

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

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

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** GU-500 - Guam CoC

**1A-2. Collaborative Applicant Name:** Government of Guam/Guam Housing & Urban Renewal Authority

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

**1A-4. HMIS Lead:** The Salvation Army Guam Corps

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	No
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Institutions of Higher Education	Yes	Yes
GU Dept. of Labor/American Job Center	Yes	Yes
Church Groups/ Private and Public Schools	Yes	Yes

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

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

The CoC adopted a strategy of inclusiveness, where inputs from diverse perspectives are encouraged and welcomed. The CoC comprises members from all sectors of the population, including formerly homeless and homeless individuals, and representatives from the public, private and NGO sectors. Feedback from members are sought for all planning activities. Other specific actions implemented include the recruitment of a broad-based pool of interested parties with a vested interest in ending homelessness. CoC members regularly engage various groups and individuals to participate in special activities or events. The CoC strives to collaborate with various service providers with expertise in the areas of educational services, housing, employment, health and mental health care, and other mainstream services, who provide valuable contributions on homeless issues.

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

The CoC maintains an open-door policy for inclusion of new members, who are either representatives of organizations or individuals unaffiliated with any agency. General meetings are open to the public, and members encourage others to attend. Throughout the year, membership forms are distributed at various outlets, and members continuously refer and recruit prospective candidates to the CoC. Additionally, the CoC participates in numerous outreach fairs throughout the year, including the Passport to Services event. The CoC also collaborates with other organizations and joins in on their events to promote the work of the CoC. Most recently, the CoC has participated in medical outreaches in an effort to get basic medical screenings for homeless persons.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)**

GHURA, the CoC Collaborative Applicant, has funded several homeless

facilities, such as emergency, transitional and permanent housing projects using CPD funds. Several structures rehabilitated in prior years using CDBG and HOME funds have been identified as permanent supportive housing for homeless persons. On July 18, 2017 GHURA conducted a public hearing to discuss projects that will be funded under CPD. The CoC NOFA was also announced to inform various organizations who may be interested to apply. Guam's CoC, the Guam Homeless Coalition conducts regular monthly membership meetings and welcomes new members who provide services to individuals and families experiencing homelessness. During these meetings, interested entities share their project ideas and funding availability. The CoC NOFA was announced on July 18, 2017 and encouraged various entities to share project ideas for programs that may be viable for the community. GHC meets every 3rd Wednesday of the month at 3:00pm.

# 1C. Continuum of Care (CoC) Coordination

**Instructions:**

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

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Not Applicable
Other:(limit 50 characters)	
Ryan White HIV AIDS Program	Yes

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

GHURA as the collaborative applicant is in charge for the development of Consolidated Plan. GHURA consulted with the CoC to gather information to establish priority needs and goals that pertain to homelessness. PIT and HIC

data were also utilized during the development of the ConPlan to determine project priorities. GHURA provides oversight for The Salvation Army (TSA) that manages the ESG program. GHURA provide training and technical assistance to TSA periodically to ensure compliance and homeless persons are assisted accordingly. TSA consults with CoC to determine the effective use of ESG funds and guidance on policy issues as well as collaboration with service providers. Data from the HIC and PIT are used to allocate the use of funds for rapid re-housing and homeless prevention. GHURA continues to consult with the CoC to achieve its goals and objectives and collaborate on strategies for effectual use of funds as well as monitoring program implementation and performance.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)**

Guam has but one facility dedicated to women and children fleeing domestic violence. As a result, the CoC plays an integral role in referring individuals to alternate facilities in the event that the sole DV shelter is unavailable. And given the small size of Guam’s island community, the CoC recognizes the importance of a coordinated effort to ensure the safety and confidentiality of families fleeing domestic violence. To that end, the CoC undertakes the following efforts with its member organizations: 1) Establishing an MOU among participating agencies to protect client information while in the process of intake and information sharing; 2) Obtaining consent from survivor clients prior to making referrals; 3) Providing training and guidelines on best practices on safety and confidentiality.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)**

Victim service providers conduct relevant training annually and upon request to ensure DV victims are properly assisted. These trainings generally incorporate Guam’s Family Violence Law and mandatory reporting requirements as well as safety protocols for victim pick-ups. DV cases are not entered in the HMIS data base, but statistical information is gathered on the date of the PIT count and is incorporated in the PIT Report and Homeless Data Exchange. Guam’s CES allows for full participation of victim service providers. To address physical and emotional safety needs of the DV victim, a separate access point is identified at Alee, the only DV shelter on island. If the DV victim is at risk of harm during the intake or assessment process, the victim may be referred directly to the Alee Shelter using victim protocols. Proper protocols under Guam CES include confidential phone-call to the victim service provider and transportation of DV victim to the service provider.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Guam Housing and Urban Renewal Authority - HCV	6.00%	No
Guam Housing and Urban Renewal Authority - PHA	8.00%	No

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

Guam’s PHA doesn’t have a homeless admission preference policy although PHA has provided housing to homeless individuals and families. The CoC will collect data on homeless referrals made to PHA from entities including Department of Labor, Department of Education, Guam Behavioral Health and Wellness Center, Department of Public Health and Social Services, Mayor’s Offices and CoC partners that resulted in admission to public housing. Data collected will be incorporated in a letter from the CoC to the GHURA Executive Director to adopt and implement such policy. The action may be an annual letter update in October of each fiscal year.

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

Member agencies address the unique needs of their clients, including recognizing the self-reported gender identity of each person during intake, and maintaining the confidentiality of a person’s gender status. The use of the Coordinated Entry System also ensures non-discrimination as priority for



assistance is based on the assessment scores of the VI SPDAT tool. The CoC has engaged the Guam’s Alternative Lifestyle Association (GALA) to join its general membership and assist in the planning of sensitivity trainings. The CoC has adopted an anti-discrimination policy and will help create a culture that promotes safety and accessibility for all people seeking services through CoC partners.

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

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

# 1D. Continuum of Care (CoC) Discharge Planning

## Instructions:

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

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

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

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

N/A

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

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

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

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

## Instructions

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

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

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

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

## 1E-2. Severity of Needs and Vulnerabilities

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

The RRC considered the following vulnerabilities in the review and ranking process: participants with zero income at entry; multiple disability types; staying in places not meant for human habitation & fleeing domestic violence. Second, the RRC considered alignment of the proposed project with CoC vision & needs identified through the Gaps Analysis. The following components were considered in the Project Design category: project addressed one of the priority needs identified; applicant built a case for the need; & existing housing availability for this population. In the Relative Need category, applicants justified the need to focus on vulnerable populations such as SMI or substance abuse, how the project will address specific needs, identified outcomes & performance measures that were objective, measurable, tractable, & met CoC benchmarks.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

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

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

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

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

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

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

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

**Reallocation: Option 1**

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

**reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 08/17/2017

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

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 08/28/2017

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

## Reallocation Supporting Documentation

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

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

## Attachment Details

### Document Description:



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

**Intructions:**

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

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

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

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

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

**2A-3. What is the name of the HMIS software vendor?** Bitfocus, Inc.

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Single CoC

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

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	129	41	83	94.32%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	0	0	0	
Rapid Re-Housing (RRH) beds	108	0	108	100.00%
Permanent Supportive Housing (PSH) beds	153	0	75	49.02%
Other Permanent Housing (OPH) beds	0	0	0	

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

**(limit 1000 characters)**

Guam's Permanent Supportive Housing beds is below 85% because the Department of Veterans Affairs (VA) HUDVASH participants' information are not entered in HMIS. The VA is a member of the CoC, however, VA chose to utilize the HOMES case management software instead of the HMIS. Recently, VA's newly hired social worker expressed interest to work with the CoC that includes utilizing HMIS to enter program participants' information. The CoC will designate an HMIS staff who will personally contact other organization, specifically the VA to discuss HMIS and understand the agencies' perspective on joining HMIS. We will develop materials to explain how using HMIS can be beneficial to them and to the community. We will work around their schedule and offer trainings. The CoC will work to address specific concerns and bring as many programs onto the system as possible and will pursue the coordination in the next 12 months.

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

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).** 04/27/2017  
**(mm/dd/yyyy)**

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

### Instructions:

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

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/27/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 04/27/2017

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

**Instructions:**

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

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

The HUD definition under HDX 3.1 changed the definition of who is NOT to be included in the PIT count. The change in definition excluded individuals residing in permanent supportive housing projects, in locations not listed on the HIC such as residential treatment centers, in housing legitimately rented or owned, including rental housing with Rapid Re-housing assistance. Two residential treatment centers for substance abuse disorders were excluded from the count. There were no other changes in the methodology or data quality. The resulting impact was a decrease in the sheltered PIT count by 21 beds and in the overall homeless count by 25%. However, it is noted that the overall homeless count has been gradually decreasing over the last three PIT counts.

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

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

Beds Added:	0
Beds Removed:	21
Total:	-21

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

The unsheltered count decreased due to two specific locations was removed from the sites in the northern villages for these areas meet the definition of inadequate housing. However, all residents of Gil Baza and Zero Down own the land they live on, and most residing on Chamorro Lands has legitimate land leases. These specific locations have been improving through the years. Outreach teams recommended that the locations be removed from the site list during the PIT count planning meetings. Likewise, the Guam Homeless Coalition was actively placing families with children and vulnerable individuals in housing through the Emergency Solutions Grant, or in permanent housing solutions such as public housing placements and use of FUP or shelter plus care rental assistance program. Additionally, with Housing First approach, more persons were placed in housing.

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

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

Child-serving organizations comprised of child welfare services, Department of Youth Affairs, Department of Education (Student-Parent Community Engagement), Big Brothers & Big Sisters of Guam (BBBSG) & Sanctuary Inc. are PIT planning committee members who actively contribute to the various logistical planning discussions. This includes consultations to identify geographic areas where unaccompanied youth congregate or frequent based

on their respective outreaches which such information provided to the respective survey teams as they conduct the PIT surveys. The PIT map is then updated and referenced when establishing the number of survey teams to cover the wide geographic area of the island. Homeless youth age 18-24 are involved as members of the survey teams with other homeless individuals as well as government and non-government stakeholders.

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

To better count individuals and families experiencing chronic homelessness individuals, families with children, and Veterans experiencing homelessness Guam CoC did the following:

1. Increased the number of volunteers in certain areas with higher homeless population.
2. Incorporated social media in communicating and consulting with all the teams and PIT headquarters.
3. Sessions were divided into two separate categories; training for new and experienced volunteers.
4. More interpreters were recruited to count the diverse populations.
5. Evening count were conducted by experienced volunteers.
6. Increased volunteers from veteran organizations to better count homeless veterans such as: WestCare Pacific, Department of Veterans Affairs, Guam Veterans Administration, U. S. Naval Hospital and Andersen Air Force Base.

### 3A. Continuum of Care (CoC) System Performance

#### Instructions

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

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

**(limit 1000 characters)**

HMIS data reported a slight increase of 4 cases from 2015 to 2016, from 427 to 431. Evictions for non-payment of rent and/or failure to conform to house rules were the main reasons with unemployment the main reason for non-payments. Cash assistance for rent and/or utilities arrears is provided to prevent homelessness but funding is limited. If individuals end up homeless, referrals are made for re-housing under ESG and emergency sheltering. The Strategic Planning Committee of the Guam Homeless Coalition is responsible to monitor the effectiveness of the current strategies as well as identify other solutions.

**3A-2. Performance Measure: Length-of-Time Homeless.**

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

**(limit 1000 characters)**

Guam's Emergency Shelter (ES) coordinates with Emergency Solutions Grant (ESG) to assist persons for housing placement. Upon admission in the shelter, participants are assisted to apply for rapid re-housing under ESG that provides rental and utilities assistance. About 75% of 182 households and in FY 2014-2015 188 households were assisted under ESG. The ES expanded with five housing units for families who can stay for 6 months. These families have income or able to increase income, eventually move in subsidized or unsubsidized housing. In FY 2014-2015, 60% of individuals and families stayed in ES for 30 days or less, 36% from 31 to 60 days. In FY 2015-2016, 57% of families stayed in the ES for 30 days or less, 39% from 31 to 60 days.

Approximately 2.5 % stayed for over 90 days were moved to the expansion units. Chronic homeless persons were placed in permanent supportive housing programs. HMIS lead agency submits reports periodically to CoC to determine appropriate housing assistance.

**3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

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

In FY2015 Guam’s ES, TH and PH-RRH exited to permanent housing destination are as follows: 40% with subsidy (Public Housing or Housing Choice Voucher) 38% with no subsidy, 16% permanent tenure with families, 3% are living with partners or friends 2% are staying in permanent housing while 1% obtained VASH. In FY 2016 the numbers of persons who move to permanent housing destination are: 45% with no subsidy, 19% with subsidy 18% are staying with family permanent tenure, 7% live with friends permanent tenure, 6% with VASH & 5% remained in permanent housing. The CoC continues to track participants at least six months upon exit or until they acquire housing stability. GHURA’s planner, DPHSS & GDOL’s project coordinator partnered to ensure that participants are housed & are receiving mainstream services benefits as well as engaged in training until they get employed & achieve self-sufficiency. The CoC funded project reports participants’ challenges & accomplishments in monthly meetings.

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

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)**

There was a numerical change between 2016 at 19% from 13% in 2015, an increase of 6% who have returned to homelessness based on data reported in the HMIS. Lack of stable employment and responsible financial management are the main barriers to housing stability, followed by personal choice of individuals to resort back to homelessness. The CoC is piloting a phased approach to tenant share of rent payments & utilities through short term assistance with quarterly reassessments to monitor progress of the client and identify potential issues that could affect client’s progress. When clients exit programs, aftercare services are provided for 6 months to ensure stability of the client’s situation. HMIS provides the data recordation of timelines & supports provided as clients progress through one program or navigate through various programs. The Executive Committee of the CoC is charged with the responsibility of overseeing the action plan for this effort.



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

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits.  
(limit 1000 characters)**

Guam Dept. of Labor (GDOL) member of CoC work closely with service providers to encourage individuals to participate in training, learn new skills and obtain employment. Earn and Learn Construction Academy is collaboration between the GDOL American Job Center & training provider GCA Trades Academy. The goal is to provide learning and earning opportunity for those unemployed and underemployed. An integral part of this program is to engage employers willing to provide an opportunity for individuals with the biggest barriers to employment i.e. ex-offenders, long-term unemployed, women in non-traditional roles/occupations, older workers, individuals with disabilities. GDOL has been going to various homeless shelters to present this job opportunity. ESG recipients are persuaded to engage in training as well. Participants are provided bus pass or transported to training sites. Those who are not able to work are assisted to apply for public welfare benefits and/or social security benefits.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** Yes

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

The basis for excluding certain sites that were surveyed in previous PIT counts was due to the HUD definition of who is NOT to be included in the PIT count. The new HUD definition excludes individuals residing in permanent supportive housing projects, in locations not listed on the HIC, or in housing legitimately rented or owned, including rental assistance with Rapid Re-Housing assistance. This change excluded a large number of individuals previously counted who live in the Gil Baza and Zero Down subdivisions as well as those on Chamorro Land Trust. These areas were previously included due to meeting the definition of inadequate housing.

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

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

### Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	52	54	2

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

Total number of beds dedicated as Dedicated Plus	14
Total number of beds dedicated to individuals and families experiencing chronic homelessness	34
<b>Total</b>	<b>48</b>

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

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

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

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

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

A contributing factor to the steady decrease is targeted efforts by the CoC to provide housing placement using ESG assistance initially and concentrating client efforts to seek gainful employment and/or improve earnings. Additionally, the Guam Department of Education has committed (PFCOP) resources to support homeless families to ensure school-age children are enrolled and attending classes, including monitoring absenteeism of children. Social Workers are part of the team composition assigned specific geographic sites, and provide case management and necessary support services to ensure the academic success of homeless children as permanent housing solutions are being developed.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	21	21

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

The CoC will conduct an annual training on Fair Housing Title VIII of the Civil Rights Act of 1968, and the ADA for all grantees and stakeholders during the month of August. GHURA as the collaborative partner conducts program monitoring for compliance to program and agreement conditions, including reviewing SOP on anti-discrimination policies, adverse actions of admissions denials and evictions to ensure such actions are valid actions. If determined by GHURA that a grantee was guilty of discrimination, the grantee/landlord will be terminated and subject to debarment according to GHURA policy. The use of

the Coordinated Entry System also ensures non-discrimination as priority for assistance is based on the assessment scores of the VI SPDAT tool.

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

Human trafficking and other forms of exploitation?	No
LGBT youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

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

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

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

The youth organization Sanctuary, Inc., who is also a CoC stakeholder, has been successful in receiving grant funds outside of the CoC to conduct outreach to identify homeless youth, provide emergency housing for up to 21 days, and treatment of substance abuse disorders. CoC funds supplement their continuum of housing and services to provide permanent housing for unaccompanied homeless youth with disabilities who are between ages 18-24. The system in place appear to be effective as there have been zero number child-only cases reported per HMIS data. At present, the CoC does not have a measure to calculate the effectiveness of the strategies.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education**

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

The CoC works closely with the Guam Dept of Education (GDOE) to support the education of homeless children and youth. A CoC member serves as the Representative for Homeless Children on the GDOE Guam Advisory Panel for Students with Disabilities (GAPSD) which focuses on policies related to provision of services to students with disabilities and as the Homeless Children & Youth Representative on the Guam Interagency Coordinating Council (GICC) for Early Intervention Services to Young Children birth to 5 years old which works to ensure coordinated services for those with or at risk for disabilities. A Guam Head Start staff member is an active CoC member & obtains additional assistance of GDOE Student Support Services Division (SSSD) and the GDOE Student Parent Community Engagement (SPCE) Project which assists at-risk students and their families. These GDOE entities work to ensure that the issues faced by any identified homeless children in enrolling, attending and succeeding in school.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	Yes	Yes
Healthy Start	Yes	Yes
Public Pre-K	Yes	Yes
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
Child Welfare Services	Yes	Yes
Child Nutrition Program	Yes	Yes

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

The CoC member organizations conduct outreach events throughout the year. Local and federal veteran organizations and WestCare Pacific Islands (WPI) the recipient of SSVF grant funds, takes the lead when conducting outreaches

which occurs weekly. In addition, the CoC's Homeless Outreach Team (HOT) uses WhatsApp to identify, assess & assist homeless individuals and families in real time. HOT enter the homeless person's information in HMIS/CES that makes it easier to identify if the homeless is veteran. The CoC's HMIS established a by- name list that SSVF utilize to contact homeless veterans identified as homeless or in need of support services. Upon assessment, the veteran is referred to appropriate resources depending on the persons' needs. If the veteran is not eligible due to discharge status, he/she is referred to CoC or other housing programs such as Public Housing or HCV. The CoC utilizes standardized tools in the assessment of homeless veteran needs.

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

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

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** No

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

**Instructions:**

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

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

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

**4A-1a. Mainstream Benefits**

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

At time of intake, information is obtained as to the type of resources and supports an individual/family may have. If unemployed, staff/caseworkers assist individuals/families complete and submit an application for public assistance comprised of cash assistance, SNAP and medical assistance including SSA inquiries for eligibility. If determined eligible, staff/caseworkers assist to pick up benefits over-the-counter. This includes following up recertification of benefits to ensure continued availability of resources. Updates to program regulations and eligibility criteria are announced or discussed at the monthly coalition meetings. If significant changes are made, the respective program is invited to conduct a public education presentation at the monthly coalition meeting. The Executive Committee is charged with the responsibility of inviting presentors.



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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	8.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	6.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	75.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	8.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	6.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	75.00%

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

The CoC partners conduct monthly outreaches on street homeless at both day and night time, generally in villages with high numbers of street homeless such as the capital of Agana, Tamuning, and Tumon. The monthly schedule is coordinated between CoC partners to ensure there is no duplication of efforts. Targeted outreaches are conducted when information or referral is received of a 'new' homeless face. The Homeless Outreach Team (HOT) is updated using WhatsApp and provides real time updates on what is found during the outreach. Most street homeless are single adult individuals who are most likely not to request assistance. The CoC team will acknowledge such decision but make efforts to maintain connections and interact with individuals while reiterating the team's availability to provide assistance if they decide they want to avail of such services. Bags of canned food and tshirts when available are distributed at every outreach.

**4A-5. Affirmative Outreach  
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

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

Outreach teams are generally comprised of individuals who are multi-lingual who interact with homeless individuals in their native or national language. Follow up contacts are coordinated with outreach members who are of the same ethnic background and/or can speak the respective languages. Social media, using WhatsApp specifically, is used to coordinate outreach teams with individuals in those targeted outreaches who are elderly or with disabilities, and/or speak limited English language. Additionally, a one-stop mobile resource center conducts outreaches where immigrants, specifically from compact states, are able to obtain information about mainstream services, emergency shelter and housing assistance, and other services. Individuals who operate the mobile resource center are from the compact states. During major outreaches, volunteer interpreters provide general information and assist with intake. Program brochures in multiple languages are distributed during these outreaches.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	108	108

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

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

## 4B. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CoC_Rejection Letter	09/27/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC_Review & Rank...	09/27/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating_Ranking Pu...	09/27/2017
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes	GHC_Policies & Pr...	09/27/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies & P...	09/27/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	Guam-FY2016 Syste...	09/27/2017
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:** CoC\_Rejection Letter

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CoC\_Review & Ranking Criteria

## **Attachment Details**

**Document Description:** Rating\_Ranking Public Posting

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** GHC\_Policies & Procedure

## **Attachment Details**

**Document Description:** HMIS Policies & Procedures

## **Attachment Details**

**Document Description:**

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**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Guam-FY2016 System Performance Report

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/23/2017
<b>1B. Engagement</b>	09/27/2017
<b>1C. Coordination</b>	09/27/2017
<b>1D. Discharge Planning</b>	09/20/2017
<b>1E. Project Review</b>	09/27/2017
<b>1F. Reallocation Supporting Documentation</b>	No Input Required
<b>2A. HMIS Implementation</b>	09/27/2017
<b>2B. PIT Count</b>	09/27/2017
<b>2C. Sheltered Data - Methods</b>	09/27/2017
<b>3A. System Performance</b>	09/27/2017
<b>3B. Performance and Strategic Planning</b>	09/27/2017

<b>4A. Mainstream Benefits and Additional Policies</b>	09/27/2017
<b>4B. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required





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August 17, 2017

Ramona McManus, Executive Director  
Oasis Empowerment Center  
556 East Marine Corps Drive  
Hagatna, Guam 96910

Re: FY 2017 Continuum of Care (CoC) Program Competition

Dear Ms. McManus,

Thank you for submitting an application to the Guam Homeless Coalition (GHC) for a Rapid Re-Housing Project under the FY 2017 CoC Program Competition.

All applications were reviewed by the Review and Ranking Committee (RRC) comprised of GHC members representing agencies and organizations which do not receive CoC funding. Typically, the RRC reviews information provided by applicants in the areas of Project Descriptions, Funding Request, Leverage, and Performance Measures which include but are not limited to Organizational Capacity and Participation in GHC activities. Consideration is also given to HUD's policy and program priorities and mandates.

The CoC program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness. Thus, the intent of your proposed project meets HUD priorities. Unfortunately, we could not consider your application due to several concerns:

- **Leverage:** Your application specifies the 25 percent non-federal matching funds from your contract with GBHWC. However, you also stated that "Oasis will leverage other support ... from our currently federally-funded Empowered Together project." This is not an allowable source for the match requirement as that is a CoC-funded project. As specified in 24 CFR 578.73, all grant funds must be matched with "funds or in-kind contributions from other sources."
- **Organizational structure:** When the Empowered Together Project was previously funded, the subrecipient organization was specified as Elim Pacific Ministries, a non-profit with 501(c)(3) IRS status. Your application does state that Oasis Empowerment Center is "under Elim Pacific." However, your attached Memorandum of Understanding with GBHWC states that Oasis Empowerment Center is "an IRS tax-exempt 501(c)(3)

nonprofit organization.” Future applications should be certain to avoid confusion regarding your organizational structure.

- **Budget:** The section of your application pertaining to financial management must be clarified with a more detailed proposed budget. It was noted that your submission contained many tables that enhanced the application, but neglected to include a table of the detailed proposed budget. Your narrative stated that “it is impossible to accurately predict the number of bedrooms required.” However, you used Fair Market Rent Standards to cap utility allowances and could have also used Fair Market Value as a way to determine how many vouchers would potentially be available should a client avail of services for the specified 12-month period of rental assistance

We thank you for taking the time and effort to develop and submit your proposal. The RRC truly appreciated the marked improvement in the quality of your grant narrative. We encourage you to continue to submit applications to the GHC for consideration in future CoC program competitions.

If you have any questions or concerns, please do not hesitate to contact Amor Say, Guam Housing and Urban Renewal Authority Planner. Again, thank you for your interest in the Continuum of Care and your continued efforts to address homelessness on Guam.

Sincerely,



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MARGARET HATTORI-UCHIMA, PhD  
Guam Homeless Coalition Vice-Chairperson



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ANGELINA-MARIE S. CRUZ  
GHC Review and Ranking Committee Leader

**GUAM HOMELESS COALITION SELECTION CRITERIA  
FOR CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS  
\* For Ranking of Renewal Programs \***

**Organization:** \_\_\_\_\_ **Project:** \_\_\_\_\_

**Reviewer:** \_\_\_\_\_ **Date Reviewed:** \_\_\_\_\_

Project Performance	Possible Score	Project Score
<b>Outreach efforts:</b> Reduction in the number of persons who are homeless through successful placement from street outreach	5	
<b>Length of Stay:</b> Days lapsed before placed in housing <ul style="list-style-type: none"> <li>• &lt; 15 days after referral to RRH</li> <li>• &lt; 180 days after referral to TH</li> </ul>	5	
<b>Exits to Permanent Housing:</b> <ul style="list-style-type: none"> <li>• ≥ 90% move to PH from RRH or TH</li> <li>• ≥ 90% remain in or move to PH</li> </ul>	5	
<b>Returns to Homelessness:</b> ≤ 15% of participants return to homelessness within 12 months of exit to PH	5	
<b>New or Increased Income and Earned Income:</b> <ul style="list-style-type: none"> <li>• Project Stayers: ≥ 8% increase of earned income and ≥ 10% increase of non-employment income</li> <li>• Project Leavers: ≥ 8% increase of earned income and ≥ 10% increase of non-employment income</li> </ul>	5	
Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness within 6 to 12 months *	5	
Reduction in the percent of persons defined as homeless under Category 3 of HUD's homeless definition who return to homelessness within 24 months *	5	
<b>Project Performance of Programs that serve Homeless under Category 3</b>	<b>35</b>	
<b>Project Performance of All Other Programs</b>	<b>25</b>	
<hr/>		
Experience and Organizational Commitment	Possible Score	Project Score
Does the organization, its employees and partners (if applicable) have the necessary knowledge and experience to serve the proposed population?	5	
Does the organization commit to utilizing a <b>Housing First</b> approach? <ul style="list-style-type: none"> <li>• No preconditions to entry</li> <li>• Allow entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal or local law), marital status, familial status, actual or perceived sexual orientation, gender identity</li> <li>• Has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases</li> </ul>	5	
<b>Coordinated Entry Participation:</b> ≥ 95% of entries to project from Coordinated Entry referrals	5	
Does the organization participate in GHC activities and events such as the annual Point-In-Time (PIT) Count and Passport to Services?	5	
Does the organization attend regular GHC meeting?	5	
Does the organization participate in GHC subcommittees?	5	
<b>Experience and Organizational Commitment</b>	<b>30</b>	
<hr/>		
Relative Need	Possible Score	Project Score
Is the project directly related to the critical needs of the homeless population?	5	
<b>Applicant Narrative:</b> Does the project explain how it is operating in conformance with Continuum of Care standards?	5	
Is the project consistent with the Continuum of Care vision and the Gaps Analysis? <ul style="list-style-type: none"> <li>• Does the project address one of the priority needs identified?</li> <li>• Does the applicant build a case for the need?</li> <li>• Is there any existing housing for this population? If so, is the need much greater than the current capacity?</li> </ul>	5	
Does the project serve high need populations? – Participants with zero income at entry <ul style="list-style-type: none"> <li>• RRH: ≥ 80%</li> <li>• PSH: ≥ 50%</li> <li>• TH: ≥ 50%</li> </ul>	5	
Does the project serve high need populations? – Participants with more than one disability type <ul style="list-style-type: none"> <li>• RRH: ≥ 75%</li> <li>• PSH: ≥ 50%</li> <li>• TH: ≥ 50%</li> </ul>	5	
Does the project serve high need populations? – Participants entering project from place not meant for human habitation <ul style="list-style-type: none"> <li>• RRH: ≥ 75%</li> <li>• PSH: ≥ 50%</li> <li>• TH: ≥ 50%</li> </ul>	5	
<b>Relative Need</b>	<b>30</b>	
<hr/>		
Project Design	Possible	Project

	Score	Score
Is the target population clearly described? For example, a project that will serve homeless youth would define the age group to be served – homeless youth age 13 to 17.	5	
Are the type and scale of the housing or services proposed appropriate to the needs of the persons to be served?	5	
Is the project designed to help participants achieve self-sufficiency and not just meet emergency needs?	5	
Are transportation and community amenities available and accessible?	5	
Is there adequate supervision of the population to be served?	5	
Is there adequate supervision of direct service staff?	5	
Does the project show how it will help to increase stability for the homeless population by accessing mainstream services?	5	
Does the project show how it will help to increase skills for the homeless population?	5	
Does the project show how participants will be helped to access permanent housing and achieve self-sufficiency?	5	
<b>Victim Service Providers:</b> If the project services victims of domestic violence, does its Annual Performance Report (Q.40 Significant Program Accomplishments) describe the efforts made to meet the unique needs of this population?	5	
<b>Project Design</b>	<b>50</b>	
<b>Financial Management</b>	<b>Possible Score</b>	<b>Project Score</b>
Does the application provide clear information that addresses sustainability and a budget that supports the project design?	5	
Does the project have budgeted costs that are reasonable, allocable, and allowable?	5	
Is there a financial management system in place that is able to properly account for expenditure of federal funds?	5	
Does the application specify appropriate financial leverage and document matching funds?	5	
Has the program been spending its current funds in a timely manner?	5	
Has the program been using its current funds appropriately?	5	
Does the organization submit all program information and reports in a timely manner?	5	
<b>Financial Management</b>	<b>35</b>	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations:**

- Maintain current funding
- Reallocate funding

Ranking of Renewal Programs That Serve Homeless Under Category 3		Ranking of All Other Renewal Programs	
Project Performance (Max 35 pts)		Project Performance (Max 25 pts)	
Experience & Organizational Commitment (Max 30 pts)		Experience & Organizational Commitment (Max 30 pts)	
Relative Need (Max 30 pts)		Relative Need (Max 30 pts)	
Project Design (Max 50 pts)		Project Design (Max 50 pts)	
Financial Management (Max 35 pts)		Financial Management (Max 35 pts)	
TOTAL PROJECT SCORE (Max 180 pts)		TOTAL PROJECT SCORE (Max 170 pts)	
FINAL AVERAGE (Total Project Score / 180)		FINAL AVERAGE (Total Project Score / 170)	

**\*Category 3 as per HEARTH Act:** Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This category applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.



# Guam Homeless Coalition Continuum of Care Policy and Procedures

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# Introduction

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The Continuum of Care (CoC) Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers, and assist local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

The Program Components of the CoC Program under the Continuum of Care (CoC) Program Interim Rule are:

1. Permanent Housing
  - a. Permanent Supportive Housing
  - b. Rapid Re-housing
2. Transitional Housing
3. Supportive Services Only (SSO)
4. Homeless Management Information System (HMIS)
5. Homeless Prevention

This document outlines the policies and procedures for the CoC.

# Roles and Responsibilities of the CoC

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## OVERVIEW

Guam's CoC is the Guam Homeless Coalition (GHC). The GHC is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families, and single adults. Members include the organizations that operate shelters for homeless youth, families, and single adults and mainstream agencies that provide supportive services for the homeless. As required by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), members of the CoC work as a "group organized to carry out the responsibilities required under the Continuum of Care Program," (24 CFR Part 578, CoC Program, Interim Rule). The CoC must also designate a Collaborative Applicant whose primary responsibility is to apply for CoC Program funds on behalf of the island's renewal and new programs. The Guam Housing and Urban Renewal Authority (GHURA) is the designated Collaborative Applicant.

The CoC Program Interim Rule also stipulates the primary responsibilities of the CoC:

1. Operation of the Continuum of Care
  - At a minimum, conduct semi-annual meetings of the full membership
  - Issue a public invitation for new members, at least annually
  - Adopt and follow a written process to select a Board of Directors
  - Appoint additional committees, subcommittees or work groups
  - Develop and follow a governance charter detailing the responsibilities of all parties
  - Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor the performance of recipients and subrecipients, evaluate outcomes, and take action against poor performers
  - Evaluate and report outcomes of the Emergency Solutions Grant (ESG) and CoC projects to HUD
  - Establish and operate a coordinated entry system
  - Establish and follow written standards for providing CoC assistance
2. Designation and operation of a Homeless Management Information System (HMIS)
  - Designate a single HMIS
  - Select an eligible applicant to manage the CoC's HMIS
  - Monitor recipient and subrecipient participation in the HMIS
  - Review and approve privacy, security and data quality plans
3. CoC Planning
  - Coordinate the implementation of a housing and service system within its geographic area
  - Conduct a Point-in-Time count of homeless persons
  - Conduct an annual gaps analysis
  - Provide information required to complete the Consolidated Plan
  - Consult with ESG recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients and subrecipients



## Purpose

The purpose of this document is to satisfy the requirements of the HEARTH Act to have written policies and procedures that govern the provision of assistance to individuals and families under the CoC programs, and the overall administration and operations of the CoC. These policies and procedures provide guidance to local providers and other partners. The purpose of this document is to establish the decisions and governance of the local CoC.

## Geographic Area

The area covered by this CoC is the island of Guam comprised of 19 villages to include:

- |                      |                         |                           |
|----------------------|-------------------------|---------------------------|
| 1. Agana Heights     | 7. Hagatna              | 13. Santa Rita            |
| 2. Agat              | 8. Inarajan             | 14. Sinajana              |
| 3. Asan-Maina        | 9. Mangilao             | 15. Talofofo              |
| 4. Barrigada         | 10. Merizo              | 16. Tamuning-Tumon-Harmon |
| 5. Chalan Pago-Ordot | 11. Mongmong-Toto-Maite | 17. Umatac                |
| 6. Dededo            | 12. Piti                | 18. Yigo                  |
|                      |                         | 19. Yona                  |

## Guam Homeless Coalition Board of Directors

The CoC Program Interim Rule requires the local CoC to establish a Board of Directors (hereinafter referred to as the “Board”) to act on behalf of the CoC using the process adopted by the CoC for board membership selection. Further, this process must be reviewed, updated and approved by the CoC at least once every five years. The Board must also comply with the conflict-of-interest requirements established under §578.95 of the Interim Rule. The Interim Rule further identifies the following Board requirements:

1. Be representative of the relevant organizations and projects serving homeless subpopulations; and
2. Include at least one homeless or formerly homeless individual.

## Roles of the Board

The Guam Homeless Coalition Board of Directors shall consist of three (3) and not more than seven (7) Directors and shall include persons elected to positions as Directors by the membership.

Positions of the Board include:

1. Chairperson
2. Vice-Chairperson
3. Treasurer
4. Secretary
5. Direct Service Provider
6. Indirect Service Provider

7. Homeless or formerly homeless person

The Board shall:

1. Be the governing body of the Corporation.
2. Have the lawful powers to carry out the purposes of and to conduct the business of the Corporation.
3. Have no power to amend the Articles of the Incorporation or the Bylaws of the Corporation except at the direction of the members of the Corporation pursuant to Article 9 (Amendments) of the Bylaws.
4. May form standing committees as needed. This power is also given to the Chairperson of the Guam Homeless Coalition.

## **Collaborative Applicant**

The Guam Housing and Urban Renewal Authority (GHURA) is the designated Collaborative Applicant (CA) whose primary responsibility as a CA is to collect and combine the required application information from all applicants and for all projects that the CoC has selected for funding. The CA is responsible for submitting the CoC Consolidated Application, the renewal projects, and any new projects that the CoC selected for funding. Further, GHURA is the direct recipient on behalf of Guam's Continuum of Care with HUD for all CoC Funds.

## **Duties**

1. Provide technical assistance/policy guidance to the membership, CoC-funded programs, Committees and Subcommittees, and the Board.
2. Conduct desk reviews of all CoC-funded programs during the project's operating year. Desk reviews encompass the screening of payment requests and client documentation as it pertains to eligible activities according to federal regulations.
3. Conduct on-site monitoring of all CoC-funded programs at least 3 to 6 months into the program's operating year. The CA's fiscal and planning staff are responsible for conducting on-site monitoring. Client files and fiscal documentation are reviewed in greater detail resulting in a final report to the project sponsor of any findings or concerns. Project sponsors must respond with a plan of action to rectify such findings or concerns.
4. Monitor for enforcement the submission of expenditure reimbursement requests within 60 calendar days of the close of the period the expenses were incurred.
5. Monitor the timely submission of periodic reports in compliance with the terms of award.
6. Prepare, review, and submit CoC and ESG-funded program Annual Performance Reports.
7. Oversee the process and provide technical assistance to the Review and Ranking Committee, whose primary responsibility is to review and rank all applications for renewal of existing projects and creation of new projects as required by the specified NOFA. The Committee also ensures the submission of such applications to HUD within 60-90 days after the NOFA release.
8. With input and assistance from the membership and Committees and Subcommittees, continue to develop, enhance, and manage the Coordinated Entry System that helps prioritize households based on their assessed needs.

9. Provide financial reports to the CoC and its Committees or Subcommittees during annual assessments of program performance.
10. Prepare and submit the community's application for funding under the Continuum of Care program as the Collaborative Applicant, and coordinate the submission of Exhibit 2 by the individual programs.
11. Apply for HUD CoC Planning funds, and if awarded, enter into an agreement with HUD, perform the eligible grant activities, and ensure it complies with the match requirement of the CoC Program.

## Homeless Management Information System (HMIS)

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The HMIS is a computerized data collection system that stores information about persons experiencing homelessness, collected throughout the community from the various agencies that provide services to these individuals. Client-level information collected from each program can be aggregated with data from other programs using a unique client identifier to determine unduplicated system-wide information, such as the overall level of homelessness, service effectiveness, and unmet community needs.

### HMIS Administration Duties

The lead agency for the implementation of the HMIS is The Salvation Army Guam Corps. The goals of the HMIS are to:

1. Comply with HUD and other reporting requirements
2. Improve agency-level reporting or operations
3. Reduce duplicative intake
4. Improve service coordination and/or collaborative case management
5. Improve client benefits acquisition
6. Measure program performance
7. Generate data to inform policy and resource allocation decisions

### Participation

All ESG and HUD Continuum of Care funded agencies must participate in HMIS. Non-ESG and non-HUD Continuum of Care funded agencies are encouraged to participate in the HMIS in the following order:

1. Emergency shelters, transitional housing programs, and homeless outreach services such as the PATH Program regardless of whether they receive funding through the McKinney – Vento Act.
2. Permanent supportive housing programs funded by other HUD programs (CDBG and HOME)
3. Homeless prevention programs, supportive services only programs, and non-federally funded permanent supportive housing programs.

The CoC will work closely with all homeless service providers to encourage the participation in HMIS to include all homeless-dedicated beds. The CoC will work to ensure the coverage rate for

any housing type is 85%. The CoC will review and assess the coverage rate at least on a quarterly basis.

## **Roles of the CoC**

The Information Technology and Data Collection Committee will be responsible for creating and updating the HMIS Policies and Procedures, which will include the following policies:

1. HMIS Roles and Responsibilities of the CoC, HMIS Coordinator, HMIS Support Specialist, HMIS Data Analyst, Participating Agencies, and HMIS User.
2. Participation standards which include the agency system agreement and user agreement requirements and system hardware/software requirements.
3. Privacy/confidentiality standards in accordance with HUD HMIS Fair Information Practices.
4. Allowable uses of data, data collection commitment, data standards, interagency data sharing, protected personal information, privacy protection protocols, release of information, and guidelines for creating hard copies containing information from the HMIS.
5. Guidelines for agencies establishing grievance procedures for complaints against the HMIS, including grievances related to consent and release of information.
6. Agency termination of participation.
7. Governance of the HMIS.
8. Limitation of liability and indemnification.
9. Procedures for training and technical support.
10. CoC Homeless Documentation requirements.
11. Location and ownership of data.
12. Ethical use of data.
13. Use of system as it pertains to user identification and passwords.

Guam's CoC HMIS Policies and Procedures is herein attached as Exhibit A.

# Continuum of Care Vision, Mission, and Activities

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## Vision

The CoC's vision is to use a community based approach to significantly reduce, prevent and end homelessness and at-risk homelessness on Guam including:

1. Coordinate and/or integrate homeless-related programs for smooth transition throughout Guam's CoC system;
2. Implement an effective and efficient delivery system of services to prevent homelessness and to move homeless individuals and families into permanent housing;
3. Develop an accessible and comprehensive system which receives individuals and families in need of care and moves them through a system towards independent living and sustainability; and
4. Develop strong homeless programs/services with sustainable links.

## Mission

The CoC's mission is to empower individuals and families who are homeless and/or at-risk of homelessness to achieve self-sufficiency, by providing supports through awareness, education, and advocacy.

## Activities

The CoC will achieve the mission by implementing the following activities:

1. Build relationships with those experiencing homelessness in our community and those at-risk of becoming homeless
2. Assess the needs of those within our community and recommend strategies to address the gaps in services
3. Sustain successful programs
4. Make available adequate and appropriate housing for all homeless populations
5. Create a strong foundation between all members of the community
6. Maintain open and inclusive planning activities
7. Collaborate among all service providers
8. Educate and advocate on behalf of homeless persons for educational services, housing, employment, health and mental health care, and other mainstream services
9. Empower individuals by making available supportive services to attain self-sufficiency
10. Improve prevention programs
11. Evaluate the effectiveness of current programs to ensure accountability and efficiency

## Membership of the Continuum of Care

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Guam's CoC is the Guam Homeless Coalition (GHC). The GHC is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families, and single adults. Members include the organizations that operate shelters for homeless youth, families, and single adults and mainstream

agencies that provide supportive services for the homeless. The CoC works to incorporate the input of diverse populations in the decision-making and planning process, including input from homeless participants, formerly homeless persons, community members, and other groups comprising numerous representations of genders and ethnic groups.

The GHC conducts regular monthly membership meetings and welcomes new members who are currently serving homeless persons or intend to serve such populations. The GHC works to include representation from the following groups:

- Homeless service providers and agencies
- Community and faith-based organizations
- Local Government Staff/Officials
- CDBG/HOME/ESG Entitlement Jurisdiction
- Law Enforcement
- Local Jail
- Hospital
- EMT/Crisis Response Teams
- Mental Health Service Organizations
- Substance Abuse Service Organizations
- Affordable Housing Developers
- Public Housing Authorities
- CoC and Non-CoC-Funded Youth Homeless Organizations
- School Administrators/Homeless Liaisons
- CoC and Non-CoC-Funded Victim Service Providers
- Street Outreach Team(s)
- Youth Advocates
- Agencies that serve survivors of human trafficking
- Other homeless subpopulation advocates
- Homeless or formerly homeless persons
- HIV/AIDS Service Provider

## **Eligibility**

In order to be eligible for membership in the GHC, an organization or individual must be committed to GHC's purposes and goals.

## **Admission to Membership**

Both individuals and organizations are eligible for active membership. Any individual or organization may be admitted to membership upon receipt of their application.

## **Voting Classes of Members**

Membership classification shall be as follows:

1. Individual Membership
2. Organizational Membership

## **Revocation of Membership**

Membership shall be revoked for just cause. Before such revocation, the member in question shall be notified of the proposed revocation and the reasons for such proposed revocation. Such notice shall be by registered mail to the member whose membership is proposed to be revoked. Such notice shall be placed in the United States mail not less than two (2) weeks prior to the date of the meeting at which the Board is to consider such membership revocation. The member whose membership is proposed to be revoked may submit written information on his/her/their behalf for consideration by the Board at the meeting for which notice was given. A member may be present at the Board meeting for which notice was given, and a member shall have the right to address the Board regarding the proposed revocation prior to a vote by the Board upon such proposed revocation. The Board shall allow the member reasonable time to address the Board. Revocation of a membership shall be by a two-thirds vote of a quorum of the Board. A membership, which has previously been revoked as provided in this section, may be reinstated by a vote of two-thirds vote of a quorum of the Board.

# Responsibilities of the Continuum of Care Members

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Members of the CoC, otherwise known as the Guam Homeless Coalition, must demonstrate a professional interest in, or personal commitment to, addressing the issues faced by homeless individuals and families and the overall impact to the community.

The purposes of the GHC:

1. Conduct activities to assess the size of Guam's homeless population, the causes of homelessness and the needs of the homeless population;
2. Develop an accessible and comprehensive system which receives individuals and families in need of care and moves them through a system toward independent living and sustainability;
3. Coordinate and integrate homeless-related programs for smooth transition throughout Guam's CoC system; and
4. Evaluate the effectiveness and efficiency of the GHC system of care on an ongoing basis.

Responsibilities of the Members:

1. Attend monthly membership meetings which are scheduled every third Wednesday of the month;
2. Serve on a committee of the CoC;
3. Assist in the preparation and implementation of the annual Point In Time Count and Passport to Services;
4. Provide input to creating strategies and action steps to preventing and ending homelessness;
5. Participate in advocacy and public education efforts;
6. Provide input to amending or updating policies and procedures; and
7. Vote on issues presented.



# Continuum of Care Committees

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## **Executive Committee**

Members of this committee include the GHC Chairperson. The responsibilities of this committee include:

1. Engage new members to the local CoC
2. Conduct orientation for new members
3. Develop recommendations regarding status of the local CoC including update of the bylaws, policies and procedures
4. Assist information technology committee to prepare reports for the Point-in-Time Count

## **Information Technology and Data Collection**

Members of this committee are responsible for the oversight of the HMIS. The responsibilities of this committee include:

1. Prepare reports for the Homeless Data Exchange
2. Prepare General Annual Progress Reports
3. Ensure that participating organizations and staff update client and program information in HMIS
4. Coordinate and conduct refresher training for new end users
5. Organize the planning and implementation of the annual Point-in-Time Homeless Count

## **Advocacy and Education**

Members of this committee are responsible for support or recommendation of policies that aim to support the rights of homeless persons. The responsibilities of this committee include:

1. Educate the public, political leaders, government and non-governmental agencies and private institutions on the issues related to homelessness
2. Coordinate training for service providers
3. Organize the Consumer Voice Group
4. Carry out outreach and awareness activities periodically

## **Strategic Planning Committee**

Members of this committee are responsible for defining the approach, or direction, and making decisions on allocating the CoC's resources to pursue the goals of the Continuum. The responsibilities of this committee include:

1. Coordinate the preparation and submission of the CoC application
2. Participate in planning and implementation of the annual Point-in-Time count and the Passport to Services
3. Update the Plan to End Homelessness
4. Research other funding opportunities that may fill gaps in services within the local CoC

## **Review and Ranking Committee**

The members of this committee are responsible for ensuring the policies established for reviewing and ranking existing CoC projects and the new projects are followed in accordance with the NOFA. This committee is comprised of panelists who are not direct recipients of CoC funds. The responsibilities of this committee include:

1. Ranking renewal and new projects based on the review of data on project performance and effectiveness using established selection criteria
2. Ensure the ranking of projects are based on the established processes and priorities of the CoC
3. Meet as a group to discuss concerns with applications, average the scores of all panelists, and arrive at a proposed final ranking

## **Nominating Committee**

Members of this committee oversee the process established for nominating members of the CoC to serve on the Board. The responsibilities of this committee include:

1. Call for nominations no less than ninety (90) days prior to the Annual Meeting
2. Ensure candidates are members of the CoC and meet other qualifications determined by the Board
3. Prepare an official ballot together with information on the candidates
4. Ensure members receive a copy of the official ballot at least thirty (30) days prior to the Annual Meeting

# HUD Reporting Requirements

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## Annual Performance Reports

Annual Performance Reports (APRs) are required by HUD on an annual basis to track the progress and accomplishments of the island's CoC programs. The APR gathers information on performance outcomes such as the length of stay of program participants, percent of homeless persons with permanent housing exit destinations and percent of homeless persons who maintained or increased their income and mainstream benefits. These APRs are used as a planning tool to analyze the characteristics of homeless persons and their needs, to evaluate outcomes, make improvements, and to assist in setting goals to reach performance measures of HUD.

1. Recipients and subrecipients receiving CoC funds must report their annual progress to HUD via the APR
2. Recipients and subrecipients must collect and maintain information on participants served by their CoC-funded project
3. All questions in the APR must be completed before submission
4. Recipients and subrecipients must review the APR instructions issued by HUD for guidance before completing the APR
5. The CoC CA is responsible for reviewing, certifying, and submitting the APR for each CoC-funded project

Information collected in the APR includes:

1. General project information such as the dates of the operating year, program type, and program component
2. Client information, including household type, demographic information, prior living situation, income, length of stay, supportive services received, reasons for leaving, and destination upon leaving the project
3. Progress in achieving program goals
4. Financial information, including match and project expenditures for the program year
5. Recipients and subrecipients must track and keep records documenting the match received and utilized. GHURA is responsible for reviewing all match documentation and approving eligible expenses or services in accordance with the CoC Program Interim Rule regulations.

## Continuum of Care Projects

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Guam's CoC requires all project sponsors to have written policies and procedures that govern the assistance to individuals and families. These policies and procedures provide guidance as to the administration of housing and supportive services, to include the eligibility and documentation standards, and termination and grievance procedures. All written policies and procedures must follow the Interim Rule.

The following CoC-funded projects are:

### Permanent Supportive Housing Programs

- 1. Housing First Rental Assistance Program/Aftercare Housing Program** – provides Tenant-Based Rental Assistance (TRA) to homeless adults with disabilities and their families. Under the TRA, homeless adults and their families will have the opportunity to choose affordable rental housing of their choice and will utilize available supportive services.  
*Managed by the Guam Housing & Urban Renewal Authority*
- 2. Guma Hinemlo** – provides a group home for nine homeless adults with serious mental illness. Services include case management services; counseling, psychiatric, psychological, behavior analyst and other therapeutic services, such as occupational and physical therapy; and case management to assist its residents develops skills and strength in areas of coping and problem solving. The program also provides educational and vocational training and assistance in finding mainstream housing. *Managed by the Guam Behavioral Health & Wellness Center*
- 3. Empowered Together** – provides four apartment units for homeless, disabled women with children, as well as supportive services and case management. The program addresses the issues of homelessness and recovery among women by tackling the issues contributing to addiction, such as helping clients obtain and remain in permanent housing, overcome addiction, and promote health and stabilization leading to greater self-determination.  
*Managed by the Elim Pacific Ministries*
- 4. Forrester's Refuge** - provides a group home for four homeless young adults with dual diagnosis disability. The program combines life skills training and supportive counseling to more effectively help young people in homeless situations refocus their lives and become contributing members of the community. *Managed by Sanctuary, Inc.*
- 5. Y' Jahame Permanent Housing Program** – permanent housing program for homeless seniors and homeless persons with disabilities, with priority given to those with the longest histories of homelessness. Support services and assistance based on disability is also provided. *Managed by the Catholic Social Services*

### Information System

- 6. Homeless Management Information System** – human service database that collects and delivers timely, credible, quality data about **services and homeless** persons; an integral

component in which service providers will have the ability to utilize data for accurate referral, placement, and effective case management. *Managed by The Salvation Army*

# Participation Eligibility & Documentation

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All clients served through the CoC and ESG must go through the process of ranking by vulnerability and meet HUD's definition of "homeless." The ranking of vulnerability is established through the CoC's Coordinated Entry System (CES). As set forth in the HEARTH Act, the four categories of homelessness are: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, and 4) Fleeing/Attempting to Flee Domestic Violence.

The following are the criteria used for defining homeless:

## Category 1: Literally Homeless

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
  - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
  - iii. Is exiting an institution where the individual has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

## Category 2: Imminent Risk of Homelessness

- (2) Individual or family who will imminently lose their primary nighttime residence, provided that:
  - i. Residence that will be lost within 14 days of the date of application for homeless assistance;
  - ii. No subsequent residence has been identified; and
  - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

## Category 3: Homeless Under Other Federal Statutes

- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - i. Are defined as homeless under the other listed federal statutes;
  - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homelessness assistance application;
  - iii. Have to experienced persistent instability as measured by two moves or more during the preceding 60 days; and
  - iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

## Category 4: Fleeing/Attempting to Flee DV

- (4) Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks to obtain other permanent housing

### Chronically Homeless

- i. An individual who:
  1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, or an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility; and
  2. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven; and
  3. Can be diagnosed with one or more of the following conditions: (A) A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: (1) Is expected to be long-continuing or of indefinite duration; (2) Substantially impedes the individual's ability to live independently; and (3) Could be improved by the provision of more suitable housing conditions. (B) A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or (C) The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).
- ii. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria of a chronically homeless individual.

## **Documentation**

All recipients and subrecipients must maintain documentation, obtained at intake, to demonstrate the eligibility of participants served through the CoC and ESG programs. As per the Interim Rule, the order of priority for obtaining evidence of homelessness is:

1. Third-party documentation, including written and source documentation, and HMIS records;
2. Intake worker observations;
3. Certification from persons seeking assistance.

### Acceptable Evidence of Category 1: Literally Homeless

1. Written observation by an outreach worker; or
2. Written referral by another housing or service provider; or
3. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets;
4. For individuals exiting an institution – one of the forms of evidence above and:

- a. Discharge paperwork, or
- b. Written/oral referral, or
- c. Written record of intake worker's due diligence to obtain evidence of the individual exiting the institution and certification from the individual who exited the institution
  - i. Documentation must have specific entry/exit dates or duration of stay

#### Acceptable Evidence of Category 2: Imminent Risk of Homelessness

1. Documentation showing housing loss within 14 days such as a court order or other equivalent notice; or
2. For individuals and families leaving a hotel or motel – evidence that they lack the financial resources to stay; or
3. A documented and verified oral statement; and
4. Certification that no subsequent residence is identified; and
5. Self-certification or other written documentation that the household lacks the resources and support networks to obtain other housing

#### Acceptable Evidence of Category 3: Homeless Under Other Federal Statute

1. Written third-party documentation from the Federal program; and
2. HMIS record of stay, homeless certification or written referral from housing provider, written statement from a tenant/homeowner, and self-certification demonstrating the household did not have a lease, ownership interest, occupancy agreement in permanent housing during the preceding 60 days; and
3. Self-certification supported by written or oral third-party documentation, or the intake worker's due diligence to obtain third-party verification that the household experienced 2 or more moves during the preceding 60 days; and
4. If special needs, obtain a written diagnosis from a professional licensed by the state to diagnose and treat conditions OR intake observation confirmed by written diagnosis from a licensed professional within 45 days; or
5. If 2 or more employment barriers exist, obtain written documentation such as employment records, Department of Correction records or other records demonstrating a criminal history background, literacy/English proficiency tests; or other reasonable documentation; or
6. Written record of the intake worker's due diligence to obtain evidence of 2 or more employment barriers.

#### Acceptable Evidence of Category 4: Fleeing/Attempting to Flee Domestic Violence (DV)

For victim service providers:

1. Self-certification from the individual or head of household which must state the following: a) they are fleeing or attempting to flee DV; b) have no subsequent residence; and c) lack the resources to obtain other housing.

For non-victim service providers:

1. Self-certification from the individual or head of household stating they are fleeing or attempting to flee DV; and



2. If there is no threat to the safety of the individual or household, the oral statement must be verified; and
3. Self-certification from the individual or head of household that no subsequent residence, resources or support networks are available.

### Acceptable Documentation of Disability

Evidence of diagnosis with one or more of the following:

1. Substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
2. Evidence must include *one* of the following:
  - a. Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
  - b. Written verification from the Social Security Administration;
  - c. Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);
  - d. Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or
  - e. Other documentation approved by HUD.

### Acceptable Documentation for Chronically Homeless

All CoC and ESG projects must follow HUD's order of priority for obtaining evidence.

1. Third-party documentation, including written and source documentation, and HMIS records;
2. For all clients, up to 3 months can be documented through self-certification;
3. In limited circumstances, up to the full 12 months can be obtained through self-certification;
4. Written record of intake worker's due diligence to obtain third-party verification, the intake worker's documentation of the living situation, and the individual's self-certification of the living situation;
5. Written or oral documentation of a single encounter in a month establishing the household to be homeless for the entire month unless there is evidence of a break.

Evidence of a break can be documented by:

1. Third-party evidence
2. Self-report of the individual seeking assistance
  - a. 100% of the breaks can be documented by self-report

### **Order of Priority and Severity of Needs**

As mentioned earlier, clients accepted into the PSH, CoC Rapid Re-Housing Program, ESG, and Transitional Housing are prioritized based on the severity of needs. Prioritization of any of the

above mentioned program types will be dependent on the eligible criteria of each respective program. Projects will be monitored on their compliance and adherence to the CES Policies and Procedures. The CES Policies and Procedures are herein attached as “**Exhibit B.**”

# Housing Standards

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## **Housing Quality Standards**

CoC programs receiving leasing funds and units paid for under the CoC Rapid Re-Housing (RRH) and ESG must meet Housing Quality Standards (HQS). Furthermore, programs can allow for families to rent a unit that is smaller than the size indicated on the family's voucher, as long as the unit meets HQS space standards (i.e. no more than two persons per living/sleeping room). Standards cover the following areas:

- Sanitary facilities
- Food preparation and refuse disposal
- Space and security
- Thermal Environment
- Illumination and electricity
- Structure and materials
- Interior Air Quality
- Water Supply
- Lead-based paint
- Access
- Site and neighborhood
- Sanitary condition
- Smoke detectors

Lastly, any modifications to units must meet all applicable HQS requirements and conform to the design, construction, or alteration of facilities contained in the UFAS and the ADA Accessibility Guidelines (ADAAG)[28 CFR 35.151(c) and Notice 2003-31].

## **Fair Market Rents (FMR)**

For both leasing and rental assistance, a unit's total rent may not exceed the HUD determined fair market rent value, if utilities are included in the monthly amount. The annually published FMR's are gross estimates, and include the cost of utilities (except telephone/cable). If a unit is over the FMR limit, and/or does not include the cost of utilities, it must be documented in the participant file that the unit exceeds the FMR and then must meet the Rent Reasonableness threshold for that size/type of unit instead.

## **Rent Reasonableness**

Determining rent reasonableness is applicable to programs receiving rental assistance funds such as the CoC Housing First Rental Assistance Program and the Emergency Solutions Grant program. The purpose of rent reasonableness is to ensure that a fair rent is paid for each unit rented under the CoC and ESG program taking into consideration the location, size, type, quality, amenities, facilities, management and maintenance of each unit. HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable, unassisted units in the same market area. HUD also requires that owners not charge more for assisted units than for comparable units on the premises.

# Grievance Policy and Procedures

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## Grievances/Complaints about CoC and ESG-funded Programs

All CoC and ESG-funded programs are required to incorporate procedures for grievances or complaints. Furthermore, the programs covered under this policy must enforce its policies to ensure all participants being terminated from their CoC or ESG-funded program are treated equally and fairly.

For purposes of this policy, the CoC Executive Committee/Board of Directors will be responsible for processing grievances as it pertains to participants who have been placed in the Coordinated Entry System community queue and have been denied housing or services. The following establishes the Process of Rejecting Referrals and the role of the CoC Executive Committee/Board of Directors in this process.

### **Protocol for Rejecting Referrals:**

ESG and CoC funded-programs are mandated to participate in the CES and must accept all eligible referrals. Any referrals rejected must follow their program's policies and procedures, as well as the CES Process for Rejecting Referrals, especially for programs that show vacant beds. Mandated programs will fill all vacancies through referrals made through the CES. Other housing and service projects will accept referrals that meet the eligible criteria of their program.

1. Program staff must document the reasons for not accepting the referral.
2. The program staff representative must document the bed availability for its respective program each time a household is rejected. This may be completed through a screen shot taken of the bed availability.
3. Households who are eligible for other housing options listed in the CES must be placed back in the community queue. Households must be informed if they have been placed back in the community queue.
4. If the household meets pre-eligibility for the program and the household is denied, then the program staff representative must notify the household in writing within 5 business days of the reasons for denial. These reasons must be documented in HMIS.
5. Households must be notified in writing of the respective program's grievance procedures. Further, households must be notified of their right to request a hearing before the CoC Executive Committee/Board of Directors in the event the household is not satisfied with the program's final decision. Households must be notified that they must submit a letter to the CoC Executive Committee/Board of Directors within ten (10) business days from receipt of the final determination letter.

# Guam HMIS Policies & Procedures

**Homeless Management Information System (HMIS) Definition:** A computerized data collection system that stores information about persons experiencing homelessness, collected throughout the community from the various agencies that provide services to these individuals. Client-level information collected from each program can be aggregated with data from other programs using a unique client identifier to determine unduplicated system-wide information, such as the overall level of homelessness, service effectiveness, and unmet community needs.

The Guam Continuum of Care recognizes the following benefits that could come from the implementation of the HMIS and will be working toward these benefits as a goal.

- To comply with HUD and other reporting requirements
- Improve agency-level reporting or operations
- Reduce duplicative intake
- Improve service coordination and/or collaborative case management
- Improve client benefits acquisition
- Measure program performance
- Generate data to inform policy and resource allocation decisions

## **I. HMIS Roles & Responsibilities Defined**

### **A. Continuum of Care**

A coordinated approach, at the local level, to deliver services to persons who are homeless. A CoC generally includes a full range of emergency, transitional, and permanent housing and service resources to address the various needs of homeless persons.

### **B. HMIS Coordinator**

As the lead agency, The Salvation Army Family Services Center (FSC) will employ the HMIS Coordinator for the purpose of coordinating access control requirements for all HMIS end users. The HMIS Coordinator will be a member of each HMIS steering committee. FSC has employed the HMIS Support Specialist as backup to the HMIS Coordinator in order to ensure that there is no interruption of service when the primary representative is away or unavailable to assist end users.

#### **1. Responsibilities**

- i. Implement decisions made by the HMIS Committee.
- ii. Oversees HMIS operations to ensure program is performing adequately.
- iii. Facilitate policy development and ensure guidelines for security and confidentiality are reviewed and monitored as required under HUD guidelines.

- iv. Oversees HMIS contractors.
- v. Provides ongoing outreach to agency and community leadership to cultivate and maintain support and understanding of HMIS issues.

### **C. HMIS Support Specialist**

As lead agency, The Salvation Army Family Services Center will employ the HMIS Support Specialist to coordinate access controls for users within each participating agency. The HMIS Support Specialist will be responsible for technical issues. It is the responsibility of the Support Specialist to ensure the capability of data entry, however, he/she is not responsible for entering data. The HMIS Coordinator will serve as support in the event the Support Specialist is unavailable to assist end users.

#### **1. Responsibilities**

- i. Coordinating access control requirements for HMIS end users ensuring proper access level to the system is assigned.
- ii. Train all HMIS end users. The training should include a manual of guidelines and other documents provided to them by the HMIS Coordinator.
- iii. Periodically run and review audit reports to ensure appropriate privacy and data access policies are being followed by staff. HMIS Support Specialist can produce audit reports that report HMIS user activity by user ID, time, date, and what client records were added, changed, or deleted.
- iv. Helping end users with access problems, including:
  - ) Reissuing passwords when the end users forget their password.
  - ) Assisting end users with questions and/or problems with the system.
  - ) Deleting access when end users are terminated or when they leave an agency.
  - ) Ensuring that users are aware of security requirements and policies and procedures.
  - ) Informing end users when any part of the HMIS system is out of service.

### **D. HMIS Data Analyst**

As lead agency, The Salvation Army Family Services Center will employ the HMIS Data Analyst to collect, organize, and analyze data for the purpose of generating reports and monitoring program performance.

#### **1. Responsibilities**

- i. Monitors integrity of data collected
- ii. Monitors data collection practices.
- iii. Generates program, agency, and/or continuum level data reports.

## **E. Participating Agencies**

Participating Agencies agree to use the HMIS for the purposes of homeless client intake and management.

### **1. Responsibilities**

- i. All participating agencies agree to abide by all policies and procedures outlined in this manual.
- ii. All participating agencies agree to send either the Program Director or their end users to the HMIS Committee meetings.
- iii. All participating agencies agree to keep abreast of all updates and all policy changes.
- iv. Agencies will enter data for 100% of homeless clients.
- v. Each agency will be responsible for identifying and approving their respective agency users.
- vi. Each agency will be responsible for entering client data, following up on referrals, and requesting reports.
- vii. Only paid staff of participating agencies may access or be users of the HMIS system.
- viii. Access permission is contingent on continued employment at the agency, and will be terminated immediately if the user is no longer employed by the agency.

## **F. HMIS User**

HMIS users are those individuals who work in Participating Agencies. The number of users per agency will be limited.

### **1. Responsibilities**

- i. Each user will be responsible for complying with all the policies and procedures outlined in this manual.
- ii. Each user will be responsible for using the HMIS in an appropriate and ethical manner.
- iii. Each user must sign a user agreement stating full understanding of system rules and protocols before receiving a username and password to access the system. These agreements must be renewed annually or user access to the system will be revoked.
- iv. Each user must receive training in use of the HMIS system.
- v. Each user must have his or her own username and password. Usernames and passwords are not to be shared under any circumstance.
- vi. Access permission is contingent on continued employment at the agency, and will be terminated immediately if the user is no longer employed by the agency.
- vii. Users are not permitted to access HMIS via the Web from unauthorized public locations where the potential exists for viewing of

- client information from unauthorized persons. Access is allowed only from authorized agency locations.
- viii. Users will be expected to follow confidentiality and privacy guidelines. This includes not disclosing information to others and being aware of what others might see on a computer screen.

## **II. POLICIES**

### **Participation Standards**

#### **A. Agency system agreement**

An agreement will be signed by the executive director of each participating agency demonstrating the agency's agreement with the policies and procedures of the HMIS. Should an agency become non-compliant once the agreement is signed, penalties shall be imposed such as additional training, restriction from the system, or in some extreme cases, funding cuts or restriction from applying for additional CoC funding. See the appendix for a copy of the agreement.

#### **B. User agreement**

Each individual using the HMIS will sign an agreement. This will demonstrate the individual's understanding of the policies and procedures and willingness to follow the rules regarding users. See the appendix for a copy of the agreement.

#### **C. System hardware/software requirements**

Initial implementation of the HMIS will not require agencies to have any hardware or software in place. Agencies will be responsible to have necessary hardware and software in place within 3 months of initial implementation.

Any hardware or software upgrades, replacements, or warranty are not to be the responsibility of anyone other than the individual agency. Agencies will be required to ensure that their own hardware continues to meet the minimum standards prescribed by BitFocus.

The responsibility for maintaining ongoing, updated virus protection and related charges/costs is also the responsibility of the agency. Communication and internet connection difficulties will be managed between the agencies and the appropriate Internet Service Provider selected by that agency.

## **III. PRIVACY**

All policies will be set in accordance with HUD HMIS Fair Information Practices. This includes openness regarding our policies. In addition to the following practices, a sign will be posted in each program describing the HMIS and the policies for



protecting privacy. Our policies will be available to all upon request and when a website is published, the policy will be available there.

### **A. Informed Consent**

Clients must be informed about the intended use of personal client information at the time the information is collected. Agencies are responsible for having the proper procedures in place to ensure the consent to use the information in the intended manner is understood by the client. This means educating not only the HMIS user, but any intake worker or those initially gathering information from clients so they can adequately explain to clients how information will be used.

1. A verbal explanation should include a description of HMIS, how the information will be used, how it will be protected, and the advantages of providing accurate information.
2. It is also appropriate to provide a written description that echoes the verbal explanation for the consumer to keep for review. Individuals should understand exactly what they are consenting to, including the specific content of the information that will be shared.
3. The consent procedure should document the information being shared and with whom it is being shared. After the HMIS has been explained, the user should request client consent to enter the client information into the HMIS.
4. The user is then responsible for checking the appropriate HMIS checkbox on the intake form to indicate whether a verbal consent has been received from the client.

### **B. Written Consent**

Each client will be given a brochure explaining the HMIS and giving additional information on programs. The written consent form will be attached to this brochure and will contain an area for the client to sign stating that the informational brochure was received. If a client is unwilling to sign a consent form after a thorough explanation has been given, enter "John Doe" and note that consent was not given. A standard written consent form will be used by all agencies. This form will:

- ) Be stated in plain language;
- ) Include full disclosure of all the ways in which otherwise protected personal information might be collected, shared, and used;
- ) State the terms of its notice may change and describe how the individual may obtain a revised notice;
- ) State that the HMIS user or developer is not required to agree to additional restrictions that may be requested by the individual;
- ) Indicate that if the HMIS user or developer agrees to a requested restriction, the restriction is binding on the HMIS user or developer;
- ) State that the individual has the right to revoke the consent in writing, except to the extent that the HMIS user or developer has taken action in reliance thereon; and

- ) Be signed and dated by the individual;
- ) Include a guardian's signature for minors.

#### **IV. DATA**

##### **A. Allowable Uses/Disclosures**

According to HUD guidelines, data may be shared:

- ) To provide or coordinate services
- ) For payment or reimbursement
- ) For administrative functions
- ) To create de-identified PPI
- ) If required by law
- ) To avert serious threat to health/safety
- ) To protect victims of abuse, neglect, or domestic violence
- ) For academic research
- ) For law enforcement

##### **B. Data Collection Commitment**

1. Data will be entered within two (2) days of a client entering the program.
2. Users are responsible to ensure that the minimum amount of data is collected and input to the system.
3. Data from across agencies will be synchronized on a weekly basis for reporting purposes.
4. Any changes in information on a record will be entered within one week.
5. Records entered will not be changed except by the user that entered the record.
6. Follow-up information will be entered within three months from the time of client's exit from a program.

### **C. Data Standards**

Data should be as accurate and complete as possible and all procedures possible must be in place to ensure this. An agency may generate error reports to find and correct errors before reporting deadlines. The HMIS Data Analyst may also generate error reports and check them then notify the providers.

### **D. Interagency Data Sharing**

Information shared between agencies will be on a limited basis. Valid purposes for sharing would include case management or to prevent duplication. Preference will always be given to Federal and local laws and regulations such as HIPAA. Upon entry into a program, that program/agency will be able to access some information from the client's previous record. Information regarding criminal activity or communicable diseases will be shared as needed only. Should agencies choose to share information between programs, they will be responsible for making their own memorandums of understanding and it will not involve the HMIS. As described below, personal information will be kept confidential. Aggregate data will not be available to all users, but reports of aggregate information can be requested from the HMIS Coordinator. Any information not specified in the privacy notice will require written consent of the individual or legal requirement before it can be shared.

Information sharing between programs within one agency is allowable and will be left to the discretion of the agency directors.

### **E. Protected Personal Information**

Any information that can be used to identify a particular individual is protected personal information. HMIS users and developers must consider the following as protected personal information of an individual and his or her relatives, employers, or household members:

- ) Names
- ) All geographic subdivisions smaller than a village, for example street address
- ) All elements of dates (except year) directly related to an individual, including birth date, admission date, discharge date, and date of death
- ) Telephone numbers
- ) Social Security numbers
- ) Medical record numbers
- ) Vehicle identifiers and serial numbers, including license plate numbers
- ) Device identifiers and serial numbers
- ) Any other unique identifying number, characteristic, or code

## **F. Privacy Protection Protocols**

1. Agency data will always be extracted and published at the non-identifiable level.
2. All client data retrieved for custom reports will be individual, yet non-identifiable data. (For example, a client name “Mary Smith” will never show up in a report as “Mary Smith,” but as “SD123FGH”.)
3. All HMIS data that are electronically transmitted over publicly accessible networks or phone lines will have at least 128-bit encryption, which is the industry standard. Unencrypted data may be transmitted over secure direct connections. A secure direct connection is one that can only be accessed by users who have been authenticated on at least one of the systems involved and does not utilize any tertiary systems to transmit data.
4. All HMIS protected data must be stored in a binary, not text, format.
5. Protected personal information shall be stored in an encrypted format using at least a 128-bit key.

## **G. Release of Information**

Explicit authority and permission from clients is required before identifiable client information can be released. Client information may also be released as permitted under Medicaid, state, and federal statutes. In addition, the client has the right to have access to his/her own data.

1. A Release of Information (ROI) form must be signed by a client upon intake (even to low-barrier shelters) before any information (such as Social Security Number) can be shared. This form will be combined with the written consent form. A copy can be found in the appendix.
2. All HMIS Participating Agencies will be required to follow all current data security practices detailed in the Policies and Procedures manual, and adhere to the ethical data use standards, regardless of the location where agency users connect to HMIS.
3. The client will have access on demand to view, or keep a printed copy of, his or her own records contained in the HMIS.
4. A privacy notice shall be prominently displayed in the program offices where intake occurs.

5. An individual has the right to receive an accounting of disclosures of protected personal information made by and HMIS user or developer in the six years prior to the date in which the accounting is requested, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials.

## **H. Hard Copy Security**

The only reason to make hard or paper copies of information contained within the HMIS should be for an agency's own clients. At any time a hard copy is made, the following guidelines should be followed.

1. Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user or developer when in a public area. When staff is not present, the information shall be secured in areas that are not publicly accessible.
2. Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

## **V. CLIENT GRIEVANCE**

HMIS itself does not intend to create or establish any unique grievance management processes. All agencies are responsible for setting up an internal grievance process to handle client complaints related to HMIS, including grievances related to consent and release of information. This process should include documenting grievances in writing and submitting a report to the agency head to request appropriate action. A copy of this report should also be sent to the HMIS committee. Should a grievance arise in the nature of non-compliance with the HMIS policies and procedures, (such as denial of services as a result of information from within the HMIS being shared) the committee will take the appropriate action with the agency or agencies involved.

## **VI. AGENCY TERMINATION OF PARTICIPATION**

Under rare circumstances the HMIS committee may terminate an agency's participation. These circumstances would be limited to criminal acts such as violation of HIPPA regulations. Should there be other problems within an agency surrounding their use of the HMIS, an individual user could be terminated, but the agency would be expected to appoint a replacement for the user.

It would be possible for an agency to withdraw their participation, however, as long as that agency was still functioning in a capacity of helping the homeless, they would be strongly discouraged from terminating participation.

**VII. GOVERNANCE**

Creation of the policies and procedures, monitoring, supervision of compliance, and all other decisions to be made regarding the HMIS will be the responsibility of the Information Technology committee. The committee will report to the Continuum of Care and in some instances may ask for a recommendation or approval on a decision. The committee is to be made up of one or more representatives from each program using the HMIS. Representatives should have knowledge of program and/or technical issues.

**VIII. LIMITATION OF LIABILITY AND INDEMNIFICATION**

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The participating agency shall at all times remain an independent contractor with respect to the services to be performed under this Agreement.

The participating agency agrees to indemnify, save and hold harmless the HMIS Coordinator, its officers, employees and agents, from all suits or claims for damages or personal injury, of whatever nature, arising as a result of the participating agency's performance under this agreement including the acts of the participating agency's contractors, subcontractors, agents or employees. The participating agency shall reimburse any and all costs and attorney fees if the HMIS Coordinator does have to defend for the participating agency's actions under this Agreement.

## **IX. PROCEDURES**

### **A. Training**

Upon initial setup of the HMIS, the HMIS Coordinator, HMIS Support Specialist and HMIS Data Analyst will be trained in all aspects of the system. The HMIS Support Specialist will then be responsible to train all end users and make presentations to the committee and/or the Homeless Coalition. Every user must receive training before being given a username or password to access the system.

### **B. Technical Support**

Users having any difficulty with the HMIS should seek assistance from the HMIS Support Specialist. If the problem is one that cannot be solved by the Support Specialist, the HMIS Coordinator should be contacted. The HMIS Coordinator will receive technical support from the vendor per the agreement at the time of the purchase of the system. This support may be available to the users, but only after seeking the assistance of the HMIS Coordinator.

Participating agencies are responsible for providing their own technical support for all hardware and software systems used to connect to HMIS. Ongoing maintenance and support of Personal Computer and Printer hardware will also be the responsibility of the agency.

## **X. CONTINUUM OF CARE HOMELESS DOCUMENTATION**

Since HMIS is a Supportive Housing Program funded by the Continuum of Care, a clear distinction in the data entry records must be made between those clients who fit the HUD definition of homelessness and those who do not fit the definition. The HUD definition of homelessness and proper documentation of homelessness as set by the Continuum of Care is as follows:

### **A. HUD Definition of Homelessness**

Taken from:

Housing and Urban Development regulations at 24 CFR 91.5 defines a "homeless person" as an individual or family that is described in section 103 of the McKinney Act (42 U.S.C. 11302). The Act states that the term "homeless" or "homeless individual or homeless person" includes:

#### 1) Literally Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); **or**
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

## 2) Imminent Risk of Homelessness

An individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; **and**
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.

## 3) Homeless under other Federal Statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; **and**
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental



health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

#### 4) Domestic violence

Any individual or family who:

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

### **B. Documentation of Homelessness**

An end-user may only document a client as 'homeless' in the HMIS if the client fits the HUD definition of homelessness. The type of documentation must also match the category of homelessness used. After the 'Homeless' question is answered 'yes,' the end-user must scan the documents that verify homelessness. The homelessness status must again be verified before any referrals are made to a Continuum of Care funded program.

#### 1) Literally Homeless

- (i) Written observation by outreach worker; **or**
- (ii) Written referral by another by another housing or service provider; or
- (iii) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
- (iv) For individuals exiting an institution – one of the forms above **and**:
  - a) Discharge paperwork **or** written / oral referral, **or**
  - b) Written record of intake worker's due diligence to obtain above evidence **and** certification by individual that they exited institution

#### 2) Imminent Risk of Homelessness

- (i) A court order resulting from an eviction action notifying the individual or family that they must leave; **or**
- (ii) For individuals or families leaving a hotel or motel – evidence that they lack the financial resources to stay; **or**

- (iii) A documented and verified oral statement; and
  - (iv) Certification that no subsequent residence had been identified; **and**
  - (v) Self –certification or other written documentation that the individual lack the financial resources and support necessary to obtain a permanent housing
- 3) Homeless under other Federal statutes
- (i) Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria or homelessness under another federal statute; **and**
  - (ii) Certification of no PH in the last 60 days; **and**
  - (iii) Certification by the individual or head of household , and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; **and**
  - (iv) Documentation of special needs or 2 or more barriers
- 4) Domestic Violence
- (i) *For victim service providers:*
    - a) An oral statement by the victim or head of household seeking assistance which states: they are fleeing: they have no subsequent residence: and they lack resources. Statement must be documented by self-certification or a certification by a intake worker
  - (ii) *For non-victim service providers:*
    - a) Oral statement by victim or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; **and**
    - b) Certification by the individual or head of household that no subsequent residence has been identified; **and**
    - c) Self –certification, or other written documentation, that the individual or family lacks the financial resources and support network to obtain other permanent housing.

## **XI. LOCATION AND OWNERSHIP OF DATA**

As the lead agency in the HMIS Project, The Salvation Army has sub-contracted Bitfocus, Inc., to host the HMIS Software and data at their Data Center facility in Nevada. As a Data Center and Hosting company, they provide disaster and recovery services, redundant data backups, and enterprise –level infrastructure and security.

Data entered into the HMIS shall be considered owned by the client and the agency that collected the information.

In the event that the HMIS Project ceases to exist, Member Agencies will be notified and provided reasonable time to access and save client data on those served by the agency, as well as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored

In the event that The Salvation Army ceases to exist, Guam Housing and Urban Renewal Authority (GHURA) will transfer the custodianship of the data within HMIS to another organization for continuing administration, and all HMIS Member Agencies will be informed in a timely manner.

As employees of The Salvation Army, the HMIS Coordinator, HMIS Support Specialist, and HMIS Data Analyst, will have access to the software and data of the HMIS at any time. Data will not be available to all employees of the organization and all access will be kept under the supervision of the HMIS Coordinator. Proper password, security, and confidentiality guidelines will be followed at all times.

**A. Internal Operating Procedures – viruses, internal communication, backup & recovery**

Every precaution will be taken to ensure the security of the system so that no data is lost or corrupted. Virus protection will be implemented. Real-time backups will be made. A backup server will be available in the event of a disaster or loss of the regular server.

**B. Securing HMIS and Data**

The HMIS Lead Agency Staff are responsible for validating, establishing, and granting security permissions and making sure security procedures are followed.

1. Each agency is responsible for administering its own users (e.g., setting up user IDs, passwords, etc.)
2. The HMIS Support Specialist will provide a user ID and password for each agency user.
3. User names will be unique for each user and should not be shared.
4. The HMIS Coordinator and HMIS Support Specialist will have access to the complete list of users.
5. The HMIS Support Specialist is responsible for deleting accounts held by former employees.

6. Passwords will be required to be set-up and used for other areas of HMIS, including the reporting module and the batch upload module.

## **XII. ETHICAL DATA USE**

Every user bears primary responsibility for the material he or she chooses to access, store, print, send, display, or make available to others.

Appropriate use of the HMIS includes, for example:

- ) Respect for the rights of others
- ) Respect for the property of others
- ) Consideration of other persons using shared systems
- ) Confidentiality in use of passwords and personal identification numbers
- ) A presumption of the right to privacy
- ) Use of tools for the purpose for which they are intended
- ) Adherence to the etiquette and culture as defined in systems that you use

Inappropriate use of the HMIS modules includes, for example:

- ) Unauthorized access, alteration, destruction, removal, and/or disclosure of data and/or information
- ) Disclosure of confidential passwords or personal identification numbers
- ) Malicious or unethical use, and use that violates federal laws

## **XIII. USE OF SYSTEM**

### **A. Personal User Identification and Passwords**

Password protection has been used for many years to control access to computer information. A user's computer password is his/her personal key to a computer system. Passwords help to ensure that only authorized individuals access computer systems. Passwords also help to determine accountability for all transactions and other changes made to system resources, including data. If a user shares his/her password with a colleague or friend, that user will be giving an unauthorized individual access to the system. *The relevant authorized user(s) will be held responsible if an unauthorized individual uses their access privileges to damage the information on the system or to make unauthorized changes to the data.*

Users are not permitted to access HMIS via the Web from unauthorized public locations where the potential exists for viewing of client information from unauthorized persons. Access is allowed only from authorized agency locations.

## **B. Rules for User IDs and Passwords**

1. Passwords should be kept confidential and should never be shared.
2. Passwords should not be written down.
3. Never use the same password twice. When selecting a new password, choose one that is quite different from the previous password.
4. Passwords should be changed frequently. The shorter the life of a password, the better it is. The HMIS will require a password change every 45 days.
5. Passwords must be a minimum of eight characters.
6. Passwords should contain at least one upper case character, special character, and number.
7. Passwords should not be trivial, predictable, or obvious.
  - i. *Obvious* passwords include names of persons, pets, relatives, cities, streets, your user ID, your birth date, car license plate, and so on.
  - ii. *Predictable* passwords include days of the week, months, or a new password that has only one or two character different from the previous one.
  - iii. *Trivial* passwords include common words like 'secret', 'password', 'computer', etc.
  - iv. Your password should not be the same as your user ID.
8. DO NOT use someone else's ID or password. If more access is needed than the user presently has or if he/she is having problems with access, contact the Agency Administrator for help.
9. BEWARE of "shoulder surfers". These are people who stand behind others and look over the shoulder while the individual is keying in a password or PIN, or while working with confidential information.
10. DO NOT use your access level to enable other individuals to access information that they are not authorized to access, or to submit transactions that they are not authorized to submit.
11. NEVER write down passwords or post them on terminals or other obvious places.
12. LOG OFF when finished using the terminal or workstation, or if stepping away from the desk, even momentarily.

13. If a user is going to be away from the office for an extended period (e.g., maternity leave or vacation), he/she should ask Agency Administrator to get his/her ID temporarily suspended. ID will be reactivated upon return.

#### **XIV. ADDITIONAL DEFINITIONS**

- A. Data encryption:** The conversion of plain text into masked data by scrambling it using a secret code that hides its meaning to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.
- B. Disaster and recovery:** Services involved in planning and preparing for contingencies to address HMIS continuity during catastrophes. Preparation can include setting up onsite and off-site backup systems, a changeover process when a backup server is needed, backup power supply and communication link preparedness, and recovery of lost data.
- C. Firewall:** A hardware and/or software system that enforces access control between two networks.
- D. HIPAA:** The Health Insurance Portability & Accountability Act of 1996. Specifically, this law calls for the standardization of electronic patient health, administrative, and financial data; unique health identifiers for individuals, employers, health plans, and healthcare providers; and security standards protecting the confidentiality and integrity of "individually identifiable health information," past, present, or future.

# FY2016 - Performance Measurement Module (Sys PM)

## Summary Report for GU-500 - Guam CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

## Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

## FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	528	531	561	54	49	60	11	47	47	59	12
1.2 Persons in ES, SH, and TH	577	580	607	64	59	67	8	56	56	59	3

b.

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	561	-	80		-	59	
1.2 Persons in ES, SH, and TH	-	607	-	88		-	60	



## FY2016 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	152	138	9	15	11%	1	1	1%	7	10	7%	26	19%
Exit was from TH	49	54	4	5	9%	1	2	4%	2	3	6%	10	19%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	11	78	1	0	0%	1	8	10%	1	7	9%	15	19%
TOTAL Returns to Homelessness	212	270	14	20	7%	3	11	4%	10	20	7%	51	19%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

## FY2016 - Performance Measurement Module (Sys PM)

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1280	1085	-195
Emergency Shelter Total	73	105	32
Safe Haven Total	0	0	0
Transitional Housing Total	14	7	-7
Total Sheltered Count	87	112	25
Unsheltered Count	1193	973	-220

### Metric 3.2 – Change in Annual Counts

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	589	582	607	25
Emergency Shelter Total	539	533	561	28
Safe Haven Total	0	0	0	0
Transitional Housing Total	56	55	48	-7

## FY2016 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	27	26	-1
Number of adults with increased earned income	0	0	0	0
Percentage of adults who increased earned income	0%	0%	0%	0%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	27	26	-1
Number of adults with increased non-employment cash income	1	1	1	0
Percentage of adults who increased non-employment cash income	5%	4%	4%	0%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	27	26	-1
Number of adults with increased total income	1	1	1	0
Percentage of adults who increased total income	5%	4%	4%	0%

## FY2016 - Performance Measurement Module (Sys PM)

### Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	16	31	48	17
Number of adults who exited with increased earned income	3	6	4	-2
Percentage of adults who increased earned income	19%	19%	8%	-11%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	16	31	48	17
Number of adults who exited with increased non-employment cash income	3	4	7	3
Percentage of adults who increased non-employment cash income	19%	13%	15%	2%

### Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	16	31	48	17
Number of adults who exited with increased total income	6	9	10	1
Percentage of adults who increased total income	38%	29%	21%	-8%

## FY2016 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	540	536	554	18
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	108	109	123	14
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	432	427	431	4

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	656	651	672	21
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	119	122	147	25
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	537	529	525	-4

## FY2016 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

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

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	0	0	2	2
Of persons above, those who exited to temporary & some institutional destinations	0	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0	0
% Successful exits			0%	

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

## FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	537	547	527	-20
Of the persons above, those who exited to permanent housing destinations	227	236	150	-86
% Successful exits	42%	43%	28%	-15%

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	107	88	97	9
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	98	80	89	9
% Successful exits/retention	92%	91%	92%	1%

## **FY2016 - SysPM Data Quality**

### **GU-500 - Guam CoC**

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

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

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



## FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	54	49	79	84	74	74	22	21	144	102	104	160								
2. Number of HMIS Beds	54	49	49	79	74	74	22	21	71	60	57	81								
3. HMIS Participation Rate from HIC ( % )	100.00	100.00	62.03	94.05	100.00	100.00	100.00	100.00	49.31	58.82	54.81	50.63								
4. Unduplicated Persons Served (HMIS)	429	453	536	565	251	104	56	49	69	165	106	109	0	0	0	0	0	0	58	58
5. Total Leavers (HMIS)	388	410	450	502	239	86	42	37	20	101	40	45	0	0	0	0	0	0	0	2
6. Destination of Don't Know, Refused, or Missing (HMIS)	14	14	21	44	17	5	0	1	1	2	0	1	0	0	0	0	0	0	0	0
7. Destination Error Rate (%)	3.61	3.41	4.67	8.76	7.11	5.81	0.00	2.70	5.00	1.98	0.00	2.22								0.00