

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

**CoC Name and Number (From CoC Registration):** GU-500 - Guam CoC

**CoC Lead Organization Name:** Guam Housing and Urban Renewal Authority

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Guam Homeless Coalition

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

The Guam Homeless Coalition (GHC) general membership meets on a regular schedule on every 3rd Wednesday monthly. The GHC consists of 5 committees to include Information Technology, Planning, Grants/Funding Resources and Advocacy and Education with a subcommittee that act upon organizational development. These committees meet at least once a month or more when necessary.

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

Not Applicable

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 71%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>

<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

**Specify "other" process(es):**

The Guam CoC, Guam Homeless Coalition is open to and encourages all interested individuals and organization in the community to join us in our efforts to address homelessness. Service providers and agencies usually assign or appoint Program Managers or other key staff to represent their interests at meetings. The Executive Committee and committee Chairs of GHC are elected by the members. Advocates, members from the private sectors that are interested typically attend the meetings and eventually become active members either representing their companies or as a member of the community. All members participate in the decision-making process.

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

The CoC consists of at least 71% representation from the private sector including consumers and non-profit organizations. The Chair, Co-Chair, and Secretary are elected, and the Chair and Co-Chair represent the public and private sector. Members and Officers may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents and must recuse themselves from the process.

**\* Indicate the selection process of group leaders: (select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

Not Applicable

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

The Guam Homeless Coalition (GHC) is the primary decision making body of the Guam Continuum of Care, which is currently working towards 501(c)3 status. If HUD provides administrative funds to the CoC, the GHC will have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Administrative funding will provide the GHC increased ability to implement and oversee the CoC activities that greatly improve overall planning, collaboration, integration and delivery of services to the homeless. GHC will also have the opportunity to seek funds from other entities as well as conduct fundraising activities that would augment funds to meet homeless needs.

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

## Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Information Technology	Duties of the ITC are: (1) technical assistance for HMIS end-users, (2) develop and/or make revisions to policy and procedures for HMIS, (3) facilitate and/or coordinate training workshops, (4) information of HMIS usage and software update via email and during the GHC monthly meeting, (5) conduct quality assurance of inputted data and (5) compile data for reports and/or grants. Members of ITC consist of a representative from GHURA, Program Directors, Administrators and/or designated program representatives and Homeless Advocates.	Monthly or more
Advocacy & Education	The Advocacy and Education Committee (AEC) in collaboration with a representative from the Lead Agency Guam Housing and Urban Renewal Authority (GHURA) primary role is to facilitate policy and structural change through advocacy and education to enhance the continuum of care to address the plight of individuals, families, groups and communities. In addition, The Chair and Secretary of GHC chairs AEC and reports on AEC actions via email and/or during the monthly meeting to GHC member. Members of AEC Planning consist of a representative from GHURA, Program Directors, Administrators and/or designated program representatives and Homeless Advocate/s.	Monthly or more
Planning	The Planning Committee (PC) in collaboration with a representative from the Lead Agency Guam Housing and Urban Renewal Authority (GHURA) primary role is to develop and implement short and long term strategic plans that addresses the mission and vision statements of the Guam CoC (Guam Homeless Coalition) to provide a continuum of care to address homelessness on Guam. Additional duties of the PC are the following:	Monthly or more
Grants	The Grant Committee (GC) in collaboration with a representative from the Lead Agency Guam Housing and Urban Renewal Authority(GHURA) primary role is to actively research and report on all grant opportunities for GHC consideration and implement an action team to apply for all applicable grants. The GHC Chair and Lead Agency Representative chairs the GC and reports on GC actions via email and/or during the monthly meetings to GHC members. Members of the GC consist of GHC Chair and Secretary, a representative from GHURA, Homeless Program Directors, Administrators and/or designated program representatives and Homeless Advocate/s.	Monthly or more

Executive Committee	Executive Committee (EC)in collaboration with the Lead Agency Guam Housing and Urban Renewal Authority primary role within the Guam Homeless Coalition (GHC) is to ensure that the Primary Decision Making Group and other members of GHC are kept informed of all Continuum of Care (CoC) related issues such as funding, program compliance, etc. Additional duties of the EC are to (1) prepare the agenda for the monthly GHC meeting; (2) assign a GHC member to develop a review and ranking committee for new and renewal projects. The Executive Committee consists of a Chair, Co-Chair, Secretary, Chair of the Information Technology, Advocacy and Education and Planning and Grant Committees, Representative from the Lead Agency GHURA and Homeless Advocate.	Monthly or more
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**If any group meets less than quarterly, please explain (limit 750 characters):**

Not Applicable

## 1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Org aniz atio n Typ e	Organization Role	Subpop ulations
The Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s, Su...
Catholic Social Services	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Youth, Domes..
Elim Pacific Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Substan ce Abuse
Guma Mami	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriousl y Me...
Sanctuary, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Subst...
Habitat for Humanity	Private Sector	Non-pro..	None	NONE
Annamarie Kenny	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Gina Arca	Individual	Hom eles. ..	None	NONE
Pacific Daily News	Private Sector	Busi ness es	None	NONE
KUAM	Private Sector	Busi ness es	None	NONE
Pacific News Center	Private Sector	Busi ness es	None	NONE
Guahan Magazine	Private Sector	Busi ness es	None	NONE
Guam Memorial Hospital	Public Sector	Othe r	None	NONE
Guam Housing and Urban Renewal Authority	Public Sector	Publi c ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE

Department of Labor	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Department of Public Health and Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Dr. Thomas Shieh	Private Sector	Hospital..	None	NONE
Department of Mental Health and Substance Abuse	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Veterans Affairs Community Based Outpatient Cli...	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Se...
US Department of Veterans Affairs	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Women Veterans of America	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans
Leinani Naholowa'a	Individual	Other	Committee/Sub-committee/Work Group	Substance Ab...
Joseph M. Viloria	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
GALA	Private Sector	Other	Committee/Sub-committee/Work Group	Youth, HIV/AIDS
Geri Leon Guerrero	Individual	Formerl..	Committee/Sub-committee/Work Group	NONE
Tamuning-Tumon-Harmon Mayor's Office	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, A...	NONE
Guam Association of Realtors	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
South Pacific Petroleum Corporation	Private Sector	Businesses	None	NONE

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

### Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

### Rating and Performance Assessment Measure(s): (select all that apply)

- b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

### Voting/Decision-Making Method(s): (select all that apply)

- a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?**

No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

Not Applicable

# 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

Alee Shelter for abused children has decreased in the number of beds from 16 to 12 due to relocating to a new facility with limited bed capacity.

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

Not Applicable - Guam has no Safe Haven

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

The construction of the new residential facility for homeless men with substance abuse issues, Lighthouse Recovery Center, has increased bed capacity from 16 to 20. Both non-HUD funded programs (Guma Ifil & Transitional Living Program) each decreased their bed capacity by 2. These beds were converted for youth with substance abuse issues.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

Shelter Plus Care Tenant Based Rental Assistance vouchers has increased from 14 to 17 thereby increasing the number of permanent housing beds.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

## 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	GU-500 e-HIC	11/24/2009

## Attachment Details

**Document Description:** GU-500 e-HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

**Instructions:**

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed:** 01/30/2009  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** HMIS plus housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms  
(select all that apply)

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

Guam CoC determines unmet needs by identifying and addressing service gaps in the community; develop and oversee a system of prevention, intervention, and outreach; and develop comprehensive and coordinated solutions to housing and community resources for homeless persons and families. HMIS is utilized to capture unduplicated counts of clients served, analyze patterns of service use of homeless individuals and families entering and exiting the system of care, and evaluate the effectiveness of these systems.

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

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** GU-500 - Guam CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** MetSYS Enterprise

**What is the name of the HMIS software company?** MetSYS Inc.

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Indicate the date on which HMIS data entry started (or will start):** 02/01/2005  
(format mm/dd/yyyy)

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the challenges and barriers impacting the HMIS implementation:** Other, No or low participation by non-HUD funded providers  
(select all the apply):

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

Due to confidentiality concerns from participating organizations, the Cross-Institution feature in MetSYS was disabled resulting in the inability to share client data among service providers. As a result, duplication of data occurs when a client's information is entered again into the HMIS by another service provider/organization. To address this issue, reports are produced manually and verification with participating agencies (through phone calls, email or meetings) is done to ensure that data is not duplicated and an accurate count of homeless persons is generated. Since the training conducted by MetSYS for Guam HMIS and service providers in June 2009, The Salvation Army (project sponsor) and GHURA have been working with MetSYS Inc. and local service providers to resolve this matter.

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** The Salvation Army

**Street Address 1** 155003 Corsair Avenue

**Street Address 2**

**City** Tiyan

**State** Guam

**Zip Code** 96921

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## **2C. Homeless Management Information System (HMIS) Contact Person**

**Enter the name and contact information for the primary contact person at the HMIS Lead Agency.**

**Prefix:** Mr.

**First Name** Juan

**Middle Name/Initial** B

**Last Name** Trinidad

**Suffix**

**Telephone Number:** 671-477-3528  
**(Format: 123-456-7890)**

**Extension** 106

**Fax Number:** 671-477-3505  
**(Format: 123-456-7890)**

**E-mail Address:** juan.trinidad@usw.salvationarmy.org

**Confirm E-mail Address:** juan.trinidad@usw.salvationarmy.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Semi-annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

Not Applicable

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	33%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	4%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	5%	6%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	0%
* Name	0%	0%

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

**Did the CoC or subset of CoC participate in AHAR 4?** No

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

**How frequently does the CoC review the quality of client level data?** Quarterly

**How frequently does the CoC review the quality of program level data?** Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

HMIS end users participate in training activities to refresh their skills monthly. Additionally, MetSYS in its latest version does not allow end-users to save a client if mandatory fields, as per HUD's data standards, are missing. HMIS Lead Agency run Data Quality reports, conduct audits and site inspections to verify if providers are compliant with HUD. The IT Committee meets once a month with end users to identify concerns with data quality and issues with HMIS.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

According to existing policies and procedures, end users are to enter data within three days of a client entering the program, and follow-up information must be entered within three months from the time of client's exit from the program.

Annual monitor visits by Guam Housing and Urban Renewal Agency to service providers ensure that HMIS entry and exit dates match with client hard copy files. Incorrect entry and exit dates require immediate correction and can affect the score of their monitoring visit.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Annually
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Annually
<b>Use of HMIS for performance assessment:</b>	Quarterly
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Never

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:**

* Unique user name and password	Quarterly
* Secure location for equipment	Quarterly
* Locking screen savers	Quarterly
* Virus protection with auto update	Quarterly
* Individual or network firewalls	Quarterly
* Restrictions on access to HMIS via public forums	Quarterly
* Compliance with HMIS Policy and Procedures manual	Quarterly
* Validation of off-site storage of HMIS data	Quarterly

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Quarterly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Annually

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 09/25/2009

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

Privacy/Ethics training	Quarterly
Data Security training	Quarterly
Data Quality training	Quarterly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Annually
HMIS software training	Semi-annually

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/30/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	13	19	136	168
<b>Number of Persons (adults and children)</b>	43	87	567	697
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	1	2	339	342
<b>Number of Persons (adults and unaccompanied youth)</b>	24	28	339	391
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	14	21	475	510
<b>Total Persons</b>	67	115	906	1,088

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	19	68	87
* Severely Mentally Ill	11	0	11
* Chronic Substance Abuse	12	0	12
* Veterans	3	0	3
* Persons with HIV/AIDS	1	0	1
* Victims of Domestic Violence	6	0	6
* Unaccompanied Youth (under 18)			

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?** Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/29/2010

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:** 100%

**Transitional housing providers:** 100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not Applicable

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The data on the sheltered homeless population, as reported on 2I was collected and produced utilizing different methods and instruments. In collecting the data, a standardized survey consistent with HUD guidelines and definitions that include only the items required for the HUD counts data was utilized for the unsheltered count. A different survey instrument was used for the sheltered count to capture subpopulation data which was not addressed in the instrument provided by vendor SMS Research and Marketing Services. The respective shelter administrator of six Emergency Shelters and five Transitional Housing programs conducted the survey. Upon completion, the shelter administrator delivered the surveys to the CoC representative at the Salvation Army Guam Corps known as "Central", which served as the reporting and control base for the entire point-in-time count process. The HMIS Coordinator and Support Specialist utilizing a spreadsheet produced the sheltered count. The CoC representative reviewed the surveys, tallied the results, conducted an HMIS audit for validity and reported obtained data to the CoC. Upon CoC review and approval, the data was forwarded to SMS/PCR to include in the final point-in-time count.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):**

In comparing 2009's Point-In-Time to the previous count in 2008, the numbers decreased from 206 to 182. In 2008, the Mary Claire Home and the Independent Group Home, formerly operated by Guma Mami, Inc. changed hands. These two shelters are still in operation under a new contract, but no longer offer homeless shelter services.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *LA Guide for Counting Sheltered Homeless People*, at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	X
<b>Non-HMIS client level information:</b>	X
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

The subpopulation data on the sheltered homeless population, as reported on 2J was collected and produced utilizing different methods and instruments. In collecting the data, a standardized survey instrument was developed by SMS that adhered to the items consistent with the HUD data standards was utilized for the unsheltered count. A different survey instrument developed by Guam CoC, with the recommendation by HMIS staff, was used for the sheltered count to capture subpopulation data which was not addressed in the survey instrument provided by vendor SMS Research and Marketing Services. The respective shelter administrator of six Emergency Shelters and five Transitional Housing programs conducted the survey. Upon completion, the shelter administrator delivered the surveys to the CoC representative with the Salvation Army Guam Corps. The CoC representative reviewed the surveys, tallied the results, conducted an HMIS audit for validity and reported obtained data to the CoC. Upon CoC review and approval, the data was forwarded to SMS/PCR to include in the final point-in-time count. Spreadsheet comprised of the following data set consisting of emergency shelters and transitional housing and subpopulations. Subpopulations encompassed the following - chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, Victims of Domestic Violence and Unaccompanied Youth (under the age of 18).

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

In comparing 2009's Point-in-Time to the previous sheltered point-in-time count of 2008, a decline was indentified in the sheltered subpopulation categories for Chronically Homeless, Severely Mentally Ill and Substance Abuse due to various factors. The decline for chronically homeless and severely mentally ill subpopulation was due to change in program sponsor for Mary Claire home and Independent Group Home. Under the new contract, the programs no longer offer homeless shelter services. This resulted in the decrease of Chronic Homeless by 50% and SMI by 65% from 2008 to 2009.

The decline in the Substance Abuse subpopulation was due to various factors. One identified factor is the availability of multi-family living situations due impart to cultural norms in which an individual can migrate from one dwelling to another.

Another factor is the challenge of adhering to program rules and guidelines, which more than likely also contributes to being homeless.

Lastly, the acknowledgement of substance abuse within the homeless population is normalized. This normalization inhibits the seeking of treatment services. The above factors are believed to have influenced 66% decline.

## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:  
(select all that apply)**

<b>Instructions:</b>	<input type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see [A Guide to Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

### Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	

### If Other, specify:

This is not applicable.

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Known Locations

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

Training:	X
HMIS:	
De-duplication techniques:	
Other:	

**If Other, specify:**

Not Applicable

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

The CoC incorporated the following techniques to reduce duplication, otherwise known as de-duplication. One consisted of having the survey begin with the statement "Have you or anyone with you been interviewed?". To ensure uniformity, all participants were trained on the importance of this statement. If the individual responded with a yes, then the survey ended and duplication did not occur. To address the subpopulation of those in which "English is a Second Language", two techniques were implemented to reduce duplication due to misunderstanding influenced by language and cultural differences. One was to properly organize teams with zones known to have such subpopulations to include a multi-lingual member to assist in data collection and interpretation. The second was the utilization of the central operations station to assist teams lacking a multi-lingual speaker and in need of such assistance. Prior to the survey, known sites of unsheltered homeless populations and subpopulations were identified. This identification minimized travel time that would have more than likely enhanced the probability of de-duplication due to their migratory habits and known ability to relocate quickly. In addition, it was determined that identified survey zones would not overlap. This non-overlap of zones and sub-zones decreased the chances for duplication. Each survey team was provided a map of their designated site within the zone which outlined areas of focus.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

The CoC efforts to reduce the number of unsheltered homeless with children will be multifaceted and utilize the continuum of care concept of services. This concept encompasses outreach, referral, placement and supportive case management service. Outreach involves the CoC's effort to identify, educate and assist unsheltered homeless households with dependent children access housing services. Placement may be within the continuum of housing services such as Emergency Shelter to Transitional Housing to Permanent Housing. Supportive Case Management services involves coordination between the CoC to assist unsheltered homeless households with children obtain and/or maintain housing placement. One intervention will be to refer families to access the American Reinvestment and Recovery Act program for financial assistance to secure housing. Another intervention will be to refer and assist low-income homeless households with children apply for affordable housing through (1) LADA Gardens operated by the Guam Housing Corporation; (2) Ironwood Estates; (3) HUD-VASH; (4) Housing First Rental Assistance Program and (5) Public Housing or Section 8 Placement. In addition, HMIS baseline data will measure progress, identify barriers, and implement strategies to decrease the number of homeless households with children. The outreach plan for the CoC is to conduct outreach activities and utilize the continuum of services concept to decrease the homeless households with children.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

The CoC's effort to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation is a collaborative effort between the CoC members and the community. The CoC coordinates with community-wide partners to identify sites and plan outreach activities to reach this population. CoC members, current or formerly homeless individuals, Park Rangers, Mayors offices, family members, soup kitchens, and concerned citizens assist in the identifying of locations of interest. To supplement CoC outreach efforts, University and Community College student organizations who are members of the CoC, conduct outreach activities to locate and provide basic food items and clothing. Reports on the outcomes of different outreach activities is then provided to the CoC to assist service providers coordinate future activities. During outreach activities, items such as food bags, clothing & toiletries are given to homeless individuals. These items are quite often the incentive needed to open the door for active communication. The individual is then able to receive information on resources available in the community. Outreach efforts focus on developing rapport, building trust and creating a working relationship, which encourages the individual to access CoC and mainstream program services. The CoC sponsors two major annual events to engage this population; Point in Time Count and the Passport to Services.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

In comparing 2009's Point in Time (PIT) count, there was a slight decrease in the homeless population. This was attributed to the change in methodology used to conduct the last PIT count. Prior PIT counts used the full coverage methodology, but known locations were used for 2009.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 1: Create new permanent housing beds for chronically homeless individuals.

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

In the next 12 months, the Guam CoC will take steps to conduct a plan, study and assessment to create new permanent housing beds for the chronically homeless. The CoC will advocate for an additional 10 U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing Section 8 vouchers for homeless veterans. Twenty-five percent of the 10 vouchers will be designated for chronically homeless veterans. The CoC will work with Guma Mami to maintain Project Hinanao-Ta (Our Journey), a group home of five (5) beds for homeless individuals with serious mental illness with an increase of five (5) beds. If selected for funding, Catholic Social Services will be converting four transitional housing beds to permanent housing beds. Lastly, the CoC will continue to collaborate with Guam Interagency Council and Guam Housing and Urban Renewal Authority in utilizing HMIS data to identify the need for an increase in permanent housing.

##### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The Guam CoC will collaborate with the Guam Housing and Urban Renewal Authority and Guam Interagency Council on Homelessness in identifying and developing viable plans to create new permanent housing for the chronically homeless over the next ten years. One identified option is to convert ten Department of Administration staff housing for chronically homeless families. The CoC will advocate for additional Section 8 Housing vouchers to increase permanent housing due to military build-up and social-economic challenges. Additional permanent housing options will address chronically homeless women, women with dependent children, individuals with serious mental illness and veterans. The CoC will continue to utilize HMIS data to identify the need for additional tenant based rental assistance (TBRA) for the chronically homeless on an annual basis. The data will be instrumental in the CoC's application for additional TBRA housing vouchers.

How many permanent housing beds do you currently have in place for chronically homeless persons? 37

How many permanent housing beds do you plan to create in the next 12-months? 10

**How many permanent housing beds do you plan to create in the next 5-years?** 15

**How many permanent housing beds do you plan to create in the next 10-years?** 25

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.**

**Instructions:**

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

Within the next 12-months, the Guam CoC will utilize a three-tier process to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent. Tier one entails proper housing placement within the community to adequately meet the needs of the homeless person/s through the utilization of a needs assessment, availability of community resources and access to services. Tier two incorporates the use of a service plan. The service plan is a collaborative effort between the service provider and the homeless person/s to assist them in maintaining permanent housing. Tier three utilizes a service plan to identify needed supportive services to assist homeless person/s maintain permanent housing. To maintain or increase the percentage of having more than 77% of homeless persons maintain permanent housing, the CoC will continue to utilize the three tier process and data obtained from Annual Progress Reports (APR).

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The Guam CoC's long-term plan to maintain and/or increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent will review and evaluate the three tier process and Annual Progress Reports. This annual review and evaluation will identify strengths and shortfalls within provided services and will be utilized to make appropriate program changes. The CoC will work diligently to meet or exceed this objective by providing the results of the annual evaluation to program providers during a monthly Guam Homeless Coalition membership meeting and to advocate for the commitment to strengthen service delivery. In addition, the CoC will continue to foster a collaborative working relationship amongst service providers and community partners to improve services and increase access to resources that will assist homeless persons remain in permanent housing for at least 6-months.

- What percentage of homeless persons in permanent housing have remained for at least six months?** 100
- In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 80
- In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 83
- In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 89

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

In the next 12-months, the Guam CoC will utilize a three-tier process to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. Tier one entails proper housing placement within the community to adequately meet the needs of the homeless person/s through the utilization of a needs assessment, availability of community resources and access to services. Tier two incorporates the use of a service plan. The service plan is a collaborative effort between the service provider and the homeless person/s which will assist them move from transitional housing to permanent housing and provides the structure towards self-determination and self-sufficiency. Tier three utilizes the service plan to identify the needed supportive services and additional resources to assist homeless person/s in their transition to permanent housing and foster self-determination and self-sufficiency.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The Guam CoC's long-term plan to maintain and/or increase the percentage of homeless persons move from transitional to permanent housing to at least 65 percent will be through the review and evaluation of the three tier process and Annual Progress Reports. This annual review and evaluation process will identify strengths and shortfalls within provided services and will be utilized to make appropriate program changes. The CoC will work diligently to meet or exceed this objective by providing the results of the annual evaluation to program providers during a monthly Guam Homeless Coalition membership meeting and to advocate for the commitment to strengthen service delivery. In addition, the CoC will continue to foster a collaborative working relationship amongst service providers and community partners to improve services and increase access to resources that will assist homeless persons move from transitional to permanent housing.

**What percentage of homeless persons in transitional housing have moved to permanent housing?** 89

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 65

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 67

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 69

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

Guam CoC has reached its threshold of persons employed at program exit, and will maintain and increase its percentage over the next 12-months by networking with Guam's Primary hub for job seekers, employers, and service providers-One Stop Career Center (OSCC). OSCC includes several partners. Department of Labor assists those who are job ready. Agency for Human Resources Development administers the Workforce Investment Act (WIA) for those who have no work history. WIA provides On-the-Job Training and placement with supportive services. Department of Vocational Rehabilitation specializes in assisting persons with disabilities. Guam Community College assists individuals obtain their GED or Adult High School Diploma. University of Guam assists those seeking a higher education. Guam CoC will work closely with OSCC partners to identify the individual needs of clients and make appropriate education, job training and/or placement necessary for clients to become self-sufficient.

**Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

Guam CoC will continue to meet and exceed the percentage of persons employed at program exit by addressing barriers that prevent individuals from successful employment. The CoC will evaluate participants' needs and identify issues that are impeding their ability to obtain employment. The CoC Service Providers will engage clients with the development of an Individual Service Plan (ISP) to assist in overcoming barriers. The ISP will gauge the outcome of participant placements. Guam's One Stop Career Center (OSCC) will be an integral role in providing effective outcomes. The Guam CoC will continue to strengthen its partnership with the OSCC and increase outreach activities in recruitment services for entry-level jobs. Linking appropriate supportive services with education, job training and job placement activities will ensure the overall outcome of sound job placement. The CoC will monitor participant outcomes and make certain it continues to achieve its goals.

**What percentage of persons are employed at program exit?** 37

**In 12-months, what percentage of persons will be employed at program exit?** 21

**In 5-years, what percentage of persons will be employed at program exit?** 22

**In 10-years, what percentage of persons will be employed at program exit?** 23

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 5: Decrease the number of homeless households with children.

##### Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

In the next 12-months, the CoC will aggressively utilize all available resources and proactively identify suitable alternatives to decrease the number of homeless households with children. The CoC will actively refer families to access the American Reinvestment and Recovery Act program to obtain financial assistance to maintain and/or secure housing stability. The CoC will refer and assist low-income homeless households with children to apply for eligible low-income housing through (1) LADA Gardens operated by the Guam Housing Corporation; (2) Ironwood Estates; (3) HUD-VASH; (4) Housing First Rental Assistance Program and (5) Public Housing or Section 8 Placement. The CoC will continue to utilize HMIS baseline data to efficiently assess progress to decrease the number of homeless households with children. Lastly, the CoC will review the strategic plan to identify viable options to increase housing possibilities.

##### Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC's long-term plan consists of a four-tier plan to decrease the number of homeless households with children. One incorporates utilizing baseline data from the Housing Inventory, HMIS and Point in Time Counts to project future trends. The baseline data will assist the CoC plan accordingly to meet this objective. Two is a periodic review of the Housing Inventory/HMIS/Point in Time data to identify barriers that prohibit achievement of this objective. This process will enable the CoC to identify and implement intervention/s to overcome said barriers. Three is the continuation to refer and assist low-income homeless households with children to collaborating partners that offer permanent housing. Four incorporates involves the continued partnership with the Guam Interagency Council on Homelessness to advocate for policy, procedural and structural changes to strengthen the provision of services to prioritize placement of homeless households with children.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 168

**In 12-months, what will be the total number of homeless households with children?** 158

**In 5-years, what will be the total number of  
homeless households with children?** 138

**In 10-years, what will be the total number of  
homeless households with children?** 108

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

The Bureau of Social Services Administration, Child Protective Services (BOSSA, CPS) administers the Foster Care Program. The goal is to help children reunite with their families. Should reunification not be in the best interest of the children, the Bureau finds homes for the children in relative placements or licensed foster families. However, others may remain in long-term foster care. The Foster Care Program's (FCP) discharge policy prohibits from closing any foster care case unless the young adult has housing in place. The transition plan includes but is not limited to, education, employment and housing. The FCP staff/social worker works closely with organizations that serve youth such as Sanctuary, Inc., Department of Youth Affairs and Office of Public Guardian. Educational programs, employment and job training and placements are also provided to assist the youth towards self-sufficiency. Although Permanency Plan (P.L.20-209:5) was passed that addressed permanency plan and long term guardianship, discussions are ongoing between BOSSA CPS, GICH and GHC to amend the plan that will include and address issues related to housing stability when a child ages out of foster care. GICH and GHC members created Discharge Planning protocols that include housing options to prevent discharge into homelessness. The discharge planning protocols will be fully implemented in January 2010.

#### Health Care:

Guam Memorial Hospital Authority's Social Services Office, is the responsible party to assist homeless patients in making appropriate housing arrangements prior to the individuals release from the hospital. Patient's discharge needs shall be assessed at admission and a discharge plan will be developed using a collaborative approach in meeting the patient's needs for discharge into the community. The Social Service Staff must familiarize themselves with all community agencies providing support services. This process will be implemented as follows: All initial discharge assessments will be completed within 8 hours of admission. The Social Service Staff will be responsible for making appropriate referrals and coordinating all follow up care. The social service staff is responsible for collecting and entering the information, reviewing and finalizing the Discharge Plan. The completed Discharge Assessment must be printed, signed and placed in the patient's chart. The Guam Interagency Council and Guam Homeless Coalition members created protocols that include housing options to assist agencies prevent discharge into homelessness. The discharge planning protocols will be fully implemented in January 2010.

**Mental Health:**

The Department of Mental Health and Substance Abuse has established an "Interdepartmental Waiting List Policies and Procedures" which place individuals in need of placement on a wait list until the housing placement is available and secured. At this time, the Department is in the process of addressing all issues and concerns brought about as the result of a permanent injunction filed by consumers. Discharge Planning has been identified as a key point of concern. The Department has been working diligently to address this concern and implement effective policies and procedures, which will have clear and established protocols for all individuals in need of housing placement prior to discharge. The current Wait List policy restricts the Department from releasing individuals who would otherwise be homeless upon discharge. The Guam Interagency Council and Guam Homeless Coalition members created protocols that include housing options to assist agencies prevent discharge into homelessness. The discharge planning protocols will be fully implemented in January 2010.

**Corrections:**

The Department of Corrections has established a discharge plan to prevent the release of inmates/detainees into homeless situations, including the street or emergency shelters. The following protocol is in place to assist Case Managers effectively transition inmates/detainees back to community living:

1. Correction's Case Managers will begin this Discharge Plan within 1-2 days of incarceration by assessing each inmates/detainees need for housing transition placement and supportive services.
2. Case Managers will explore all potential housing options to ensure the appropriateness of the placement.
3. Case Managers will ensure that all inmates/detainees have access to all appropriate supportive services to include but not be limited to job training, life skills training, substance abuse and mental health treatment, family reunification and if applicable employment placement.

The Guam Interagency Council and Guam Homeless Coalition members created protocols that include housing options to assist agencies prevent discharge into homelessness.

The discharge planning protocols will be fully implemented in January 2010.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

Guam's Consolidated Plan includes homelessness in the CoC strategic plan goals that address the following: Provide permanent housing solutions to a homeless population with special needs and assist them in independent living; Expand access to affordable rental housing. Increase housing opportunities and number of persons with disabilities who are able to maintain housing stability; Increase the supply of supportive housing, which includes structural features and services to enable persons with disabilities to live in dignity and independence; Decrease the number of chronically homeless individuals in the community; Increase assistance to persons at-risk of becoming homeless; Support economic development programs that partner with shelter/housing providers include case management services, assistance in accessing job training, employment and educational programs. Ultimate goal is to transition from training to employment.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

Guam Housing & Urban Renewal Authority (GHURA) is the Grantee that manages HUD funds for the Govt of Guam. GHURA coordinates preparation of Guam's Consolidated 5-year Plan (ConPlan) & the Annual Action Plan. GHURA described in its substantial amendment to the ConPlan 2008 Action Plan, how the CoC will participate & coordinate the local HPRP initiative. GHURA representatives met with the Guam Homeless Coalition (GHC, Guam CoC) & discussed HPRP activities & the intent of the HPRP stimulus plan initiative. GHC members inquired about program specifics & eligibility requirements. GHC worked closely with HPRP subgrantees to develop and implement standard operating procedures to effectively utilize HPRP. Subgrantees will utilize HMIS to document participant data, track benchmarks and formulate quarterly progress reports. GHC members coordinate with HPRP subgrantees to enroll eligible participants in all applicable mainstream resources. GHC members who provide mainstream services include The Guam Public Schools System, the Dept. of Labor, Dept of Public Health & Social Services, Dept of Mental Health & Substance Abuse, Dept of Corrections, Office of Veterans Affairs, Guam Police Dept, as well as other local organizations.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

The CoC is participating and coordinating services for homeless veterans & homeless veterans with families to access U.S. Housing & Urban Development (HUD) and Veterans Affairs Supportive Housing (VASH) Section 8 Housing program through its working relationship with the Veterans Affairs (VA) Pacific Island Health Care System (PIHCS) Community Based Outpatient Based Clinic (CBOC)-Guam Homeless Programs Social Worker. The CoC began this process by requesting for the VA PIHCS CBOC-Guam Homeless Program Social Worker to present at the CoC's monthly meeting to inform members of eligibility criteria, referral process & purpose of the HUD-VASH housing program. This presentation allowed the CoC & VA PIHCS CBOC-Guam Homeless Program Social Worker to devise a system that will effectively refer individuals to apply for the HUD-VASH housing program. The CoC participation involves identifying and informing homeless veterans & homeless veterans of the HUD-VASH Section 8 Housing program. If the veteran is interested in the housing program, he or she is provided information on how to contact the PIHCS CBOC-Guam Homeless Program Social Worker. In addition, the CoC continually seeks information on available & pending HUD-VASH housing vouchers. The CoC coordination involves working with the veteran and the PIHCS CBOC-Guam Homeless Program Social Worker by providing supportive case management services. This collaboration of supportive case management services provides a strong foundation for continuum of services that assist individual/s in the (1) application process; (2) obtainment of housing(3) access to resources; and(4) maintain housing. The final process to obtain housing involves the Public Housing Authority-Guam Housing & Urban Renewal Authority, VA CBOC-Guam & individual collaborating through the following steps (1) Submittal of Pre-Application Packet with Supporting Documents; (2) Initial Meeting with Section 8 Housing Representative; (3) Issuance of Housing Voucher; (4) Housing Quality Standards Inspection; (5) Contract Signing; & (6) Move-In. In addition, PHA GHURA & VA CBOC-Guam will work with the individual to maintain this housing status by promoting the importance of adhering to program guidelines. Successful permanent housing placement -two Shelter Plus Care participants successfully transitioned to the HUD-VASH; two transitional housing participants transitioned to HUD-VASH & one HUD-VASH recipient transitioned to CARIDAD.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	33	Beds	37	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	%	77	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	%	89	%
Increase percentage of homeless persons employed at exit to at least 19%	34	%	37	%
Decrease the number of homeless households with children.	17	Households	168	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC data regarding homeless households w/children achievement is misrepresented due to data sources utilized for 2008 and 2009 application. The 2008 data set consisted of a sheltered count that only identified 17 homeless households with children. The 2009 data set consisted of a sheltered and unsheltered count that identified 168 homeless households with children. Of the 168, 32 homeless households with children were sheltered and 136 were unsheltered. To conduct a fair comparison of data set, the 136 unsheltered should not be included. The CoC had to include this data set based on eSnaps guidelines. The inclusion of this data is the cause of the misrepresentation and misleading information in 4a. "Actual 12-Month Achievement of decreasing the number of Homeless Households with children". To address this challenge, the CoC has decided to implement the following measures: (1) Conduct an Annual Point in Time Count to no longer encounter disparity in data sets and (2) Increase its diligence in documenting the movement of homeless households w/children currently residing in shelters as they transition into permanent housing based on differences in the length of stay within respective shelters.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.**

Year	Number of CH Persons	Number of PH beds for the CH
2007	32	2
2008	50	7
2009	87	37

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.**

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
<b>Total</b>	\$0	\$0	\$0	\$0	\$0

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

Chronically Homeless (CH) persons data is misrepresented based on types of data sets utilized for the 2008 and 2009 applications. The 2008 data was sheltered count only and identified 32 CH persons. The 2009 data types included both sheltered and unsheltered CH persons. 2009 data identified 87 CH persons with 19 being sheltered and 68 unsheltered. A fair comparison would disregard the unsheltered count but is not possible due to eSnaps guidelines. The 2009 data of 19 sheltered CH persons indicates a decrease in CH persons in shelters. The CoC has decided to implement an Annual Point in Time Count to no longer encounter disparity in data and to continue to work to develop programs to assist CH persons obtain permanent housing.

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	15
b. Number of participants who did not leave the project(s)	22
c. Number of participants who exited after staying 6 months or longer	13
d. Number of participants who did not exit after staying 6 months or longer	22
e. Number of participants who did not exit and were enrolled for less than 6 months	1
<b>TOTAL PH (%)</b>	<b>95</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	36
b. Number of participants who moved to PH	32
<b>TOTAL TH (%)</b>	<b>89</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 51**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI		0	%
SSDI	3	6	%
Social Security	3	6	%
General Public Assistance	11	22	%
TANF		0	%
SCHIP		0	%
Veterans Benefits	1	2	%
Employment Income	19	37	%
Unemployment Benefits		0	%
Veterans Health Care	1	2	%
Medicaid	7	14	%
Food Stamps	14	27	%
Other (Please specify below)	4	8	%
Spousal Support, School, Retirement Plan, Medically Indigent Plan, Medicare			
No Financial Resources	15	29	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR Yes  
should have been submitted?**

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? No

If 'Yes', describe the process and the frequency that it occurs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Quarterly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Through Case management and follow-ups	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
(1)Supplemental Nutritional Assistance Program,(2)Welfare/Cash Assistance,(3)Medicaid and (4)Medically Indigent Program	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Phone calls, follow-up in person and e-mails	



## Part B - Page 1

### State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	No
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	No
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	No
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	No
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	No
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	No
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	No

## Part B - Page 2

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<p>No</p>
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at <a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.</p>	<p>No</p>
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.</p>	<p>No</p>
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.</p>	<p>No</p>
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p>	<p>Yes</p>
<p>PL 28-126 was passed into law which addressed the following: Exempted the certification requirements for: Parental, Family, Lot Parceling and Decedents Estate Surveys; Required the certifications of 7 government officials</p>	

## Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
LIHENG_T ransition...	2009-11-24 23:54:...	1 Year	Governme nt of Gua...	60,019	Renewal Project	SHP	TH	F
CARIDAD Supportiv.. .	2009-11-25 00:16:...	1 Year	Governme nt of Gua...	28,224	Renewal Project	SHP	SH	F
Aftercare Housing...	2009-11-24 02:03:...	1 Year	Governme nt of Gua...	173,712	Renewal Project	S+C	TRA	U
Oasis Empower ment...	2009-11-24 02:11:...	1 Year	Governme nt of Gua...	125,489	Renewal Project	SHP	TH	F
HMIS	2009-11-21 01:31:...	1 Year	Governme nt of Gua...	83,036	Renewal Project	SHP	HMIS	F
Guma Hinemlo'	2009-11-20 03:10:...	1 Year	Governme nt of Gua...	313,363	Renewal Project	SHP	PH	F
CARIDAD Operation.. .	2009-11-25 01:22:...	2 Years	Governme nt of Gua...	135,100	New Project	SHP	PH	F

## Budget Summary

<b>FPRN</b>	\$745,231
<b>Permanent Housing Bonus</b>	\$0
<b>SPC Renewal</b>	\$173,712
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/24/2009

## Attachment Details

**Document Description:** Certification of Consistency