

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) GU-500 - Guam CoC

Collaborative Applicant Name: Government of Guam/Guam Housing & Urban Renewal Authority

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Guam Homeless Coalition

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Guam CoC initial recruiting process starts with determining whether or not the individual or organization would be able to support the mission of the Coalition. This determination is usually provided by networking or through knowledge of individuals within the community. Information regarding the mission is provided by the GHC members. Upon gaining the interest of the potential member or participation in GHC activities, an application form is provided to the individual or organization. Members must be able to attend meetings once a month, participate in events and support the Guam Homeless Coalition's mission of ending homelessness in our community. Information regarding the Guam Homeless Coalition may be obtained via GHURA's website.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Outreach

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

Coordinated Assessment is a system in that all programs within a CoC work together to assure that services are accessible and well targeted to the immediate needs of the client. Guam CoC is submitting a proposal from reallocated funds for the Centralized or Coordinated Assessment System this grant cycle.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Guam CoC will adopt a common assessment or intake assessment form for people who need homeless services. The form could be simple but in order to be effective, interview and coordination must take place with the person or family that helps determine whether they can be diverted from shelter or other homeless services. In addition, the CoC will develop and follow written standards on how to administer assistance through coordinated assessment. We will also develop standards for providing assistance including: eligibility for assistance; Prioritizing who receives rapid re-housing; rent calculation for clients with income prioritizing housing placement.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes

Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes
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1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Team	Members include the GHC Chair and Chairs of all of the committees. Develops recommendation regarding legal status of the CoC. Recruits new members to the CoC, conducts orientation for new members and maintains attendance records. Develops recommendation regarding legal status of the CoC. Recruits new members to the CoC, conducts orientation for new members and maintains attendance records. Develops recommendation regarding legal status of the CoC. Recruits new members to the CoC, conducts orientation for new members and maintains attendance records	Monthly or more
Information Technology	Oversight of the Homeless Management Information System	Monthly or more
Advocacy and Education	Educates political leaders on issues related to homelessness and affordable housing. Coordinates training for service providers. Coordinates the Consumer Voice group. Conducts awareness activities throughout the year	Monthly or more
Planning	Coordinates submission of the Annual HUD SuperNOFA application. Coordinates the Point in Time Count; Updates the Plan to End Homelessness	Monthly or more
Grants/Funding Resources	Works on researching funding opportunities to fill gaps in services within the Guam Continuum of Care.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

Not Applicable

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector

Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	1	4	1	1	2	5	6

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill		2		1	1	2	
Substance abuse		1				1	
Veterans		1	1	1		3	

HIV/AIDS		1		1	1	3
Domestic violence		2				
Children (under age 18)		2		1		3
Unaccompanied youth (ages 18 to 24)		1	1	1	2	4

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	6	1	1	2	5	
Authoring agency for consolidated plan	0	1	0	1	0	1	
Attend consolidated plan planning meetings during past 12 months	0	5	1	1	1	5	
Attend consolidated plan focus groups/public forums during past 12 months	1	5	1	1	1	5	
Lead agency for 10-year plan	0	1	0	1	0	1	
Attend 10-year planning meetings during past 12 months	1	5	1	1	1	5	
Primary decision making group	1	5	1	1	1	5	

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

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	4	0	0	9	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	2	0	0	4	0
Substance abuse	0	2	0	0	3	0
Veterans	0	1	0	0	2	0
HIV/AIDS	0	0	0	0	1	0
Domestic violence	0	1	0	0	2	0
Children (under age 18)	0	1	0	0	2	0
Unaccompanied youth (ages 18 to 24)	0	1	0	0	2	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	4	0	0	9	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	3	0	0	6	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	0	0
Lead agency for 10-year plan	0	0	0	0	0	0

Attend 10-year planning meetings during past 12 months	0	4	0	0	6	0
Primary decision making group	1	2	0	0	2	0

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

Instructions:

The CoC solicitation of project applications and the project application selection process 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 the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

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

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

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

GHURA as the collaborative applicant for the CoC has a staff that provides assistance throughout this process. Staff compile materials for each project announced funding availability schedule the review process, collect and process the input from the RRC and provide technical assistance to applicants. GHURA provides reports such as APR, CoC and HMIS participation also HUD monitoring reports. GHURA staff attends RRC meetings as a resource. Staff does not rank or recommend projects. Through this comprehensive process, the GHC ensure that: The process is applied equally to all applicants, and requirements for information are standard to all; all applicants are accountable for outcomes; all applicants receive feedback regarding the determinations and recommendations of the RRC

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The CoC announce to members of the Guam Homeless Coalition, service providers non-profit & faith based organizations and inform them about the funds availability that addresses the needs of homelessness within our community. We provide technical assistance, reports on the needs and gaps on services. Upon submission of proposals, the Review and Ranking Committee (RRC) that convene annually for the purpose of reviewing and recommending projects to be included in the CoC application. This committee includes service providers & advocates. Prohibited from participating are providers who have projects eligible for renewal or providers who are submitting new projects for consideration. The duties of the RRC are to review all projects through study of program materials and site visits (as needed), provide suggestions for program improvement and recommend projects to be included in the annual consolidated application. These recommendations are submitted to and GHC members for final approval.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

Not Applicable

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: No

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

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

The beds have decreased this category. HPRP was awarded to two agencies, The Salvation Army and Catholic Social Services. Catholic Social Services had expended all its funds and could no longer serve people. The Salvation Army was the only HPRP provider at this time.

Safe Haven: Not Applicable

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

Transitional Housing: No

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

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

The PSH Beds have increased. This is due to the addition of a new program Caridad Operations "Sagan Ayudan Maisa" and the change in the number of HUD-VASH beds. HUD-VASH uses a voucher system, so the makeup of beds can change depending on the households using them.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

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

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:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

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

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Clarity Human Services

What is the name of the HMIS software company? Bitfocus

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): (format mm/dd/yyyy) 02/01/2005

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Other

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)

Although the VA provides data during the annual Point-in-Time count and Housing Inventory Chart, they do not utilize the HMIS for capturing client level information.

The CoC has been working with the local VA staff and their counterparts in Hawaii to encourage them to enter veteran participants' data into the HMIS. We are working in partnership and pursuing the same goals to reduce the incidence of homelessness in CoC communities by assisting homeless individuals and families quickly transition to self-sufficiency and permanent housing as authorized under Title IV of the McKinney-Vento Homeless Assistance Act.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$115,382
ESG	\$0
CDGB	\$28,847
HOPWA	\$0
HPRP	\$0
Federal - HUD - Total Amount	\$144,229

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

Funding Type: State and Local

Funding Source	Funding Amount
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

Funding Type: Private

Funding Source	Funding Amount
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$0

Total Budget for Operating Year	\$144,229
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

Not Applicable

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

Not Applicable

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	0-50%

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

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

The VA HUD-VASH vouchers represent 48% of our total PH beds. Although they are a part of the CoC, they have not made the transition to use the HMIS as their data collection tool. They do, however, provide information during the annual Point-in-Time count and Housing Inventory Chart. The CoC will continue to work with VA staff and extend the dialogue to their counterparts in Hawaii to encourage them to enter veteran participants' data. We are working in partnership and pursuing the same goals to reduce the incidence of homelessness in CoC communities by assisting homeless individuals and families quickly transition to self-sufficiency and permanent housing as authorized under Title IV of the McKinney-Vento Homeless Assistance Act.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	12
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	1%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	0%
Housing status	0%	0%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

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

The HMIS lead agency provide training activities to new or existing end users on a regular basis to ensure that they are proficient in utilizing the Clarity Case Management Software. Additionally, Clarity does not allow end-users to save a client file if mandatory fields, as per HUD's data standards, are missing. The HMIS Lead Agency provide Data Quality reports to GHURA when they conduct agency monitors and site inspections to verify if providers comply with HUD regulations. The IT Committee also meets once a month with end users to identify concerns with data quality and issues with HMIS.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Not Applicable

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Annually
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Quarterly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Not Applicable
Outreach	Not Applicable
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Annually

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 08/09/2012

**If 'Yes', does the manual include a glossary of
terms?** Yes

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

* Privacy/Ethics training	At least Quarterly
* Data security training	At least Quarterly
* Data quality training	At least Quarterly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Annually
* HMIS software training	At least Semi-annually
* Policy and procedures	At least Quarterly
* Training	At least Quarterly
* HMIS data collection requirements	At least Quarterly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/27/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Not Applicable

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	100%	0%
Transitional Housing	0%	0%	100%	0%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

During the last Point-in-Time count, the Guam CoC saw a slight decrease in our sheltered population. The LIHENG Transitional Shelter, which house both Individuals and Families, saw a drop in occupancy of 111 persons to 96. The Alee Family Violence Shelter also saw a decrease from 14 on 2011 down to 4 on the 2012 count. While some shelters had a slight increase, overall, there was a decrease of about 8% in our shelter population and a huge decrease of roughly 28% for the unsheltered count. This can be attributed to the fact that on the last quarter of 2011, the Government of Guam dispersed 4 to 5 years worth of tax refunds to the residents of Guam.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Based on the Sheltered point-in time count, the data showed that the PSH program had a higher bed utilization rate with an average of 86%. The Transitional Housing has an average of 80%.
* Services	15% of all person interviewed said unemployment was the reason they were staying in a shelter, making it the highest reason for homelessness within the shelter population. When asked what prevents them from getting a job, 8% said it was due to lack of transportation, 4% said lack of Child Care Service, and 4% said it was due to lack of jobs in their particular trade.
* Mainstream Resources	Based on the Sheltered point-in time count, data show that 8% of all persons interviewed needed MIP, while around 6% said they needed Food Stamps.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 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 the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The CoC utilized the following method to collect data on the sheltered homeless population during the most recent point-in-time count: (1) Utilization of HMIS; and (2) Utilization of a standard survey instrument to include non-HMIS client level information and is conducted by the Respective Shelter Administrator and completed by the designated date and time by non-HUD funded and HUD funded organizations.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (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 Guam's CoC that adhered to the items consistent with the HUD data standards was Utilized for the unsheltered count. The same survey instrument was utilized to capture the sheltered population. The respective shelter administrator of five Emergency Shelters and four 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 Guam HMIS 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).

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

In collecting the data, a standardized survey instrument was developed by Guam's CoC that adhered to the items consistent with the HUD data standards. Volunteers were trained prior to the day of the count on how to properly conduct a survey using the instrument. Training emphasized the importance of capturing data as complete and accurate as possible.

The respective shelter administrator of five Emergency Shelters and four 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 Guam HMIS 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).

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/27/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

During the last Point-in-Time count, Guam saw a decrease in the unsheltered population by 28%. One of the factors in the decrease was a small change in our methodology. In prior counts, sub-standard houses lacking proper plumbing for power and/or water were included in the surveys. As per the changes to the PIT Count guidance, proper plumbing no longer qualifies as a place not meant for human habitation. Another factor was weather. Survey teams reported that they did not locate homeless individuals in sites they were normally found due to the heavy rains. Additionally, on the last quarter of 2011, the Government of Guam dispersed 4 to 5 years worth of tax refunds to the residents of Guam.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The first task was to identify a comprehensive list of sites where unsheltered homeless persons were known to congregate. The process of identifying sites where homeless people congregate began from list of regions used for the 2007 Homeless Point-In-Time Count as well as additional sites identified from outreaches conducted by CoC members. That list defined the four districts for the counts (North, East, South and West), the villages within those four regions, and many individual sites within each district.

On counts day, teams assembled at least an hour before start time, gathering their materials before heading out. Each team was assigned a set of sites to cover. At each site, the team leader assesses the area to see if it falls within HUD's definition of a place not meant for human habitation. Once this has been established, one person, normally the head of household, was interviewed from each family or group of persons encountered. Prior to beginning the interview, the individual and other members in the group were asked if they were interviewed already. If yes, the team proceeded to the next site on their list. Teams were allowed to survey sites outside of the list if individuals or families living in areas not meant for habitation were noticed. If a group of individuals not part of a household were encountered, then each individual was eligible to be interviewed.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:

Known Locations

If Other, specify:

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (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 subzones 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 households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

The CoC's efforts to reduce the number of unsheltered homeless with children will utilize the continuum of care concept of services. This concept encompasses outreach, referral, placement and supportive case management services. Outreach involves the CoC's effort to identify, educate and assist unsheltered homeless households with dependent children to access housing and mainstream 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. Households with Children will be referred to the Homelessness Prevention and Rapid Re-housing Program for financial assistance and will be referred to affordable housing such as (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 generated reports 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, such as the annual Passport to Services, 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 kitchen, 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 are 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 items provide the precursor to inform individuals 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. In addition, the CoC sponsors two major annual events to engage this population; Point in Time Count and the Passport to Services.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons? 68

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 10

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 20

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 40

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The CoC continues to identify gaps in services for the chronic homeless (CH) and evaluate the effectiveness of current programs serving CH persons through the use of HMIS standard and customized reports. The CoC was awarded and started two permanent supportive housing program this year Empowered Together and Forrester's Refuge that will create 10 PH beds available for the chronic homeless. CoC programs will continue to conduct outreach to engage the most hard to reach CH persons in available services. The CoC will also conduct the island wide Point-in-Time Count and Homeless outreach events to identify CH, capture information on the characteristics of CH persons, and link CH persons to CoC programs and community resources. Additionally, the CoC is submitting proposals under the permanent housing bonus that will create 8-16 beds for homeless persons with disabilities, with priority given to those with the longest histories of homelessness.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

Guam's CoC will continue to utilize the HMIS to identify needs/gaps, evaluate the effectiveness of current programs, and create new permanent housing (PH) beds for the CH. The CoC will continue to conduct the annual Point-in-Time Homeless Count and the Passport to Services Outreach to identify the number of persons who are CH and will utilize the data to identify characteristics of CH and thus develop new programs that will create new PH beds. CoC programs will continue to provide outreach and will adopt the "Housing First" model that will immediately match and place CH persons, to include CH families, in PH with continued engagement and supportive services to help CH participants increase income and self-sufficiency and achieve greater self-determination. The CoC will continue to apply for new vouchers through the Housing Choice and/or Project Based Veterans Affairs HUD-VASH and will evaluate changes made to CoC programs to address HUD initiatives.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

The CoC members will work with all agencies and stakeholders to ensure that all applications are screened and the priority is given to individuals and families with the longest history of chronic homelessness. Furthermore, those in permanent support housing and permanent housing type residences will be provided a framework an collateral case management to transition into an independent living situation; making more permanent housing beds available within a shorter amount of time. This also helps to address the growing wait lists that currently exist within our local programs.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 87%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 82%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 84%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Guam's CoC recognizes the need to provide supportive services to address the long-term needs of participants transitioning from homelessness to permanent housing. Supportive services such as referrals to mainstream services and job placement, advocacy, coordination and linkage towards obtaining inaccessible resources, and life skills education are integral in helping participants maintain housing. Additionally, programs are required to conduct follow-up within six months to demonstrate the participant's ability to maintain their housing. Conducting follow-up also enables programs to re-evaluate households to identify new needs/gaps that require support to ensure participants remain in permanent housing beyond six months. The CoC also utilizes the Annual Progress Report and other customized reports to identify programs effectively matching participants with housing placement and services.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The Guam CoC will continue to provide supportive services and conduct follow up for all participants residing in permanent housing to address any long-term needs of participants. Follow-up services will allow programs to evaluate their client's ability to maintain housing and live independently and identify new need/gaps. The CoC will continue to utilize Annual Progress Reports and other customized reports generated by the local HMIS to discuss program performance, identify gaps, review capacity to meet needs/gaps, and develop and implement strategies and action plans. The CoC will continue to work with stakeholders and community partners to incorporate their services and expertise as part of a working solution to address and end homelessness. The CoC recognizes the success of a participant relies on effective partnerships that produce sustainable employment, linkage to mainstream and community based services and resources, and permanent/supportive housing.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 53%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 67%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 69%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Transitional housing programs continue to provide services to ensure 65% participants transition to permanent housing. Programs will continue to match participants to appropriate housing and services through proper assessment of barriers and assets, especially for families with children to ensure the emotional, physical and behavioral health development needs of a child is met. During their stay in transitional housing, participants are also provided supportive services such as case management, support to establish savings plan to afford move in cost, access to health care, employment and other public benefits, life skills education, and identifying goals and services to obtain and maintain permanent housing and self-sufficiency through the development of a Individual/Family Service Plan. Programs also conduct follow-up to assess progress and provide additional support in the event other barriers or potential threat to housing stability arises.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Guam's CoC will continue to ensure most, if not all, its transitional housing participants move to permanent housing. The CoC will continue to evaluate the effectiveness of programs in transitioning clients to permanent housing and success of participants maintaining that housing for at least 6 months through the use of the Annual Progress Reports and other customized reports generated by the HMIS. The CoC will continue to collaborate with leaders at all levels of the Government of Guam and other private sectors to educate about, plan, develop, and implement interventions to prevent and end homelessness. The CoC will continue to ensure programs conduct proper assessment of each household's barriers and assets, match participants to the appropriate housing type and services, provide supportive services and follow-up to prepare and equip participants with the tools necessary to obtain and maintain housing stability and self-sufficiency.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

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. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 36%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 21%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 22%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

Guam's CoC will ensure that providers assess their participant's capabilities and barriers to employment and identify services needed to obtain employment during their program stay. Providers will continue to network and collaborate with the One Stop Career Center (OSCC) to identify realistic employment plans in relation to the client's service plan and match them to appropriate employment training opportunities and placement and will assist in referrals to higher or alternate education programs. OSCC's Disability Navigator will also conduct outreach to homeless shelters to assess the participant's employment and training needs. Disabled participants will be referred to the Department of Integrated Services for Individuals with Disabilities/Division of Vocational Rehabilitation (DVR) where the counselor and participant identify the impediments to employment and develop an Employment Plan that reflects the services needed to address the barriers to employment.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

Project sponsors will continue to partner with the OSCC and DVR to provide services to participants in CoC funded projects. Programs will provide supportive services such as case management, counseling, linkage to mainstream services, and life skills education. Providers will ensure employment is identified in the participant's service plan and are matched appropriately to services such as vocational rehabilitation services for individuals with disabilities, pre-employment training, and on-the-job training for unskilled workers. Case managers will follow-up with participants to evaluate their progress in completing goals identified in their service plan. The CoC will continue to utilize HMIS HUD standard reports and customized reports to evaluate the effectiveness of CoC funded programs when securing their program participants in employment

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 29%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 21%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 22%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 25%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC will assure that assigned program staff will work diligently with all program participants and conduct a comprehensive assessment. This would identify their needs and assist them in applying for all appropriate local and federal benefits. Respective program staff will be tasked to monitor and continue to provide proper case management to ensure that all applicable benefits are received and renewed when necessary.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC will assure that assigned program staff will work diligently with all program participants and conduct a comprehensive assessment. This would identify their needs and assist them in applying for all appropriate local and federal benefits. Respective program staff will be tasked to monitor and continue to provide proper case management to ensure that all applicable benefits are received and renewed when necessary. Quarterly Trainings will be provided to program staff to keep them abreast of new and current services available in the community. Program staff will be informed of changes and/or updates to these said services. The CoC will work thoroughly to ensure that sustainable working relationships are established and strengthened with various community service providers. Program staff will be responsible for inputting all information into the HMIS database for monitoring and reporting purposes.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 165%
- In 12 months, what will be the total number of homeless households with children?** 151%
- In 5 years, what will be the total number of homeless households with children?** 145%
- In 10 years, what will be the total number of homeless households with children?** 45%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC recently administered the Emergency Solutions Grant that provides financial assistance to rapidly re-house homeless families. The service providers refer people experiencing homelessness to rapid re-housing and assist low-income homeless households with children to apply for eligible low-income housing in collaboration with LADA Gardens operated by the Guam Housing Corporation; Ironwood Estates; HUD-VASH; Housing First Rental Assistance Program, Public Housing and Housing Choice Voucher Program, U.S. Department of Agriculture and Micronesia Self-Help. GHURA is in the process of renovating approximately 40 homes for affordable rental for low income families throughout the island. Permits for occupancy for the 10 homes are in process.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC's long-term plan will continue to utilize data from the Housing Inventory, HMIS and Point in Time Counts to project future trends. The data will assist the CoC plan accordingly to meet this objective. The CoC will conduct 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. CoC members will continue to refer and assist low-income homeless households with children to partners that offer permanent housing and supportive services. The CoC will continue to partner 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 and chronic homeless families.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 1

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 1

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

COC is reallocating funds this cycle to implement the Coordinated Assessment System. The CoC and decided to reallocate the funds in view of the fact that Sagan Ayudan Maisa has only one client in a 4 bed housing since the operating period in November 2011 with untimely expenditures will result to deobligate the estimated 54% of funds. In 2013 cycle, CoC will reallocate the SSO project that will have enough time for subrecipient to plan to convert the four apartment units as affordable housing under the HOME grant. Through the revenue generated from monthly rent, subrecipient proposes to maintain a case management component, and provide continuous supportive services to enable tenants to improve their income so they may aspire to home ownership.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

Not Applicable

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC collaborated with Bureau of Social Services Administration (BOSSA) and Legislature to ensure that youth aging out of foster care are not routinely discharged into homelessness. The Permanency Plan (P.L.20-209:5) was passed that addressed permanency plan and long term guardianship, discussions are ongoing between BOSSA and GHC to amend the plan that will include and address issues related to housing stability when a child ages out of foster care. The goal is to help children reunite with their families. If reunification not be in the best interest of the children, BOSSA finds homes for the children in relative placements or licensed foster families. The FCP discharge policy prohibits from closing any foster care case unless the young adult has housing in place. FCP works closely with organizations that serve youth such as Sanctuary, Inc., & DYA. Educational programs, employment and job training and placements are also provided to assist the youth towards self-sufficiency.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The overseeing authority on the island for all foster care related issues is the Bureau of Social Services Administration within the Department of Public Health and Social Services. All servicing agencies who work with youth and families within the foster care system must attend monthly Child Protective Services (CPS) case staffing. The CPS case manager works diligently with service providers to ensure that the foster care client remains in adequate housing.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

As a rural tropical island, homeless persons do not have urban centers in which to dwell. When experiencing family conflict, young adults primarily stay with friends or extended family. Guam has a unique, close knit extended family network system. Relatives are defined not only by blood but by culture and upbringing. Friends are considered members of the family; sometimes even more than actual blood relatives. Local persons need not look far to find someone they would consider "family". This situation brings forth both advantages and disadvantages for chronically homeless young adults on the island. On one hand, the extended family network provides the framework for the possibility of familial intervention to mediate with problems that may arise. Young adults also may feel that they always have somewhere to go, and can end up moving from house to house on a daily basis, sleeping wherever someone is willing to take them in that night; perpetuating their chronic homelessness

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Guam CoC ensure that individuals with health care issues are not routinely discharged into homelessness by making appropriate housing arrangements prior to the individuals release from the hospital. Patient's discharge needs are assessed at admission and discharge plan is developed using a collaborative approach in meeting the patient's needs for discharge into the community. The GMHA Staff familiarize themselves with all agencies providing support services. This process is implemented as follows: All initial discharge assessments will be completed upon admission. Staff will be responsible for making appropriate referrals and coordinating all follow up care. 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. Guam CoC in collaboration with GMHA created protocols that include housing to assist GMHA prevent discharge into homelessness.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The only local hospital and skilled nursing facility is run by the local medical board. Guam Memorial Hospital and Skilled Nursing Unit case managers are responsible for preventing discharge into homelessness. In extreme cases, referrals are made to the Department of Public Health and Social Services who will assign a case manager to all persons in need. Service providers assist in the transition of inpatients into stable living environments.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Persons who are being discharged from the Guam Memorial Hospital who do not have a stable living environment conducive to recovery and wellness will be discharged into the Skilled Nursing Unit (SNU). Patients who are eligible for discharge from SNU, but are identified as homeless will remain at SNU until such a time that viable placement option is identified. At that time, service providers will assist with transition and ensure continuum of services.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Department of Mental Health and Substance Abuse (DMHSA) 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, DMHSA 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 DMHSA from releasing individuals who would otherwise be homeless upon discharge.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

There have been instances where no viable placement options are identified for individuals who have been in a mental health institution for less than 90 days. Furthermore, though there is a current policy in place at the local Department of Mental Health and Substance Abuse preventing a discharge of inpatients who have received services for more than 90 days, the CoC has been made aware of this practice.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

An injunction was placed on the Department of Mental Health and Substance Abuse (DMHSA) for non-compliance with above mentioned policy and other reasons. However, the DMHSA is still the primary authority charged with preventing the discharge of inpatients into homelessness with oversight by the Federal Management Team.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

There are no other identified resources at this time.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Before complete application for any homeless services, a detailed list of all resources, including possible housing options is prepared and reviewed by case management teams who then seek to expand on limited options and take advantage of current resources. Further, due to a few current federal and local statutes, local service providers are prevented from discharging a person who is homeless into an unsuitable environment. Representatives from the field of homeless prevention and several different human rights advocates are current members of the CoC. The local CoC model ensures that a discharge into homelessness is not an option. Emergency shelters, transitional living programs, and recovery programs, including those not funded by HUD, are other local resources that help prevent discharge into homelessness.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The only gap in service is for those who are convicted of a sexually related crime. Specifically level one and level two offenders will be denied placement at all shelters, programs, and services. No current funding will allow for services to be extended to these individuals.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Overseeing authorities are the only two correctional facilities on the island. Specifically, the local Department of Corrections and the Department of Youth Affairs diligently work with service providers to identify viable options for placement prior to release date of person from correctional facility.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

No alternative programs exist beyond HUD funded services.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

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.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The CoC will refer eligible clients to the Emergency Solution Grant Funds that are being utilized to address the gaps and services left the HPRP programs ended. The CoC is applying for a Coordinated Assessment program, if awarded, will use HMIS and efficiently screen persons eligible for ESG.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

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) program through its continued 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 Housing program. If the veteran is interested in the housing program, he or she is provided information on how to contact the PIHCS CBOCGuam

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 Housing Choice/Section 8 Program 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.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place:

What the CoC does to address this matter is to ensure that all CoC funded program adhere to 9 Guam Code Annotated (GA) Chapter 31 "Offenses Against The Family", Subsection 31.45 Failure to Provide: Defined and Punished (a) A person is guilty of failure to provide when a spouse, child or indigent parent whom he is legally obliged to support, he knowing fails to furnish that person with necessary support. As used within this section, support includes food, clothing, shelter, medical attention and education. Lack of adherence to above Guam Code Annotated can be linked to 19 GCA Personal Relations Ch. 13, Child Protective Act in which Guam Law requires any person who comes into contact with children in their professional or occupational capacity to report instances of suspected child abuse or neglect.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Guam's CoC effort to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services through its partnership with the Department of Education (DOE) Head Start program. This collaboration provides the opportunity for DOE Head Start staff to conduct outreach activities with homeless families to educate them on available educational resources and programs.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

Every month and during special CoC meetings, all participants of the CoC report current statistics which include number of units/beds available for individuals, families, persons with disabilities, etc. The limited number of housing programs available on the island works collaboratively with other service programs, governmental agencies, and private families who are willing to host families. Furthermore, all local programs who are in the housing and homeless field are represented in the CoC. Again, due to the limited number of services available of on the island, current programs have made exceptions to their internal processes to keep siblings, whole families, and extended families together whenever possible. During certain situations, emergency placement in safe havens or shelters may require the temporary separation of family units. However, during these circumstances, family case management and social work services, as well as family therapy offered by the different servicing agencies are inclusive of all family members regardless of what agency they receives with. A collaborative approach amongst all service providers helps to ensure that all available services on the island are readily accessible to partners and persons served.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

Guam's CoC utilizes a five tier course of action to combat homelessness among veterans which are the following: outreach efforts to identify homeless veterans; focus on educational and prevention to inform the community on available services to assist homeless veterans; assess the veteran's needs, strengths and challenges to make appropriate and timely referrals; engage case management in the provision of direct services and referral for additional services as identified during the assessment of needs; follow-up care with veterans to evaluate the efficacy of services. Organizations that serve this population are all members of Guam's COC in providing direct and/or indirect services to combat homelessness among veterans. In addition, Guam's CoC has established a strong working relationship with the Veterans Affairs (VA) Pacific Island Health Care System (PIHCS) Community Based Outpatient Clinic-Guam Homeless Programs, VA Benefits Office, VA Veteran Center and the Veterans State Agency, the Guam VA Office to end homelessness on Guam. Guam's CoC's effort to continue to combat homelessness among veterans must include the following utilization of the five tier course of action; Networking with Veteran Agencies state and federal; Identification of viable local organizations to apply for applicable funding from the Department of VA to address the needs of homeless veterans and; Advocate for an increase in Housing and Urban Development - VA Supportive Housing (HUD-VASH) program.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

The CoC actively works with representatives from the local organizations who serve youth including Sanctuary, Incorporated and those who serve homeless families with minor children such as Catholic Social Services. As a CoC, all members remain cognizant of the special needs of the unaccompanied homeless youth population, and all extenuating circumstances leading to their current state of homelessness. Further, the CoC as a whole seeks prevention activities, opportunities, and taps into local experts in child and adolescent psychology. Through these efforts and through monitoring local and national trends in child homelessness, the member organizations are made aware of other circumstances and newer trends; addressing the issue before a problem arises that is beyond the scope and power of the CoC. As mentioned above, the trending rise in chronic homelessness in unaccompanied youth between the ages of 18 and 24 has become apparent. The CoC has voted on a project that will offer housing and a wide array of support services to said "hot spot." According to the federal department of Health and Human Services, unaccompanied homeless youth will oftentimes engage in illegal activity including the use of illegal substances and abuse of controlled substances. Further, they are more likely to engage in survival sex (Family and Youth Services Bureau). These and other social deviances are, with the input of local experts, are championed in all ongoing campaigns.

**Has the CoC established a centralized or No
coordinated assessment system?**

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

Not Applicable

**Describe how the CoC consults with the ESG jurisdiction(s) to determine
how ESG funds are allocated each program year
(limit 1000 characters)**

The Guam CoC and GHURA, the Grantee for Emergency Solutions Grant ensure that homelessness prevention and rapid re-housing activities are part of an integrated, island wide strategy to ending homelessness and improving housing and stability outcomes for families and individuals. GHURA collaborated with the CoC regarding the substantial amendment for ESG. Basically, the GHC examined the Homeless Prevention and Rapid-Re-housing Program and community needs to establish the funding needed in each category. Based on an analysis of data from local HMIS and lessons learned from HUD's Homeless Prevention and Rapid Re- Housing Program (HPRP) it was determined that there was a greater need to provide rapid re-housing assistance vs. homeless prevention. Therefore, the CoC proposed the funding allocations as follows: 60% Rapid Re-housing, 32.5% Homelessness Prevention and 7.5% for Administration.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The CoC will implement procedure used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach by disseminating program brochures of various supportive services and housing information. The brochures are placed in places where homeless individuals and/or families are known to congregate. Likewise brochures will be made available to all CoC organization offices.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC coordinates the implementation of a housing and service system that meets the needs of homeless individuals and families through regular meetings with providers to ensure knowledge of available programs and eligibility requirements. This information is disseminated to case workers as they can refer homeless individuals and/or families to the program that best meets their need.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The CoC conducts annual sheltered and unsheltered Point-in-Time Counts, gap analysis, and uses the HUD unmet needs tool.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC has a Strategic Planning Committee that is responsible for reviewing and monitoring the progress of the CoC 10-year plan. SPC schedules quarterly meeting to address this plan. The SPC chair then reports findings to the CoC at the following monthly meeting.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC has adopted an action plan to prevent and end homelessness among veterans by 2017, prevent and end homelessness for families, youth, and children by 2022, and set a path to ending all types of homelessness. The action plan addresses these issues with a strategy to implement a coordinated assessment program, expand access to affordable housing and improve collaboration with local VA. The CoC intends to utilize the coordinated assessment to refer homeless persons to programs that best meet their needs. By expanding affordable housing the population of homeless families will decrease. The CoC will also utilize ESG to provide financial assistance to rapidly re-house homeless families.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

GHURA developed funding priorities through consultation with the CoC, service providers and HMIS data. Guam choose to prioritize ESG funds for Rapid Re-housing due to providers and consumers indicated that had HPRP not existed many more persons would have entered (or stayed longer) in the homeless system. CoC suggested allocating a smaller portion to homelessness prevention due to the following: 1) There are other (i.e., FEMA) funds already targeted to this activity in the current program year and 2) The inherent challenge in quantifying what prevention assistance is the determinant factor in preventing homelessness. At the local level, emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers are coordinated through the the CoC that engage and coordinate resources amongst other entities to improve current programs and funding.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not Applicable

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

Not Applicable

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$54,356				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Sagan Ayudan Maisa	GU0009B9C000900	PH	\$54,356	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Sagan Ayudan Maisa

Grant Number of Eliminated Project: GU0009B9C000900

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$54,356

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

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

\$54,356				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
2	Coordinated ...	SSO	\$54,356	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 2

Proposed New Project Name: Coordinated Assessment System Service

Component Type: SSO

Amount Requested for New Project: \$54,356

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	\$54,356
Amount requested for new project(s):	\$54,356
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	8	Beds	4	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	%	87	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	%	53	%
Increase the percentage of homeless persons employed at exit to at least 20%	21	%	36	%
Decrease the number of homeless households with children	230	Households	165	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Due to an unanticipated change in project sponsor, the deficit four beds were not able to be made available within the reporting year. However, a new project sponsor has been identified and the CoC anticipates the implementation of all proposed programs with a total of 8 new beds (for 2011) within the next reporting period. Furthermore, due to conflicts in homeless definition versus local practices and typical cultural living arrangements, the number of persons transitioning into permanent housing may be skewed. That is, it is more locally acceptable for a person who is in need of shelter to move in with a distant family member or acquaintance, while seeking "stable housing." Often times, as verbally reported by aftercare clients, what was foreseen as a temporary living arrangement becomes permanent or the duration of stay is longer than anticipated. Still, due to federal definitions and verbiage used on discharge forms, numbers reported have to be inputted as they have been. Furthermore, a more culturally accommodating definition may reflect numbers that are closer to target. As an example, non HUD funded programs may consider the transition into an extended family member's home or the home of an acquaintance to be a transition into a permanent residence as most clients have a working goal of acquiring housing for themselves and/or their family members.

How does the CoC monitor recipients' performance? (limit 750 characters)

GHURA conducts an periodic monitoring/site visit to ensure that recipients are in compliance with program requirements. The rank and review committee evaluates program APR's and timely expenditure of program funds including monitoring reports from HUD and GHURA.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC provides technical assistance and training to project applicants to ensure understanding of HUD-established performance goals. GHURA usually conduct a start up conference with HUD and subrecipients before the operating date starts.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

One method used is to oversee the intake of all applicants by an appointed CoC member. This practice allows for the coalition representative to take an active-hands on-process in an effort to identify all barriers and instances that lead to poor performance. Another practice is to partner CoC members from similar areas of service or expertise when an issue arises or a trend is identified. This allows priority perspectives from members in different fields to champion their specific goals and collaborate with other members to weave all priority areas into a revised operational procedure (i.e. drug and alcohol, elderly, disabled persons, youth, etc...).

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
	Total	\$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

Analysis of HMIS information, inclusive of all HUD funded programs and all ESG programs, as well as interdisciplinary team meetings inclusive of CoC members helps to identify consumers and persons in need who have transitioned from one shelter or assisted living facility to another; trending length of time in each shelter, reasons for exit or transition, and percentage of goal achievement help to prevent duplicating services, ensure unduplicated count of consumers, and reduce waste of resources. Also, non HUD funded program representatives who work with homeless, disabled, and youth populations actively participate in monthly CoC meetings, and are able to share their internal statistics.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

Guam CoC track and manage the homeless population on the island by the following: . Point In Time Count homeless population. Guam conducts an annual enumeration of emergency systems, transitional housing units, and beds that make up the homeless assistance systems as well as street count. Although HUD’s mandate is biannual count street count, Guam CoC opted to conduct the PIT count annually These counts provide an overview of the state of homelessness in a CoC, and offer the information necessary to redirect services, funding, and resources as necessary. The CoC also manages these services, offering both prevention strategies and homeless assistance programs to assist those at-risk of or experiencing homelessness.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

The CoC continues to conduct annual events such as the Passport to Services, the Point in Time Count, as well as monthly or weekly outreach activities where persons and families needing services are reached in the areas around the island where they congregate or set up camping sites. In addition to this, many organizations represented within the CoC have current agreements and working relationships with public authorities and officials, and other service agencies who are able to call the various crisis hotlines available and request for emergency services 24 hours a day at little to no cost to the potential consumer or person in need. Furthermore, incentives and “give-aways” are solicited from local companies and used as tokens for participation in services and to aid the person or family in accessing services and tracking appointments or meetings. In addition to these incentives, outreach packets include literature on healthcare, homeless services, emergency services, and other information for contacted persons to keep for reference. Furthermore, different outreach teams consist of substance abuse professionals, certified interpreters, and a persons with disabilities advocate.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The ESG program provides benefits such as security deposits for rental units, rental assistance, utility assistance, and utility deposit. Furthermore, CoC member agencies employ culturally sensitive, developmentally appropriate, and geographically responsible measures when conducting outreach displays, street-based outreach, preventative training, and psycho-educational courses. On the final APR for HPRP, 254 persons who were at risk of losing their housing were stably housed upon exit. There were a total of 383 persons that exited HPRP.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

Not Applicable

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

Not Applicable

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	42	55
2011	370	64
2012	224	68

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Chronic homelessness as defined by the CoC is reflective of HUD’s definition of homeless, and is reflected in the CoC’s standard operational procedures. Other definitions of homelessness as defined within other governmental or federal agencies are considered when assessing for need. Data collected during initial contact and throughout continuum of care are entered in to HMIS which allows tracking of incidences of homelessness, durations of homelessness, and duration of residence in stable housing; all used as part of the Chronic Homeless identifier.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

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)

Not Applicable

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$54,356	\$0	\$0	\$26,671	\$0
Total	\$54,356	\$0	\$0	\$26,671	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	22
b. Number of participants who did not leave the project(s)	40
c. Number of participants who exited after staying 6 months or longer	19
d. Number of participants who did not exit after staying 6 months or longer	35
e. Number of participants who did not exit and were enrolled for less than 6 months	5
TOTAL PH (%)	87

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	62
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	33
TOTAL TH (%)	53

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 84

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	26	31%
Unemployment insurance	0	0%
SSI	0	0%
SSDI	2	2%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	1	1%
General assistance	6	7%
Retirement (Social Security)	2	2%
Veteran's pension	1	1%
Pension from former job	0	0%
Child support	0	0%
Alimony (Spousal support)	0	0%
Other source	2	2%
No sources (from Q25a2.)	36	43%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 84

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	18	21%
MEDICAID health insurance	8	10%
MEDICARE health insurance	1	1%
State children's health insurance	0	0%
WIC	2	2%
VA medical services	0	0%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	1	1%
No sources (from Q26a2.)	39	46%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

4G. 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? Yes

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

Guam Housing and urban Renewal Authority GHURA, the Grantee and administrator of CoC funds requires subrecipients to submit quarterly reports on accomplishments. GHURA ensures that the projects' goals are addressed and performance outcomes are met. On a regular basis, the results and success of the program are evaluated based on the projects performance measures. Additionally, GHURA have access to HMIS as well as financial process.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

11/14/12
10/17/12
4/4/12

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 (once each quarter)

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:

Not Applicable

Has the CoC participated in SOAR training? No

If 'Yes', indicate training date(s):

not Applicable

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

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

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/18/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certificate of Consistency_Con Plan

Attachment Details

Document Description:

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2013
1C. Committees	11/26/2012
1D. Member Organizations	01/18/2013
1E. Project Review and Selection	01/18/2013
1F. e-HIC Change in Beds	01/14/2013
1G. e-HIC Sources and Methods	11/30/2012
2A. HMIS Implementation	11/28/2012
2B. HMIS Funding Sources	11/26/2012
2C. HMIS Bed Coverage	11/28/2012
2D. HMIS Data Quality	01/18/2013
2E. HMIS Data Usage	11/29/2012
2F. HMIS Data and Technical Standards	11/29/2012
2G. HMIS Training	11/29/2012
2H. Sheltered PIT	01/18/2013
2I. Sheltered Data - Methods	11/29/2012
2J. Sheltered Data - Collections	11/29/2012
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	12/03/2012
2M. Unsheltered Data - Methods	11/29/2012
2N. Unsheltered Data - Coverage	11/29/2012
2O. Unsheltered Data - Quality	12/03/2012
Objective 1	01/18/2013
Objective 2	01/16/2013
Objective 3	01/16/2013
Objective 4	01/16/2013

Objective 5	01/18/2013
Objective 6	01/18/2013
Objective 7	01/18/2013
3B. Discharge Planning: Foster Care	01/18/2013
3B. CoC Discharge Planning: Health Care	01/18/2013
3B. CoC Discharge Planning: Mental Health	01/18/2013
3B. CoC Discharge Planning: Corrections	01/18/2013
3C. CoC Coordination	01/18/2013
3D. CoC Strategic Planning Coordination	01/18/2013
3E. Reallocation	01/18/2013
3F. Eliminated Grants	01/18/2013
3G. Reduced Grants	No Input Required
3H. New Projects Requested	01/18/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/18/2013
4C. Housing Performance	12/17/2012
4D. CoC Cash Income Information	12/18/2012
4E. CoC Non-Cash Benefits	12/18/2012
4F. Section 3 Employment Policy Detail	01/16/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/18/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/18/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/18/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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

Applicant Name: Government of Guam/Guam Housing and Urban Renewal Authority

Project Name: Continuum of Care Homeless Assistance Program

Location of the Project: 117 Bien Venida Avenue
Sinajana Guam 96910

Name of the Federal Program to which the applicant is applying: 2012 Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: Eddie B. Calvo

Certifying Official of the Jurisdiction Name: Guam

Title: Governor of Guam

Signature: 

Date: 01/17/2013