NOFO Section V.B.1.d.	
--------	---	--

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

**(limit 2,500 characters)**

In 2021, BTG developed and formally adopted an “Educational Responsibilities” policy by majority BOD vote. BTG incorporated this policy into its Governance Charter as Attachment D, which can be found on the BTG website ([www.btghawaii.org](http://www.btghawaii.org)) under “About BTG”. The written policy informs BTG member agencies of their educational responsibilities and notifies homeless households of their educational rights and what services they are eligible to receive. Educational responsibilities include but are not limited to:

- (1) Informing participants of their educational rights and eligibility for educational services while enrolled in programs.
- (2) Enrolling all children and young adults in school immediately if not currently enrolled.
- (3) Receiving services for which they are eligible according to their needs and comparable to services afforded to other non-homeless students.
- (4) Receiving assistance from SEAs and LEAs as necessary.
- (5) Developing relationships with colleges to access higher education services.
- (6) Designating a staff person to be responsible for ensuring participants’ educational rights are met.
- (7) Assisting with transportation needs to ensure that attendance rates remain high.

In addition, all state-funded homeless services providers are BTG members and are contractually required to ensure that program participants understand their educational rights as established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act. All providers must ensure that children and young adults are immediately enrolled in school, as required by federal and state law; and that they are connected to educational services to help them succeed. BTG agencies notify families about their rights to education and assist in connecting them with transportation as needed. Homeless service agencies utilize posters, flyers, web resources, and McKinney-Vento public service training materials provided by the DOE to widely publicize information regarding educational rights and available services.

The executed MOU between BTG and the DOE outlined in section 1C-4a strengthens the policies set forth in the BTG Governance Charter by delegating duties and responsibilities to both parties so that homeless individuals and families are connected to resources that support educational stability.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	Yes	No

5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Family Strengthening Services (Hawaii DHS)	No	Yes

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC’s geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

(1) BTG ensures that victim service organizations can provide input prior to updates or adoption of CoC-wide policies. In the past this included ratification of policies for RRH and PSH projects funded through the ESG and CoC Program. BTG victim service providers Child and Family Service (CFS), Women Helping Women (WHW), and the YWCA are frequently involved in crafting policies within BTG service areas. CFS has received ESG funds for many years and collaborates with local and statewide agencies when DV policies are updated.

In September 2023, CFS collaborated with the Hawaii State Coalition Against Domestic Violence (HSCADV) to refine the Hawaii Domestic Violence Intervention Program Standards (HDVIPS). CFS is an active member of the Hawaii Children’s Justice Center (CJC) Interagency Committee and helps to establish guidelines for a coordinated team response to incidents of child sex abuse, serious physical abuse, and child sex trafficking.

YWCA Kauai regularly attends statewide meetings and actively participates in discussions and initiatives to help shape policies to better support survivors. YWCA participates in the HSCADV legislative policy committee to propose and support legislative policies that address the needs of survivors. YWCA has been on BTG’s BOD since August 2023, working to enhance BTG-wide policies and programs, including CoC and ESG.

(2) ESG subrecipient CFS works closely with the National Network to End Domestic Violence (NNEDV) and HSCADV to ensure that service policies are in alignment with Trauma Informed Care Principles. CFS frequently partners with Hawaii Island service provider HOPE Services to help fill vacancies in its New Start Rapid Re-housing CoC Program. Both providers ensure that trauma-informed environments and practices guide implementation so that participants receive the care they need and are re-housed quickly.

Hawaii’s Domestic Violence Action Center (DVAC) collaborates with community partners on the neighbor islands to help them assess gaps in services, identify barriers to access, and implement strategies that address the challenges of providing trauma-informed services to DV survivors. YWCA participates in committees aimed at developing statewide standards for DV and sexual assault programs and plays a pivotal role in ensuring that services are consistent, trauma-informed, and responsive to survivors’ needs.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

(1) To ensure that CoC housing resources are made available to survivors in a safe way, HMIS Lead Ka Mana O Na Helu (KMNH) designed a custom, de-identified assessment and referral system in 2022, which enables DV households to access the By-Name List confidentially and be matched with housing resources as vacancies arise. As part of safety planning and prior to rolling out this new system, KMNH discussed the methodology with representatives from the National Network to End Domestic Violence (NNEDV) to ensure that the process met safety and confidentiality standards and did not violate VAWA.

DV participants maintain anonymity through assessment, referral, and housing placement and no client information is stored in the HMIS. Should a DV participant be referred to a housing resource, the DV provider serves as liaison between client and housing resource and provides all necessary information to help facilitate a successful transition should the client want to move forward. To further prioritize safety, a system generated client ID is used in communication between access point and housing provider. Personally identifiable information is not released without informed written consent and only when necessary to further the housing process.

(2) CFS received CES training from HMIS Lead KMNH in March 2023 and again in October 2024. Training included how to securely enter de-identified assessment data into the system and navigate access to housing in a confidential way. Confidentiality protocols embedded throughout the DV coordinated entry process have enabled providers to become CES access points and communicate directly with housing providers once clients are referred. This is facilitated through a system generated client ID that is assigned to the DV participant once assessed and used throughout the referral process in lieu of name information. CFS has established protocols for confidentiality and prioritized protection of participants' identities during their stay and after discharge. These protocols are reinforced during weekly house meetings and bi-weekly case management sessions. Confidentiality protocols and the HMIS CES process are explained to the participants at intake and throughout the housing process.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	No
3.	Incorporates Survivor-Centered best practices?	Yes	No
4.	Identifies and assesses survivors' individual safety needs?	Yes	No
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes

6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	No
	Other? (limit 500 characters)		
7.			

**&nbsp;nbsp;nbsp;**

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)



(1) In cases where a survivor’s safety in shelter or housing is significantly compromised, BTG-wide emergency transfer protocols are utilized. In some instances, these transfer protocols are written into shelter policies and procedures.

(2) All program participants are informed of their rights to emergency transfer via staff during the intake process, during assessment, and during service planning and case management. Program staff work closely with all households to offer all available assistance, especially in cases where safety is an imminent concern or where location confidentiality may have been breached. Safety issues are addressed with management and case managers to determine the best plan, which can involve communication with other shelter locations, and the means to accomplish this transfer. Staff conduct risk assessments and provide case-specific safety planning with clients to assess household safety. If a tenant believes there is a threat of imminent harm at the current location, an emergency transfer request will be made. Clients are encouraged to consider off-island options when necessary.

(3) Staff conduct frequent safety planning with clients to assess household safety. Participants express the need for extra safety measures to staff on duty or shelter managers, after which emergency transfer protocols would be followed. Clients can approach any shelter staff to make an emergency transfer request. After making a request, staff conduct further risk assessment based on the location which the client is requesting to transfer to. Staff talk about the resources available to the client at the transfer location and consider the needs that the client may have.

(4) Should the survivor decide to transfer, staff will partner with the survivor and other program staff to ensure a safe transfer plan. Staff will present options to transfer to other shelters or housing locations if the need arises. A plan is developed that includes safety and confidentiality protections, explains how the transfer will occur, and provides guidance for safety and security. Participants are offered options to transfer to other, more distant locations unknown to their abuser. Should the household decide to move, whether on the same island, off-island, or out of state, staff will facilitate a warm hand-off to ensure a safe transfer. Resources such as HSCADV’s Flight to Freedom program can be used to obtain airfare for survivors and their children to relocate.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC’s geographic area.

**(limit 2,500 characters)**

On Hawaii Island, CFS has designated shelter staff who conduct assessments for clients willing to participate in housing programs and coordinated entry. All new program participants receive information on housing resources within the community. Staff work with survivors to complete a Life Area Survey assessment and care plan which identifies specific housing goals with on-going steps to achieve those goals. CFS received HMIS DV CES training in March 2023, and re-certification training in October 2024. CES participation helps to ensure that survivors have safe, confidential, access to all housing resources they are eligible for in the same way as non-DV participants. The ability to keep participant information confidential reassures survivors that they are not exposed to public knowledge of the housing and services they are seeking.

The Domestic Violence Action Center’s (DVAC) Supportive Housing Program operates statewide and directly addresses critical gaps in safe housing and related services by identifying the needs of individual survivors of violence, filling a void in the current landscape and offering survivors the comprehensive support they need to achieve safe and stable housing. DVAC’s advocacy services provide opportunities for survivor homelessness prevention, through immediate crisis response and long-term safety needs. This can include landlord advocacy, obtaining protective orders so they can remain in the home, finding new housing arrangements, and accessing emergency rent and utilities funding, or facilitating connections to other services and public resources that can help prevent homelessness, such as Section 8 and TANF.

For nearly twenty years, Women Helping Women (WHW) on Maui has held federal and county housing grants specifically to help survivors obtain safe access to housing and services. WHW strives to provide access to housing and support services tailored to meet individual needs and achieve independence.

YWCA Kauai employs a range of strategies to address the unique challenges faced by survivors, including housing. To ensure safe access to services, YWCA operates a confidential 24/7 DV and sexual assault hotline, offering survivors immediate assistance and guidance. YWCA provides outreach efforts in the community to raise awareness about available resources, emergency shelter and case management services through its Family Violence Shelter, and bridge housing and case management services through the Wiwo`ole Program.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

(1) and (2). Prior to having staff dedicated to coordinated entry, survivors working with CFS would have to leave the safety of the shelter to gain access to housing options through other providers. For survivors this posed a safety risk and represented a barrier to housing placement. By becoming an access point, the risk of harm and traumatic intrusiveness by former abusers has been mitigated. CFS was awarded grant funding that helped pay for the cost of HMIS training and CES access, which has made a tremendous difference in the lives of survivors and their children.

DVAC addressed barriers to safely accessing housing and services by creating easily accessible entry points to services including DVAC's telephone HELPLINE, the EXPO Court Outreach Program, specialized advocacy programs, and referrals from community partners like the Legal Aid Society of Hawaii, Parents and Children Together, Child and Family Service, the Honolulu Police Department, the Department of the Prosecuting Attorney, and the Department of Human Services. DVAC staff use the agency's risk assessment tool to assess survivors, provide appropriate safety planning, make referrals to DVAC programs or community resources, and provide info to help survivors and their families before, during, and after a crisis.

CFS invested heavily in a new model called "Transition to Success" (TTS) that treats poverty (including DV induced poverty) as a correctable social deterrent of health rather than as a character flaw. Kona Domestic Abuse Shelter (DAS) recently trained shelter staff in using the elements of TTS and implementing these elements into assessments and service delivery. Kona staff are the first DAS employees to begin implementing, providing trauma informed planning for survivors that address their priority domains and needs as they are assessed.

YWCA takes a proactive role in BTG meetings, advocating for survivors' rights, highlighting the specific needs of survivors, and helping to bridge gaps in service provision. YWCA has established strategic partnerships with rental and utility assistance funders, allowing survivors to overcome financial barriers through ongoing case management services, and equips survivors with the skills to achieve financial independence through its Financial Empowerment Program. YWCA provides clients with crisis counseling, individual clinical therapy, and support groups to help clients overcome mental health challenges through trauma-informed care.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

	1. how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
	2. how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3. your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

(1) The BTG BOD solicited feedback from member organizations to update CoC-wide non-discriminatory policies in activities and operations, and incorporated provisions for fair housing, faith-based activities, and non-compliance sanctions. Maui AIDS Foundation (MAF), Kumukahi, and Malama Pono Health Services are active CoC participants who specialize in serving the LGBTQ+ community while incorporating trauma informed services. Non-discriminatory and trauma informed practices are intrinsic to the provision of services to HOPWA program participants. In Sep 2024, Org Code Consulting delivered Leadership Academy training on Hawaii Island to numerous BTG organizations, covering aspects of trauma informed service delivery.

(2) BTG meetings provide access to valuable networking resources which have helped to develop project-level policies. LGBTQ+ organization MAF provides transgender family support, behavioral and medical services, and legal guidance. Transgender sensitivity training is available for schools and other organizations that need these resources. The goal of community-wide awareness activities is to provide fair and transparent services that meet the needs of LGBTQ+ individuals. Hawaii DHS Homeless Programs Office (HPO) staff and contracted homeless service providers are required to participate in annual civil rights awareness training consisting of topics such as anti-discrimination laws, fair housing regardless of gender identity, discrimination complaint processes, rules against retaliation, and language access.

(3) HPO contracts require homeless services-related discrimination complaints to first be resolved through mediation between HPO, provider and the complainant. If dissatisfied, the complainant may request a formal review of the decision for further mediation by the State. For serious or multiple violations, the BTG BOD is apprised throughout the resolution process, which may result in further discussion and evaluation at regularly scheduled meetings.

(4) Non-compliance may result in sanctions against the provider depending on the severity and number of registered complaints. Sanctions can include requiring staff training regarding discrimination complaint processes, fair housing regulations, and language access; recommendations to initiate program monitoring; delaying payment of invoices until the non-compliance issue is resolved; re-allocating funds; and/or documentation of non-compliance for grant application evaluations.

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.</b>	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
County of Hawaii	22%	Yes-HCV	Yes
County of Maui	17%	No	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section V.B.1.g.	

Describe in the field below:

- steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,500 characters)**

(1) BTG and Collaborative Applicant Ka Mana O Na Helu (KMNH) have actively engaged with all four PHAs within jurisdiction to integrate homeless preferences and moving on strategies into general operations. This work is detailed below.

Effective July 2021, Hawaii County’s Office of Housing and Community Development (OHCD) amended its administrative rules for the HCV Program to include a homeless admissions preference. OHCD began accepting direct referrals if a household met the Emergency Need Preference as outlined in the rules. This homeless admissions preference includes homeless households as defined in the HEARTH Act. OHCD has adopted a “Moving Up” preference for formerly homeless households no longer requiring intensive support services, which has created housing opportunities for other homeless households.

KMNH began working with Maui County in Aug 2023 to execute an MOU for the Stability Voucher Program. The MOU stipulated that all 10 stability vouchers awarded would be used for unsheltered homeless households. Maui County used BTG’s CES to prioritize households served in Family Life Center’s Special NOFO Street Outreach project and have since leased up all 10 vouchers for high acuity unsheltered households.

KMNH has established a working relationship with Kauai County Housing Agency (KCHA). Although not listed as one of the two largest PHAs on the CoC-PHA Crosswalk, KCHA is substantial and administers approximately 910 vouchers. KCHA instituted a limited preference for homeless households in March 2018 through its Administrative Plan. In fourth priority in terms of hierarchy, KCHA offers a preference to any family who is certified as being currently homeless by a homeless service provider, homeless shelter, or participating agency in the CoC.

Recently KMNH worked with Hawaii Public Housing Authority (HPHA) to help amend outdated language in Hawaii Administrative Rules (HAR) 17-2034-31, which establishes preferences for applicants experiencing homelessness. Amended language is expected to make it easier for applicant families that are housing-insecure or experiencing homelessness to qualify through the preference. HPHA administers approximately 1,160 public housing units through management offices located in each of the neighbor island counties. These proposed amendments are expected to take effect mid to late 2025 pending AG review.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes

	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
--------	--	--

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
--------	--	--

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Stability Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
--------	--	--

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	--	-----

## 1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.  
 Describe in the field below:



1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

**(limit 2,500 characters)**

(1) BTG adopted CES policies and procedures in accordance with Housing First principles to establish written standards for consistent, transparent, and impartial access to housing and services. These were used to create an automated matching and referral system in the HMIS that prioritizes based on need. The Collaborative Applicant uses these CES policies to evaluate whether access points and housing providers are following Housing First standards. HMIS data is monitored to determine whether factors including substance use, disability, income, or criminal record are being used to screen out participation.

(2) Factors and performance indicators include capacity and enrollment reports to determine if vacancies exist and are being filled quickly, expenditure reports to determine if grant funds are being drawn regularly and exhausted, HMIS reports to demonstrate that clients are referred and enrolled through the automated matching process, chronic homeless and disability documentation to assess fidelity to grant applications, CES reports that measure length of time from referral to project entry and whether clients are being unassigned for legitimate reasons.

(3) The performance indicators detailed above are monitored routinely by the Collaborative Applicant for CoC-funded projects. The Collaborative Applicant also uses checklists or toolkits developed by HUD and its partners to help evaluate projects and assess whether housing projects are employing a Housing First approach. These resources often help provide a foundation for evaluation and guidance on how to implement and sustain a Housing First approach within projects. Organizations often use these resources or evidence-based best practices to monitor and evaluate their own projects. Projects not in alignment with CES/BTG policies are brought to the attention of the CES Oversight Committee or Board for review and resolution.

(4) Housing providers are monitored to ensure that they accept referrals directly through CES and work to house people as quickly as possible, using the CoC’s standardized application and screening processes. The CoC has done a good job ensuring that staff in positions across the services system are trained in and actively employ evidence-based practices for client engagement, such as motivational interviewing, client-centered case management, critical time interventions, and trauma-informed care.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.
---

**(limit 2,500 characters)**

Outreach teams engage and build rapport with people experiencing homelessness, connecting unsheltered people to resources within the community or using warm handoffs to mental health case managers, medical clinics and human services organizations. Teams promote client centered care and empathy to support people experiencing homelessness while formulating individual service plans tailored specifically for the individual or family. Teams frequently expand reach and capacity through partnerships with local law enforcement, health care facilities, social and health care workers, county and state departments, the faith-based community, small businesses and drop-in centers. These partnerships encourage a system of care within the community.

Outreach teams use low-barrier, culturally competent, and trauma-informed engagement strategies that focus on building a respectful relationship with those least likely to request assistance, which often leads to shelter or housing. Outreach organizations partner with licensed medical and mental health professionals to help diagnose disabilities or treat wounds. Teams include multilingual staff that communicate and improve access for those with limited English proficiency or that require interpreters.

Outreach provider Family Life Center (FLC) recently hired an outreach worker with lived experience who lived on the streets of Maui for 20 years. His presence with the team has yielded interest in services from many homeless who have resisted outreach services for many years. Recently FLC was able to house a man who lived on the streets of Maui 20+ years through its permanent supportive housing program. Organizations often employ people with lived experience or that can relate culturally to those experiencing homelessness, which has helped with engagement and service delivery.

Special NOFO street outreach grants totaling \$1.5 million have helped Maui and Hawaii counties to expand outreach capacity to deliver health and behavioral health services on the streets through multidisciplinary outreach teams which include licensed psychiatrists, case managers, nurse practitioners, and behavioral health professionals. These additional resources have helped to fill gaps in services and reach those with more acute needs. In partnership with Maui County, FLC has utilized 100% of the 10 allotted stability vouchers that were issued to the community to permanently house unsheltered homeless through its Special NOFO Outreach project.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness

1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	290	421

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

- works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and

2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.
----	---

**(limit 2,500 characters)**

1) The Maui CoC chapter networks with healthcare organizations including Aloha House (substance treatment), Malama I Ke Ola Health Clinic, Ohana Health Care, United Health Care, HMSA, Aloha Care (Medicaid access), Mental Health Kokua (MHK), Maui Drug Court, MEO’s BEST program (correctional reintegration), VA (sober living program), and Maui Memorial Medical Center (medical respite). The Kauai local chapter collaborates with Kauai Community Mental Health Clinic, MHK, Ho’ola Lahui Hawaii (healthcare services), and Malama Pono Health Services. The Hawaii Island chapter helps coordinate with many agencies including Hawaii Island Community Health Center, CARE Hawaii, MHK, and Big Island Substance Abuse Council.

Resource information is communicated regularly through BTG and local chapter meetings and BTG encourages members to maintain staff that are SOAR certified to help participants apply for SSA benefits. The Legal Aid Society of Hawaii (LASH) is contracted in all three rural counties to assist clients to obtain legal documents and SSA benefits. BTG service agencies provide new-hire and periodic training on accessing benefits or healthcare services, and regularly update staff. Hawaii Island maintains a resource directory that is updated annually and is available to staff, program participants, and the community.

Hawaii Medicaid’s Community Integration Services (CIS) program is currently working with BTG to help expand CIS services through additional providers in all three rural counties. This will broaden healthcare coverage and provide additional behavioral health services for the homeless with more chronic, acute needs.

2) BTG encourages organizations interested in SOAR training to reach out to the Hawaii State Team Lead or SOAR TA Center Liaison using online contact information for more information about SOAR. Local chapters and members collaborate with LASH for direct access to SOAR certified staff to help complete and submit all required SSA forms. LASH staff are available and provide monthly meetings at various locations to help answer questions regarding the application process. Maui shelter provider staff become SOAR certified soon after hiring. On Hawaii Island, provider new-hire onboarding includes training to become a certified SOAR specialist through SAMHSA online SOAR training curriculum. For large Hawaii Island homeless services provider HOPE Services, all housing navigators and case managers complete online SOAR modules.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
	1.	respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

**(limit 2,500 characters)**

(1) At the onset of the COVID-19 pandemic, the Governor’s Coordinator on Homelessness (GCH), DOH, and DHS established the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) to deal primarily with the COVID-19 pandemic, but also to develop response strategies to deal with future infectious disease outbreaks that could arise. The joint effort facilitated the distribution of PPE, held weekly informational webinars, established a 24-hour Hawaii CARES line, and implemented quarantine facilities for homeless individuals. BTG participated in developing policies and procedures for resource coordination, testing, vaccinations in shelters and encampments, and provided input for a centralized website.

Although the BHHSURG is no longer active, this collaborative effort established a successful model to respond to future outbreaks and prevent spread of infectious diseases, as demonstrated by BHHSURG’s stated goals of increasing providers’ access to local/federal resources to enhance and scale up essential services throughout the pandemic, connecting clients with essential behavioral health and homeless services, amplifying communication with clients, providers, and the public about how to stay connected to behavioral health and homeless resources and efforts, developing safe spaces for unsheltered individuals to adequately isolate in the face of active symptomology and while awaiting test results, and obtaining and distributing PPE and other critical supplies to providers.

(2) Lessons learned from the COVID crisis response were instrumental in directing policies and procedures to prevent future infectious disease outbreaks among the homeless population. The Statewide Office on Homelessness and Housing Solutions (OHHS) was established and mandated to: (1) Work with state, county, and BTG agencies to develop solutions to prevent and end homelessness through housing and supportive services, and (2) Develop and test innovative solutions to prevent and end homelessness. OHHS is tasked with identifying and addressing gaps in the homeless services system, providing administrative support to Hawaii’s Interagency Council on Homelessness, and establishing/maintaining a homelessness and housing data clearinghouse. To help mitigate future infectious disease outbreaks, prevention strategies currently include education, prophylactic distribution, syringe and needle exchange programs, free health screening and hygiene assistance programs.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

**(limit 2,500 characters)**

(1) In response to COVID and for future infectious disease planning, BTG partnered with State DOH to help convene meetings between service providers and epidemiologists where questions could be posed regarding testing, vaccination, and access to isolation and quarantine. These meetings were integral to information sharing and conveying best practices. BTG members were regular participants of monthly webinars facilitated by OHHS. State agencies maintained a regular presence at BTG board meetings, and representatives from OHHS, DOH, and DHS provided updates and answered questions related to public health and homelessness as conditions evolved.

(2) Homeless services providers were a critical part of preventing and mitigating infectious disease outbreaks. BTG helped facilitate communication by establishing and convening regular meetings between public health agencies and outreach providers. Meetings included representation from government stakeholders, outreach organizations, and homeless coordinators from the DOT, DLNR, and DOE. Interagency partnerships enhanced coordinated outreach on the neighbor islands by providing vital information, educational resources, and services on multiple fronts. The Maui Police Department launched a Mobile Medical Education Unit that provides medical and education-related services to unsheltered individuals in partnership with homeless services organizations and other state agencies including the DOE, DOT, and DHS. Outreach partnerships throughout BTG have expanded to include law enforcement, DOE homeless liaisons, behavioral health case managers, health plan housing coordinators, and interdisciplinary street medicine teams that incorporate medical staff with traditional outreach personnel. These advancements have helped equip homeless services providers with the tools needed to prevent and limit outbreaks among the homeless community.

BTG continues to strengthen partnerships with healthcare and Medicaid providers to facilitate connections with long-term support for individuals with acute health needs. The homeless population is among the most vulnerable to infectious disease outbreaks. Partnerships with Medicaid providers include training on conducting health plan assessments, and how to refer and enroll shelter participants in the Medicaid Community Integration Services (CIS). CIS enhances pre-tenancy services to assist homeless clients in transitioning to successful long-term housing placements with appropriate care.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

(1) As new outreach and shelter providers come on-board, they are integrated into the CES and with other service providers to minimize duplication of services. Outreach meetings have been established to target areas in communities where increased outreach can be effective. HMIS agreements and CES policies establish protocols for new and existing providers in terms of participation and access point responsibilities. Maui County outreach contracts have expanded service delivery to include Molokai and Hawaii County new HHF contracts have increased the number of access points to allow for more comprehensive coverage. Resource directories are updated annually and made available to program participants and the community.

(2) BTG uses the VI-SPDAT standardized assessment along with other required criteria to objectively prioritize housing resources for specific subpopulations and household types. The automated matching and referral system provides referrals in real-time for housing programs based on objective criteria. P&Ps are transparently disseminated through the BTG website so that providers understand how the automated referral system functions. CES P&Ps continue to be refined based on community feedback to ensure more fair and equitable access to housing resources.

(3) CES access points collect personal information by creating a safe and empathetic space for participants to share their experiences without fear of re-traumatization. Being sensitive, gaining consent and ensuring confidentiality are critical safety concerns that help build rapport with participants. Brief questionnaires and time-limited visits help reduce anxiety levels when discussing sensitive topics. Access points reduce additional trauma by planning engagements with participants and focusing on single task advancements in their goals to accomplish outcomes.

(4) The CES Oversight Committee makes updates to policies at least annually and as changes are ratified. CES conveners have first-hand knowledge of issues via case conferencing and make recommendations for enhancements. Service providers occasionally request changes to functionality based on operational experience or client feedback. CES updates allow for the inclusion of new projects with specific funder requirements, e.g., recent HUD RUSH funds which required households to be fire impacted, or supportive housing projects on Kauai such as Lima Ola, which prioritized clients who were receiving PSH or RRH services at entry.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	
FY2024 CoC Application	Page 31	10/25/2024

**(limit 2,500 characters)**

(1) CES policies and procedures have been structured to reach people who are least likely to apply for homeless assistance in the absence of special outreach and prioritize people with the highest acuity of need. Experienced outreach teams meet unsheltered homeless clients where they dwell while using evidence-based low-barrier, culturally competent, and trauma-informed engagement strategies that focus on building a respectful, trusting relationship with participants. Building rapport aids in service delivery and leads to shelter or housing for those least likely to request help.

(2) CES follows a standardized assessment process where individuals experiencing a housing crisis are directed to entry or access points, assessed in a uniform and consistent manner, then prioritized for housing and services through an objective automated matching and referral system based on highest need. Each service participant’s acuity level and housing needs are aligned with service and program strategies intended to quickly resolve the housing crisis.

(3) CES access point responsibilities are well-defined so that providers can locate, engage, and quickly place clients in housing. An automated referral system means clients are available for immediate referral to programs once entered in the HMIS, there is no waiting period or other prerequisites. Shelter is not a prerequisite for housing assistance. CES policies ensure that people most in need receive housing quickly and in alignment with housing preferences. Housing is based on client choice and declining a housing option does not make a client ineligible for other programs. MOUs were executed in September 2023 between BTG and County governments to help solidify CES roles and responsibilities and improve system efficiency.

(4) To reduce burden on participants, immediate or critical action items are prioritized, including roles and timelines. This gives a clearer understanding of individual service needs and gaps so that housing resources can be applied quickly. Warm handoffs (WHO) from access point to housing resources are requirement for CES referral. This reduces the burden on clients from having to repeat trauma and allows for faster relationship building between clients and housing providers. WHO can be conducted in person or virtually based on client preference. Housing providers meet clients where they are currently residing throughout the housing process to help reduce burdens.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	



**(limit 2,500 characters)**

(1) BTG has formally ratified Fair Housing Anti-Discrimination Policy within its Governance Charter stating that any housing or services offered, including through coordinated entry, shall be made available without discrimination. CES is marketed through objective non-discriminatory means, with local chapters increasingly using media and social media to disseminate information on housing and other available resources. CES meetings include review of available housing resources and vacancies. Meetings are attended by representatives of outreach, shelter and housing providers. This ensures that all programs have timely access to information to distribute to program participants. Local BTG chapters produce and disseminate homeless resource cards and flyers for community members and those experiencing homelessness.

(2) A no-cost, open to the public, fair housing webinar training was held in April 2023. The series of four, two-hour workshops included an overview of fair housing law, presentations by expert panelists, disability informational sessions, and Q&A session. Limited English Proficiency (LEP) posters are displayed at each agency in plain sight. Clients acknowledge their right to file grievance as part of the CES enrollment process. BTG CES P&Ps includes a grievance policy, which is made available transparently through the BTG website.

(3) BTG agencies contracted by State Homeless Programs Office are required to allow program participants the right to a formal and documented grievance process. This process is made known to each participant and minimally consists of written notification from the agency including reasons for termination/denial of assistance, assistance end-date, right to review the decision and records, right to counsel at the participant's expense, prompt final decision in writing to the participant, and formal review of the decision from the contract administrator if the participant is not satisfied. Victims of perceived or actual illegal discrimination that impede fair housing may file a complaint, at no cost, with the Hawaii Civil Rights Commission (HCRC). During this process, the complainant should be prepared to present specific dates and facts about the alleged discrimination, identify any documents that can prove the charges, identify any witnesses that can confirm the charges, and keep the HCRC updated if contact information changes.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/22/2022

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.	

**(limit 2,500 characters)**

(1) Data used to conduct racial disparity analysis includes system performance reports, PIT Count reports and dashboards, Tableau data visualizations, and ArcGIS dashboards. BTG has found LSA Stella P reporting useful in comparing outcomes of homeless assistance among demographic groups and compiles and disseminates these dashboard reports annually through the BTG website (BTGHawaii.org). The most recent 2022 racial disparities assessment referenced in 1D-9 used CoC-Program utilization and performance data from the HMIS in addition to PIT data collected in 2022. To provide context for the disparities presented below, 2020 U.S. Census Bureau data estimated Hawaii's racial demographic to be approximately 11% Native Hawaiian or Other Pacific Islander (NHOPI), and 25% Multiracial. These rates are slightly higher for Hawaii's rural counties.

(2) CoC Program HMIS data was analyzed as of the assessment date, showing that people identifying as NHOPI accounted for 47% (104 of 220) of active participants. For this cohort, data showed that 97% of households had received homeless services prior to the current enrollment, and that 76% of the adults currently in the program had mental health disability at entry, much higher than the general homeless population. 2022 PIT data revealed that 70% of the sheltered homeless population (440 of 628) identified as NHOPI or Multiracial. Unsheltered PIT data showed that 56% (785 of 1,394) identified as NHOPI or Multiracial, much higher than the U.S. Census Bureau estimates mentioned above.

In addition to using the data sources outlined above, BTG uses external reports and publications to help identify racial disparities and advocate for additional resources for overrepresented groups. The most recent Hawaii Housing Planning Study conducted by SMS Research was prepared for a consortium of state and county housing agencies to identify current housing conditions, present demographic and economic characteristics of Hawaii's households, and measure housing need, demand, and preferences. The Housing Demand Survey indicated that 32% of Native Hawaiian (NH) households would be considered at risk for homelessness without a primary source of income for over two months, compared to 23% among non-NH households. Survey data showed that 38% of NH households included at least one person doubled up because they had insufficient resources to maintain their own home, compared to 19% for non-NH households.

1D-9b.	<b>Implemented Strategies to Prevent or Eliminate Racial Disparities.</b>	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	No
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	No
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	No
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	<b>Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.</b>	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

**(limit 2,500 characters)**

BTG continues to take steps to improve racial equity in services and outcomes, including expanding outreach services in the rural counties and seeking partnerships with Native Hawaiian focused organizations such as OHA, DHHL, and DLNR. BTG uses HMIS and PIT data to advocate to legislators and county council members in rural county districts that have high concentrations of homeless Native Hawaiians. BTG Data Committee responsibilities include using race data to inform advocacy and planning efforts and the ongoing evaluation of this work. Filters to easily segment service utilization and outcomes based on race have been woven into performance reports and dashboards, which are made transparently available through the BTG website for ease of use. BTG has integrated anti-discrimination policies into its Governance Charter, which is required to be reviewed annually.

In Sep 2022, DHHL executed a data sharing agreement with BTG for the purpose of assisting DHHL in understanding how pervasive homelessness was among those on its Hawaiian homestead waitlist. The MOU was intended to help understand characteristics of the homeless population and use these results to help advocate for additional resources. BTG provided DHHL with unduplicated Native Hawaiian data for active clients in homeless projects. DHHL returned 68 matches to BTG in November 2022, which was used to pursue additional rental assistance and housing resources through DHHL.

BTG is part of the Hawaii Interagency Council on Homelessness (HICH) along with other organizations working to improve outcomes for Hawaii’s indigenous people. The HICH helps to facilitate discussions with DHHL regarding the use of Native American Housing Assistance and Self-Determination Act (NAHASDA) funds to provide rental subsidies and eviction prevention for Native Hawaiians who are homeless or at risk of homelessness. DHHL continues to explore partnerships with BTG providers and managed care organizations to pair Medicaid services with rental subsidies available through NAHASDA.

A bill that allocated an unprecedented \$600 million to DHHL was signed into law in July 2022 and is expected to dramatically reduce a backlog of about 28,700 indigenous beneficiaries waiting for homesteads. This historic funding will support Hawaiian homestead development across the neighbor islands. The preliminary plan includes 1,202 homestead lots reserved for the neighbor islands.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities. NOFO Section V.B.1.p.	
Describe in the field below:		
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) To bring this to the forefront of advocacy and planning efforts BTG plans to use the following measures to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance. To track progress, measures will be broken out by racial groups utilizing the homeless services system and compared to the general population over time.

- (i) Service participation rates
- (ii) Poverty rates
- (iii) Length of stay outcomes
- (iv) Exit and retention rates
- (v) Recidivism rates
- (vi) Disability rates
- (vii) Prevalence of overrepresented groups in State legislative districts

2) BTG, through HMIS Lead Ka Mana O Na Helu, plans to use the following tools to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance. Many of these tools are already being utilized, however, KMNH will work to more effectively track progress over the coming year.

- (i) HMIS performance reports and dashboards
- (ii) American Community Survey (ACS) data
- (iii) PIT Count reports and dashboards
- (iv) PowerBI data visualization tools
- (v) Tableau data visualization tools
- (vi) ESRI GIS dashboards
- (vii) Stella P system reporting
- (viii) U.S. Census Bureau Data
- (ix) HUD approved CoC Racial Equity Analysis Tools

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

**(limit 2,500 characters)**

BTG utilizes a variety of methods to recruit and engage people with lived experience of homelessness into leadership and decision-making roles. These outreach efforts have included social media posts sharing stories and appeals for involvement, participation in community events and resource fairs inviting individuals with lived experience to have a voice in local chapter meetings and advocacy efforts, supporting the work of community partners who are engaging people with lived experience in leadership roles, and posting information on the BTG website to encourage membership and meeting attendance. Local CoC chapters announced the opportunity for individuals to participate in the BTG Committee of Persons with Lived Experience. Each chapter was tasked with identifying individuals who meet lived experience qualifications. From these communications, a work group was formed and continues to be expanded.

The chair of the Maui Homeless Alliance (MHA) is also the chair for the Committee of Persons with Lived Experience for BTG. As a leader with lived experience, the chair encourages and invites others with lived experience to participate in solutions for the community. In 2024 the County of Kauai and Kauai Community Alliance (KCA) invited the community to participate in a series of Community Listening Sessions on Homelessness. The purpose of these public gatherings was to hear stories of how homelessness impacts the lives of those in the community, providing a forum to gather ideas on solutions to homelessness and hear the perspectives of different people from across the island. The listening sessions were one of the tools used to develop the Kauai County Homelessness Strategic Plan. On Hawaii Island, Community Alliance Partners (CAP) has made efforts to engage those with lived experience. The CAP awareness committee has been working with other coalitions to form a local lived experience advisory committee.

The Statewide Office on Homelessness and Housing Solutions (OHHS) was established through legislation. Headed by the Governor’s Coordinator on Homelessness (GCH), this office works closely with the Governor to develop policies and programs to end homelessness. In filling vacant staff positions, OHHS recruited qualified individuals, including those with recent lived experience of homelessness. In Jan 2023, the GCH revised position descriptions for key staff within OHHS by adding a preference for individuals with lived experience of homelessness.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	20	8
2.	Participate on CoC committees, subcommittees, or workgroups.	11	5

3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	10	4

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

The chair of the Committee of Persons with Lived Experience connects with individuals who have overcome challenges such as substance use, mental health disorders, or domestic violence to participate in the committee. Participation in this committee, local CoC chapters, or the BTG Board provides valuable experience and knowledge to prepare people with lived experience for employment in the homeless services field. Moreover, the involvement of people with lived experience opens opportunities for system-wide improvement, from local chapters to the BTG Board.

Family Life Center (FLC) has a Peer Support Worker program that offers opportunities for employment to those who have successfully sustained permanent housing after coming from an unsheltered situation. The program has been in place for two years. One peer support worker was recently promoted to case manager and continues to do very well in accomplishing the work and making an impact on those served by offering personal insight. FLC is constantly exploring opportunities to hire former clients who have stabilized.

Each month Kauai Community Alliance (KCA) member agencies share employment opportunities within their organizations. This information is shared with all guests at KCA, program participants and people with lived experience.

On Hawaii Island, HOPE Services hires individuals who have been participants in their programs and/or have lived experience. Agencies often consider such experience a strength when it allows the employee to better relate to the population served and assist them in obtaining housing. Through Housing First training in 2024, local chapter Community Alliance Partners (CAP) has provided professional development opportunities to several employees of member organizations who have lived experience. CAP also provides discounted membership to individuals with lived experience.

The CoC is working to secure and deploy flexible funding to support those with lived experience. This included covering costs to ensure participation of two people with lived experience to attend the NAEH Spring 2024 conference. Vouchers were provided to individuals with lived experience to support participation in the Statewide Homeless Awareness & Housing Solutions conference in November 2024. At the upcoming statewide conference, the Kukulu Kumuhana award will be presented to three people with lived experience, one from each rural county, for work that has been accomplished over the last year.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

**(limit 2,500 characters)**



(1) to (4) Feedback is gathered from households that receive program assistance through direct communication via in-person visits, telephone calls, and local chapter meetings. Feedback is gathered daily from staff who interact with clients, including from participants in the ESG and CoC Program. Responses are reported during weekly team meetings and projects are adjusted and evaluated regularly to ensure that the unique needs of clients are being addressed. Monthly in-person or phone follow-ups are conducted for those who are housed. Implementation of a feedback survey for ESG and CoC Program participants is still being planned as part of the lived experience committee work, with the intent to improve the homeless system and enhance housing opportunities.

Some providers conduct monthly satisfaction surveys of program participants, and regularly integrate feedback into programming to address challenges raised by those with lived experience. Programmatic improvements are made based on survey findings and input from management personnel. Leadership proactively solicits feedback from program participants, requests introductions to people with lived experience, and invites people with lived experience to share personal experiences with the media or policymakers.

(5) CoC agencies have helped individuals overcome employment challenges by providing resources for transportation, work attire and footwear. Individuals have been able to seek and gain legal employment with local businesses and restaurants in the community. Staff address other challenges such as health, housing stability, and resource utilization by helping to connect people to services including, health plans, primary care physicians, routine health screenings, community integration services, SNAP benefits, subsidized housing, rental assistance, DV interventions, child welfare services, youth programs, and substance use treatment.

A major challenge faced by individuals with lived experience is the adjustment from dwelling in unsheltered locations to being permanently housed. Remediation funds are maintained to quickly address problems like hoarding and other damage caused by people who are adapting to being housed. This increases housing retention as landlords welcome the response and additional support. Housing providers encourage landlords to contact them for assistance with any issues that arise such as frequent guests so that problems can be addressed before becoming an eviction issue.

1D-11.	Increasing Affordable Housing Supply. NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

(1) BTG engages with rural county governments to increase housing development opportunities and reduce regulatory barriers. Kauai County plans to double the zoning density and decrease setback requirements for properties within residential zones, allow residential multi-family apartments within commercial zones, and eliminate minimum lot size thresholds to construct multi-family apartments. County Council is currently working on a bill to permit guest houses by right in all residential commercial, agricultural, and open zones.

After the Lahaina, Maui wildfires in August 2023, Maui County expedited permitting procedures to enable residential rebuilding. Utilizing the Gubernatorial and Mayoral Emergency Proclamations has enabled the development of temporary housing for fire survivors. The County has administered a program that provides financial assistance to homeowners who build accessory dwelling units (ADUs) on the condition that the units be rented to tenants earning below 80% AMI. Maui County also plans to conditionally allow smaller lots for low to moderate-income families to increase density.

Hawaii County zoning considerations include allowing ADUs to expand housing supply within existing residential areas, streamlining approval processes and increasing density bonuses for lower-AMI focused affordable housing, and providing flexibility for alternative housing approaches such as “Tiny Homes”.

(2) Kauai County plans to ease zoning restrictions on residential development by eliminating the EIA fee for multi-family apartment developments, re-zoning the former Lihue Mill site to be a walkable mixed-use planning area and reviewing plans to re-zone the former West Kauai plantation camp for additional residential development.

In Maui Ke Kahua, a multi-family housing development for those below 60% AMI has been approved and is proceeding toward development under County Code 2.97. The County has allocated Affordable Housing Funds for additional housing in Central Maui (Hale Pilina and Aikanaha I and II).

Hawaii County conducts reviews of its regulatory policies to assess how mandates have affected new housing production and what impacts it has had on the housing market. The County is working with Public Works to expedite permitting for 100% affordable projects, considering a list of standard waivers and exemptions that would not be subject to departmental reviews, and removing departmental review for pre-approved structures.

## 1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/28/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/28/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
----	---	-----

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
--------	---	--

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	150
2.	How many renewal projects did your CoC submit?	9
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.  NOFO Section V.B.2.d.	
--------	--	--

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

(1) HMIS exit destination data was used to evaluate exits to permanent housing for renewal projects that exited households in the evaluation period.

(2) Annual Performance Report (APR) data was used to help demonstrate the project’s ability to perform housing activities as proposed. The APR helped to evaluate the length of time between project start and move-in date and length of time prior to housing based on date homelessness started. HMIS CES data was analyzed to evaluate service delivery and how quickly the project moved households into permanent housing. CES reports generate mean length from VISPDAT assessment to project entry or move-in date for people entering permanent housing projects.

(3) The evaluation committee rewarded projects that demonstrated the ability to serve households with severe service needs as originally proposed regardless of performance. Evaluators compared original grant application proposals to HMIS performance data to demonstrate fidelity to the proposed service population. Points were awarded to projects demonstrating that housing activities were performed as proposed, which in turn meant that highly vulnerable households with severe service needs were referred and placed through CES. Consideration was given to projects that could explain how deficiencies in program implementation were overcome if proposed performance targets or populations were not met.

(4) Severe barriers the evaluation committee considered when ranking and selecting projects included chronic homelessness, domestic violence, substance use, disability, and low or no income. Providers had the opportunity to address these factors through performance data and narrative responses.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:

1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

(1) Historically input has been sought from the BTG Board of Directors and Collaborative Applicant, Ka Mana O Na Helu (KMNH). KMNH leads the local competition process, including review, selection and ranking. Members of both organizations include racially diverse individuals of Native Hawaiian or Pacific Islander background, which are greatly overrepresented in the CoC’s homeless population. Native Hawaiian and Pacific Islander races account for 56% (740 of 1,327 people) of the homeless demographic currently, much higher than the 2020 U.S. Census estimate for Hawaii. Of the ten voting members currently on the BTG Board, only four are Caucasian, while the other six are Asian, multiracial, or part Hawaiian. The Executive Director of KMNH is Japanese American, while the Director of Operations is part Hawaiian.

(2) In FY 2024, three women comprised the evaluation committee including one of Hawaiian and Native American ancestry who has lived experience of homelessness, one who is part Hawaiian with decades of experience serving the homeless community on Kauai, and one of Chinese ancestry who is first-generation to the U.S and worked for several years in the State Homeless Programs Office. The KMNH Director of Operations helped lead the RFP process and is part Hawaiian, one of the most overrepresented racial groups in the local homeless population.

(3) Evaluation criteria included a Barriers to Services and Severity of Needs section where projects were scored based on responses to how they identified barriers to participation faced by persons that are over-represented in the local homeless population, and how the project has taken or will take steps to eliminate these barriers. After releasing the RFP, KMNH provided an orientation session that reviewed evaluation criteria and encouraged providers to describe in detail how they would address this section in new or renewal grant proposals.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**

(1) The FY 2024 process was documented in the CoC Program Competition Request for Proposals (RFP). The RFP document was posted publicly on the BTG website on Aug 28, 2024. The reallocation process was based largely on objective evaluation criteria outlined in Section 4 of the RFP, with many of the points awarded based on objective or system performance data for the current or most recently completed grant terms. New and renewal projects were reviewed and scored by a three-member evaluation committee, then ranked according to score. Low performing or less needed renewal projects falling below the Tier 1 funding threshold would be considered for reallocation in favor of projects that were more beneficial to BTG’s goal of ending homelessness.

(2) The lowest ranked renewal project in this year’s competition was Steadfast Housing’s Eha PSH project, which provides rental assistance for 22 units in Maui. In consideration of the current housing situation caused by the Maui wildfires, the NOFO evaluation committee and Collaborative Applicant did not see benefit in moving funds away from Maui County, especially after what transpired over the course of the last year.

(3) BTG did not reallocate any projects during this year’s competition.

(4) Much of the focus over the past year has been on maintaining existing homeless units in the community and rebuilding Maui due to the wildfire that occurred in August 2023. Additionally, BTG did not receive enough project applications to make reallocating funding this year a viable option.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
--	--	-----

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/07/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/07/2024
--	--	------------

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
--	---	-----

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024
--	--	------------

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/25/2024
--	---	------------



## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	CaseWorthy
--	--	------------

<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
--	--	------------

<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/08/2024
--	---	------------

<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

**(limit 2,500 characters)**

(1) Child and Family Service (CFS) received DV CES training from HMIS Lead Ka Mana O Na Helu (KMNH) in March 2023 and October 2024. Training included how to securely enter de-identified DV assessment information into the system so that CFS clients can be referred to CoC housing resources. This has expanded BTG’s CES on Hawaii Island and broadened access point coverage to include CFS, who has vast experience providing trauma-informed housing and services in the community.

YWCA Kauai was contracted by KMNH in August 2024 to provide rapid re-housing services to homeless families impacted by domestic violence. This agreement established that YWCA would enter rapid re-housing participant and service data into a comparable database compliant with the FY 2024 HMIS Data Standards. YWCA also agreed to participate in CES and enter de-identified DV assessment data into the system so that clients they serve can be referred to CoC housing resources, expanding BTG’s CES on Kauai. KMNH recently provided DV HMIS and CES training to YWCA to support these efforts.

(2) YWCA currently collects data for its rapid re-housing program in a comparable database that is HUD HMIS compliant and uses BTG’s deidentified DV CES. CFS currently collects and reports on data internally but uses BTG’s deidentified DV CES. DV provider Women Helping Women (WHW) on Maui has been approached several times by KMNH to participate in CES and establish a HUD-compliant system, but they have not elected to go this route. KMNH will continue to work with WHW, informing them of the benefits to their clients should they choose this process. CES participation for YWCA and CFS has helped to ensure that survivors have safe access to housing resources within BTG in the same way as non-DV participants.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	580	65	580	89.92%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	52	3	52	94.55%
4. Rapid Re-Housing (RRH) beds	421	0	421	100.00%
5. Permanent Supportive Housing (PSH) beds	574	0	373	64.98%
6. Other Permanent Housing (OPH) beds	54	0	54	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

(1) BTG’s 2024 bed coverage rate exceeded 85% for all applicable project types except Permanent Supportive Housing (PSH). The PSH rate of 65% reflects the continued inability to work with the VA so that VASH program participant data can be entered in the HMIS. BTG and HMIS Lead Ka Mana O Na Helu (KMNH) are aware of HUD’s partnership with the VA to provide VASH data and will continue trying to incorporate this data. To resolve these issues and increase the PSH bed coverage rate over the next 12 months, KMNH will take steps to establish a VASH point of contact (POC) with the local VA, explain how having this data will benefit veterans, work with the POC to obtain a CSV export file containing the HUD-VASH data elements for HMIS import, then test and import this CSV into the HMIS.

(2) KMNH will reach out to the VA to establish a POC. After the POC has been established, KMNH will work to determine what data should be included in the HMIS and develop a simple process to obtain this data from the VA. Once the data has been securely transmitted by the VA, KMNH will integrate this data into the HMIS. Once successful, KMNH will work with the VA to establish an export routine so that the VASH data remains current.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC’s FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
---	-----

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024
--	---	------------

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/08/2024
--	---	------------

2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1) Leading up to the 2024 unsheltered PIT count, CoC chapter Kauai Community Alliance (KCA) held monthly meetings for outreach organizations to discuss service areas and locations of encampments. This improved collaboration and led to more efficient outreach efforts with agencies responsible for conducting the count including youth providers Lili`uokalani Trust and Hale `Opio Kauai. During regular monthly meetings leading up to the 2024 unsheltered count, local chapter Maui Homeless Alliance (MHA) informed members of the upcoming count and gathered information from youth serving organizations regarding the whereabouts of homeless youth. Maui's unsheltered count was conducted by seasoned outreach workers who integrated knowledge of homeless encampments and locations of youth during canvassing efforts. The CoC's homeless youth count was conducted in conjunction with the full unsheltered PIT count.

2) Each of the three unsheltered PIT count leads for Kauai, Maui, and Hawaii Island organized regional leadership within each island and encouraged PIT-trained surveyors to volunteer and canvass areas where homeless participants, including youth, would most likely be found. This included targeting specific, known locations where homeless youth were frequently encountered. Leading up to the count street outreach organizations reviewed active outreach client lists to identify unsheltered youth households and their last encounter location, which were used during the count to help ensure that no youth households were missed. Many of the outreach workers and volunteers canvassed multiple regions of each island. HOPE Services on Hawaii Island partnered with experienced outreach providers to map out and organize service areas and encampments where homeless youth were most likely to be identified.

3) Youth were included as counters within several of the organizations that assisted with the 2024 unsheltered count. Volunteers and youth service organizations completed PIT training leading up to the count and canvassed locations where youth tended to congregate. For BTG, the 2024 unsheltered youth household total was 36, a reduction of three households compared to the 39 unsheltered youth households reported in 2023. There were two unsheltered unaccompanied youth under the age of 18 reported in the 2024 count, both on Hawaii Island.

2B-4.	PIT Count—Methodology Change—CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and	
4.	describe how the changes affected your CoC's PIT count results; or	
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

**(limit 2,500 characters)**

(1) Due to the Lahaina, Maui wildfires that occurred in August 2023, displaced households residing in non-congregate shelter (NCS) hotels on the PIT night were included in the 2024 sheltered count. These disaster-impacted households were housed prior to the wildfires and would not have had housing without temporary NCS, thus were considered homeless and counted under the emergency shelter project type per HUD guidance. To ensure that these people and households were counted, Ka Mana O Na Helu was able to obtain the active NCS listing as of the PIT night from the American Red Cross, with assistance from the Hawaii Emergency Management Agency and County of Maui. Thus, NCS aggregate data was included in HUD HDX reporting tables this year and is described below.

(3) and (4) On August 8, 2023, wind-driven wildfires tore through sections of the island of Maui. The most significantly impacted area was the historic district of Lahaina, where 101 fatalities were confirmed. In February 2024, the U.S. Fire Administration reported that the wildfires destroyed more than 2,200 structures and caused an estimated \$5.5 billion in damages. The wildfires were the fifth deadliest wildland fire in U.S. history and the worst natural disaster in Hawaii's history. Shortly after the wildfires, the federal government provided public assistance funding to the State of Hawaii to provide disaster-related, temporary congregate and non-congregate shelters (NCS) for survivors of the wildfires. These facilities were quickly established to meet the needs of the community based on the demonstrated need for shelter. NCS facilities used to support these shelter efforts included numerous Maui hotels, supplying temporary hotel units to thousands of households and individuals impacted by the wildfires. NCS disaster data added 2,328 households and 5,245 total people, bringing BTG's total sheltered count to 2,700 households and 5,864 total people.

The 2024 PIT count was also affected by people recently arriving in the CoC geographic area. BTG was able to quantify this data through HMIS and unsheltered survey data collection. On the sheltered side, 23 people arrived in Hawaii within the last year, all active in emergency shelters as of the PIT night. On the unsheltered side, 41 people in 37 households arrived within the last year, however, this is a low estimate since this data was only collected for Hawaii Island during unsheltered canvassing efforts.

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

(1) One of the biggest risk factors currently is due to the Maui wildfire disaster that occurred on August 8, 2023, when wind-driven wildfires tore through Maui. The most significantly impacted area was the historic district of Lahaina. The disaster has generated an environment where rent and the cost of living have risen tremendously, and landlords are reluctant or refusing to accept rental subsidy assistance. Fourteen months after the disaster, many households have become homeless, and hundreds are currently living at-risk of homelessness.

HMIS data and research show that low educational attainment and unemployment are some of the main sociodemographic drivers of homelessness. Other risk factors include family problems, especially in Native Hawaiian and Pacific Islander communities, and criminal behavior including incarceration. Drug use problems, psychotic disorders, and behavioral problems also show increased risk for homelessness.

(2) As the community rebuilds from the Maui wildfires, interim housing programs including Ohana Hope Village (OHV), and the Hawaii Interim Housing Program (HIHP) have taken shape. Operated by Family Life Center, OHV will provide 88 units of off-grid temporary housing to families displaced by the wildfires. Operated by HomeAid Hawaii, HIHP assists those displaced by the Maui wildfires by placing survivor households in temporary state-sponsored housing. Applicants will be considered for both Ka La'i Ola in Lahaina and Hale 'O La'ie in Kihei.

The first round of ESG RUSH funding in response to the wildfires provided \$1.3M in disaster relief funding. Catholic Charities Hawaii provides rapid re-housing and prevention assistance to disaster impacted families facing financial hardship. A second round of RUSH funding totaling \$6.9M is expected to be contracted in November 2024, bringing outreach, shelter and project based rapid re-housing support to households impacted.

Hawaii County's relatively new Homelessness and Housing Fund (HHF) awarded \$9.7M in funding to twenty-two projects for the FY23-24 period. These projects specifically address the risk factors identified in the second paragraph of (1) above and include funding for substance use and recovery, incarceration re-entry, workforce development, and homelessness prevention. The County is currently working through its RFP process for FY24-25 funding, which is estimated to be \$10.5M.

(3) The BTG Board will be responsible for overseeing these strategies.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	
1.	natural disasters?	Yes
2.	having recently arrived in your CoC's geographic area?	Yes



**(limit 2,500 characters)**

(1) On Aug. 8, 2023, wind-driven wildfires tore through sections of Maui. The most significantly impacted area was the historic district of Lahaina. The wildfires were the fifth deadliest wildland fire in U.S. history and the worst natural disaster in Hawaii’s history. Shortly after the wildfires, the federal government provided public assistance funding to support non-congregate shelters (NCS) for those impacted. NCS took the form of numerous hotels on Maui. Many households became homeless, and thousands became precariously housed and at risk of homelessness.

Leading up to the 2024 PIT Count, HUD asserted that wildfire displaced households residing in NCS hotels on the night of the PIT were to be included in BTG’s sheltered count, maintaining that disaster-impacted households were housed prior to the wildfires and would have no housing without temporary NCS, thus should be considered homeless and counted under the emergency shelter project type.

NCS disaster data added 2,328 households and 5,245 total people, bringing BTG’s total sheltered count to 2,700 households and 5,864 total people. Of the 2,328 NCS households, 706 were families including 2,892 total people, while 1,622 were non-family households including 2,353 people. The remaining sheltered households comprised 90 families with 319 people; and 282 non-family households with 300 total people.

Although the PIT Count was after the end of federal fiscal year 2023, the disaster was not, leading many households to become homeless for the first time, thus impacting the number of first time homeless. Based on the information that we are seeing; we are expecting to see an increase in the number of first-time homeless for federal fiscal year 2024.

(2) BTG HMIS data for federal fiscal year 2023 showed that 89 people or 2.4% of all persons served in homeless programs had been in the neighbor islands less than one year based on self-reported HMIS entry data. BTG first time homeless data continues to be impacted by those recently arriving in the CoC’s geographic area, although this data is not as high as some legislators here would lead one to believe.

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC’s Strategy.</b>	
	NOFO Section V.B.5.c.	
	In the field below:	
	1. describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

**(limit 2,500 characters)**

(1) Implementation of housing first strategies and adherence to CES policies has been critical for BTG to provide immediate access to housing for homeless households. Permanent housing resources are purposefully connected to low barrier housing first strategies, with many locally developed or government subsidized housing required to be matched through CES. Homeless services contracts promote practices that support permanent housing placement and retention, which includes a low barrier approach to program entry and participation.

An effective strategy has been to engage unsheltered households with street outreach teams on a regular basis, prioritizing placement into vacant shelter beds, and working to accomplish rapid placements into housing. Family Life Center (FLC) acquired three single family homes in Kauai and Maui counties that are used as short-term shelters for unsheltered families with the longest homeless history, while housing is quickly secured. BTG was awarded \$1.5 million in outreach funding through HUD Special NOFO to achieve greater capacity in meeting unsheltered needs, bolstering direct service staff in Maui and Hawaii counties. In partnership with Maui County, FLC utilized 100% of the 10 allotted stability vouchers that were issued to the community to permanently house unsheltered homeless with long length of time homeless through its Special NOFO Outreach project.

Another effective strategy has been to pair permanent housing resources with projects and households known to have long length of homelessness. The County of Hawaii converted its Ulu Wini transitional facility in West Hawaii to permanent affordable housing units. Twenty homeless families were transitioned using Emergency Housing Vouchers. Before permanently housing these families in June 2023, the average length of stay was nearly one year. Another transitional shelter is slated to convert eight units by the end of CY 2024, further reducing the CoC’s average length of stay.

(2) Length of homelessness metrics are embedded in CES, By Name List and HMIS reports, and monthly monitoring reports. Many of these reports are made available through the BTG website. Homeless service providers, CES conveners, and stakeholders use these reports strategically to identify shelter and housing solutions for long homeless stayers and to ensure that households are assessed and eligible for housing referrals.

(3) The BTG Board will be responsible for overseeing these strategies.

2C-3.	Successful Permanent Housing Placement or Retention –CoC’s Strategy.	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	
FY2024 CoC Application		Page 58
		10/25/2024

**(limit 2,500 characters)**

(1) Kauai County has partnered with local CoC chapter Kauai Community Alliance (KCA) to reserve five of the 54-unit Pua Loke affordable rental project for homeless referrals through CES. KCA received confirmation from property developer Ahe Group that turnover of these units will continue to be filled through CES, and that roughly 10% of units in newly developed projects will be filled through CES. The Lima Ola affordable housing project came online in late 2024, allocating 21 of 32 units through CES while confirming that turnover in the 21 units will continue through CES. Recently contracted Day 1 funding for \$500K over two years will provide rapid re-housing resources for families on Kauai.

On Hawaii Island, Homelessness and Housing Fund (HHF) resources have enabled HOPE Services to secure a Director of Housing Development to lead efforts in acquisition, construction, and rehabilitation. HOPE obtained HUD Special NOFO funding to acquire an 8-unit complex for PSH-eligible households that is slated to come online in 2025. Hawaii County received 15 Housing Stability vouchers for homeless households. FY 2025 HHF funding is estimated to be \$10.5M, much of which will be earmarked for supportive housing efforts.

Maui County targets 100% utilization of its 1,588 Housing Choice Vouchers, has utilized all 76 Emergency Housing Vouchers, allocates \$4M+ annually to operate rental assistance and homelessness prevention programs, and is prioritizing housing development for households earning below 60% AMI (250 units currently entitled).

(2) Agencies utilize housing staff to follow up with households to ensure that they have the necessary support structures to retain housing, building support systems with mainstream and community-based resources for ongoing assistance. Landlords are offered damage assistance along with tenant remediation. Hawaii Medicaid’s Community Integration Services Program (CIS) is expanding provider services, bringing additional clinical and behavioral health interventions, which strengthens housing retention.

The County of Hawaii has paired housing vouchers with new case management resources through its HHF program, thus creating flow in the CoC Program for new homeless households while promoting housing retention when households transition to the new housing subsidy.

(3) The BTG Board will be responsible for overseeing these strategies.

2C-4.	Reducing Returns to Homelessness—CoC’s Strategy.	
	NOFO Section V.B.5.e.	
	In the field below:	
	1. describe your CoC’s strategy to identify individuals and families who return to homelessness;	
	2. describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**

(1) When clients return to homelessness, outreach and shelter teams are quickly notified, seek a warm handoff, and begin immediately pursuing pathways back to housing. Providers strategize for future housing success by evaluating reasons for housing loss and creating client-centered goals to overcome barriers for future housing placements. Providers maintain relationships and connections with clients that have been housed for a minimum of six months post discharge. The HMIS is often used to identify service history for clients that have returned to homelessness based on its ability to supply longitudinal data. This helps to coordinate care and communicate with providers who have worked with the client previously.

(2) Providers have implemented strategies to reduce recidivism by integrating landlord/tenant interventions through mediation, utilizing sponsor based rental assistance, implementing assertive case management and harm reduction techniques, and building support systems to promote housing retention and stability. Eligible households may receive prevention assistance to maintain housing. State contracted agencies are required to provide follow-up support after exiting clients to housing, helping to reduce recidivism. HMIS recidivism data is used to identify projects with high rates and analyze characteristics of clients returning to homelessness. The data helps to inform conversations with providers and generate strategies that can be used to reduce recidivism. The HMIS Lead shares recidivism data through the BTG website and at meetings so that leadership can address with local chapters, program staff, and underperforming agencies.

Hawaii Medicaid’s Community Integration Services Program (CIS) funds supportive housing services including tenancy support services intended to help members maintain safe affordable housing. CIS Supportive Housing Services are Medicaid reimbursable supportive services available to eligible members, and when paired with affordable housing, are a cost-effective way to reduce homelessness and increase housing stability. Providers offer consistent case management and follow-up with clients; however, rate of engagement often varies depending on severity of needs. Clients learn to develop budgets, set goals, and engage in meaningful activities including social development. This combination of services is critical to housing stability.

(3) The BTG Board will be responsible for overseeing these strategies.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

**(limit 2,500 characters)**

(1) BTG agencies provide transportation assistance, engage with employment organizations, and follow-up on employment referrals to partner agencies. State contracts contain employment-based incentives and require the provision of vocational services and educational opportunities including GED, computer skills classes, resume development, interview coaching, mentoring, job training, higher education, job placement, and supported employment services. On Maui and Kauai, service providers work with local employment agencies that provide quick access to available jobs with little job skill requirements. Clients are assisted with housing plan development, which helps generate ideas for growing income, establishing businesses, career development, educational pursuits, and employment opportunities.

On Hawaii Island, HOPE Services includes funding to support an employment coordinator to maintain an inventory of employment opportunities, build relationships with local employment agencies and employers, and prepare program participants for employment. HOPE shares information about job fairs and upcoming events at shelters and while conducting street outreach. Participants are linked to Hawaii Community School for Adults to further educational goals such as GED.

Steadfast Housing’s Supported Employment Program (SEP) helps clients identify, acquire, and maintain employment in local communities. SEP helps SMI clients get jobs quickly, providing clients who have not consistently worked or ever been employed, the opportunity for paid employment and ongoing support services in integrated workplace settings.

(2) State Workforce Development Division (WD) offers American Job Center on Kauai, Maui, and Hawaii Island, providing services for job seekers including career counseling, HireNet Hawaii support, skills training, job search assistance and a resource center. Maui chapter members network with WD, State Vocational Rehabilitation, temp employment agencies, and other employment resources in the community to help find sustainable employment opportunities for interested clients. Hawaii Island chapter members collaborate with community partners including the ARC of Hilo/Kona and WD. HOPE Services coordinates transportation for job interviews through partner, HCEOC, and works with the American Job Center and temp employment agencies to link participants with long-term, steady employment.

(3) The BTG Board will be responsible for overseeing these strategies.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

**(limit 2,500 characters)**

(1) BTG partner agencies work to streamline benefit application processes, provide transportation assistance as needed, follow-up on referrals made to partner agencies, and connect SOAR trained case managers to eligible participants as appropriate. Intake assessments are used by case managers to screen for eligibility and receipt of non-earned income sources. State public assistance agencies funded through BESSD offer application and information services directly to homeless providers, which is often more efficient due to some of the transportation barriers homeless households face.

On Maui and Kauai, Family Life Center (FLC) case managers possess strong working knowledge of mainstream benefits and actively assist clients in navigating and accessing these services and benefits for the duration of the household's interactions with FLC. Clients unable to obtain employment are evaluated for eligibility for non-employment cash income programs such as SSI/SSDI or Unemployment benefits. Clients eligible for SSI/SSDI are referred to SOAR certified staff at Legal Aid Society of Hawaii (LASH). LASH maintains offices locally in each of the rural counties. Clients eligible for unemployment benefits are assisted with accessing the UIB online application. Other benefits like Workmen's compensation or TDI are also explored as applicable.

The Chair of BTG is currently the Executive Director of HOPE Services. On Hawaii Island, HOPE maintains a great working relationship with DHS and helps clients navigate the application process to increase mainstream benefit attainment. HOPE works with families and individuals to access non-employment cash income sources and assists with verifying eligibility for many local and governmental programs. HOPE staff are trained and qualified to assist program participants in applying for SSI/SSDI and DHS benefits, including General Assistance and TANF benefits for families with children. HOPE played an instrumental role in providing advocacy and advancing testimony from people with lived experience in support of Act 237 to increase TANF payments by \$500 per month, which was adopted by the 2022 State legislature.

On Maui, Ka Hale A Ke Ola shelter staff are SOAR certified to help eligible participants apply for SSI/SSDI benefits. All participants are referred to DHS to apply for TANF and General Assistance benefits as eligible.

(2) The BTG Board will be responsible for overseeing these strategies.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
--	--	-----

<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	--	-----

<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
FLC Kauai Rapid R...	PH-RRH	8	Housing
HIHR PH 4 FY2024 NB	PH-PSH	9	Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? FLC Kauai Rapid Rehousing FY2024
2. Enter the Unique Entity Identifier (UEI): PL7PV4EFDY43
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 8
5. Select the type of leverage: Housing

### 3A-3. List of Projects.

1. What is the name of the new project? HIHR PH 4 FY2024 NB
2. Enter the Unique Entity Identifier (UEI): CG2ZA9CJ9CK3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 9
5. Select the type of leverage: Healthcare



### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

NA

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

NA

## 4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
<b>Applicant Name</b>		
This list contains no items		

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/11/2024
1B. Inclusive Structure	10/18/2024
1C. Coordination and Engagement	10/23/2024
1D. Coordination and Engagement Cont'd	10/24/2024
1E. Project Review/Ranking	10/25/2024
2A. HMIS Implementation	10/20/2024
2B. Point-in-Time (PIT) Count	10/24/2024
2C. System Performance	10/24/2024
3A. Coordination with Housing and Healthcare	10/16/2024
3B. Rehabilitation/New Construction Costs	09/11/2024
3C. Serving Homeless Under Other Federal Statutes	09/11/2024
4A. DV Bonus Project Applicants	10/03/2024

FY2024 CoC Application	Page 68	10/25/2024
------------------------	---------	------------

**Submission Summary**

No Input Required

## **Before Starting the Project Listings for the CoC Priority Listing**

**The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.**

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD’s website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**Collaborative Applicant Name:** Ka Mana O Na Helu

## 2. Reallocation

**Instructions:**

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)

**2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects?** No



## Continuum of Care (CoC) New Project Listing

**Instructions:**

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD’s website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC’s Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Realloc	Rank	PSH/RRH	Expansion
HIHR PH 3 FY2024 N	2024-09-18 21:42:...	PH	Hawaii Island Hom...	\$307,560	1 Year	Reallocati on	X	PSH	Yes
HMIS \$184,094 FY2024	2024-10-16 14:35:...	HMIS	Ka Mana O Na Helu	\$184,094	1 Year	CoC Bonus	12		
FLC Kauai Rapid R...	2024-10-16 20:47:...	PH	Family Life Center	\$131,764	1 Year	CoC Bonus	8	RRH	

HIHR PH 4 FY2024 NB	2024-10- 21 12:20:...	PH	Hawaii Island Hom...	\$75,000	1 Year	CoC Bonus	E9	PSH	Yes
---------------------------	-----------------------------	----	----------------------------	----------	--------	--------------	----	-----	-----

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Kulalani Group Ho...	2024-09-17 16:56:...	1 Year	Steadfast Housing...	\$56,045	10	PSH	PH		
HOPE Rapid Re-hou...	2024-09-19 19:45:...	1 Year	HOPE Services Haw...	\$97,794	6	RRH	PH		
2024 PH Eha	2024-09-17 15:15:...	1 Year	Steadfast Housing...	\$240,332	11	PSH	PH		
Kukui Renewal FY2024	2024-09-19 20:06:...	1 Year	HOPE Services Haw...	\$711,900	1	PSH	PH		
HMIS \$141,205 FY2024	2024-10-15 17:53:...	1 Year	Ka Mana O Na Helu	\$141,205	2		HMIS		
HMIS \$38,039 FY2024	2024-10-15 18:55:...	1 Year	Ka Mana O Na Helu	\$38,039	3		HMIS		
Hale Kulike PSH F...	2024-10-16 19:23:...	1 Year	HOPE Services Haw...	\$144,217	5	PSH	PH		
FLC Ohana One FY2024	2024-10-16 20:59:...	1 Year	Family Life Center	\$1,040,517	4	PSH	PH		
HIHR PH1 FY2024 R	2024-10-17 19:33:...	1 Year	Hawaii Island Hom...	\$787,100	E7	PSH	PH		Expansion

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
HI-500 BTG Planni...	2024-10-15 19:32:...	1 Year	Ka Mana O Na Helu	\$162,857	

# Continuum of Care (CoC) YHDP Renewal Project Listing

## Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

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

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
This list contains no items								

# Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

## Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.  
[https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition).

**WARNING:** If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							



## Funding Summary

### Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	\$3,257,149
New CoC Bonus and CoC Reallocation Amount	\$390,858
New DV Bonus Amount	\$0
New DV Reallocation Amount	\$0
CoC Planning Amount	\$0
YHDP Renewal and Replacement Amount	
YHDP Reallocation Amount	
Rejected Amount	\$307,560
<b>TOTAL CoC REQUEST</b>	<b>\$3,648,007</b>

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD-2991, Certifi...	10/15/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

## Attachment Details

**Document Description:** HUD-2991, Certification of Consistency with the Consolidated Plan

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Submission Summary

**WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.**

**As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.**

**WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.**

**As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.**

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	10/10/2024
<b>2. Reallocation</b>	10/10/2024
<b>5A. CoC New Project Listing</b>	10/25/2024
<b>5B. CoC Renewal Project Listing</b>	10/25/2024
<b>5D. CoC Planning Project Listing</b>	Please Complete
<b>5E. YHDP Renewal Project Listing</b>	No Input Required

**5F. YHDP Replacement and YHDP Reallocation  
Project Listing**

No Input Required

**Funding Summary**

No Input Required

**Attachments**

10/15/2024

**Submission Summary**

No Input Required

**Notes:**

5D. CoC Planning Project Listing list contains 1 incomplete item.

**Certification of Consistency with the Consolidated Plan**

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

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Ka Mana O Na Helu

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

Location of the Project: See attached list

Name of the Federal Program to which the applicant is applying:

FY 2024 and FY 2025 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants

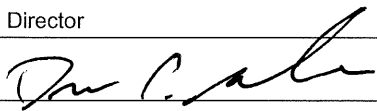
Name of Certifying Jurisdiction: State of Hawaii, Hawaii Housing Finance and Development Corporation

Certifying Official of the Jurisdiction

Name: Dean Minakami

Title: Executive Director

Signature:



Date: 10/11/2024

# KA MANA O NA HELU

---

October 10, 2024

Mr. Dean Minakami  
Executive Director  
Hawaii Housing Finance and Development Corporation  
677 Queen Street, Suite 300  
Honolulu, Hawaii 96813

Dear Mr. Minakami:

The following are the project names and locations that are included in Ka Mana O Na Helu's Certification of Consistency with the Consolidated Plan for the FY 2024 and FY 2025 Continuum of Care Homeless Assistance Programs competition.

## **Hawaii Balance of State Continuum of Care (HI-500 CoC)**

### **1. Ka Mana O Na Helu (KMNH)**

P.O. Box 2022, Pearl City, HI 96782

HMIS \$141,205 FY2024

HMIS \$38,039 FY2024

HMIS \$184,094 FY2024

HI-500 BTG Planning Project FY2024

The HMIS projects will support the ongoing need for HMIS training, technical support, data analysis, and custom report development. Comprehensive user training related to new system features and reporting elements, extensive monitoring and evaluation of program performance will also be provided through these projects. These projects will continue to expand HMIS usability and enable the system to be configured to support end-users needs.

The CoC planning project will be utilized to improve coordination activities including the operation, analysis, and refinement of the automated Coordinated Entry System (CES) for the CoC; develop CES-related training curriculum through HMIS modules; implement CES trainings; provide for CoC strategic planning activities; and assist with the development and refinement of CoC policies and procedures to ensure CoC objectives and requirements are met.

### **2. Family Life Center, Inc. (FLC)**

95 S. Kane St., Kahului, HI 96732

FLC Ohana One FY2024

Kauai Rapid Re-Housing FY2024

The Continuum and its partners have placed permanent supportive housing (PSH) and rapid re-housing (RRH) as high priority needs to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units and rapidly re-housing homeless individuals and families. Housing placement will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). FLC will address this need by placing homeless individuals and families in PSH/RRH units through their proposed rental assistance projects.

**3. Hawaii Island Home for Recovery, Inc. (HIHR)**

440 Kapiolani St., Hilo, HI 96720

HIHR PH1 FY2024

HIHR PH4 FY2024 NB

The Continuum and its partners have placed permanent supportive housing (PSH) as a high priority need to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). HIHR will address this need with PSH units for chronically homeless individuals with severe mental illness through their proposed rental assistance project.

**4. HOPE Services Hawaii, Inc. (HOPE)**

357 Waianuenue Ave., Hilo, HI 96720

Kukui Renewal FY2024

Hale Kulike PSH FY2024

HOPE RRH Renewal Project FY2024

The Continuum and its partners have placed permanent supportive housing (PSH) and rapid re-housing (RRH) as high priority needs to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's Coordinated Entry System (CES). HOPE will address this need with permanent housing units for chronically homeless individuals and survivors of domestic violence through their proposed rental assistance projects.

**5. Steadfast Housing Development Corporation (SHDC)**

888 Iwilei Road, Suite 250, Honolulu, HI 96813

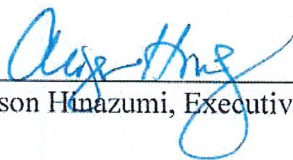
Kulalani Group Home 2024

Eha PSH 2024



The Continuum and its partners have placed permanent supportive housing (PSH) as a high priority need to address Hawaii's homeless situation. Strategies to assist vulnerable homeless individuals and families include expanding the capacity of affordable or subsidized rental units. These units will be matched with intensive case management services and will be prioritized for homeless clients based on acuity of need through the CoC's CES. SHDC will address this need with PSH units for chronically homeless individuals with severe mental illness through their proposed rental assistance projects. SHDC's proposed group home project will assist seriously and persistently mentally ill consumers by providing them with permanent housing and supportive services that includes but is not limited to psychiatric and psychosocial rehabilitation.

Sincerely,



Alison Hinazumi, Executive Director

10/10/24

Date