GUAM HOUSING AND URBAN RENEWAL AUTHORITY

For Immediate Release

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Continuum of Care Project Rating and Ranking

Sinajaña, GU (January 31, 2014) – Under the guidance of the Guam Housing and Urban Renewal Authority (GHURA), the Guam Homeless Coalition (GHC) has rated and ranked project applications for the FY 2013- 2014 Continuum of Care (COC) program. Approximately $1.3 million of grant funds have been appropriated by the U.S. Department of Housing and Urban Development (HUD) to prevent and end homelessness on Guam. The Guam Homeless Coalition, composed of services providers, non-profits, and faith-based organizations, has formed the Review and Ranking Committee (RRC) to review all project proposals submitted to the COC. Nine project renewals and one Planning Cost application were submitted.

RRC's duties include site visits to the proposed projects, provide suggestions for program improvement, and recommend projects to be included in the COC consolidated application. Final approval rests with GHC members. All applicants are accountable for program accomplishments and goal outcomes. Applicants receive feedback regarding determinations and recommendations made by the RRC.

GHC recently conducted its annual Point-in-Time (PIT) count on January 24, 2014.   Final numbers and background details will become available by end of spring. Last year's PIT count shows 1,271 homeless individuals residing on Guam. Through HUD grant funds, GHC members and the Government of Guam can continue its collaborative effort to support and service homeless families and individuals with the aim of ending homelessness on the island.

For more information about GHURA, visit www.ghura.org.

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Ranking	Applicant Name	Project Name	Score	Project Type	Component Type	Amount Requested
1	Guam Housing & Urban Renewal	Aftercare Housing Program	96.3	Renewal	PH	$193,482.00
2	Salvation Army	HMIS	93.7	Renewal	HMIS	$80,644.00
3	Salvation Army	HMIS	93.3	Renewal	HMIS	$36,482.00
4	Guam Housing & Urban Renewal	Housing 1st Rental Assistance Program	93	Renewal	PH	$181,677.00
5	Catholic Social Services	CARIDAD Supportive Services Program	92.8	Renewal	PH	$28,762.00
6	Guam Behavioral Health & Wellness Center	Guma Hinemlo	87.5	Renewal	PH	$323,031.00
7	Sanctuary, Inc.	Forrester's Refuge	82.5	Renewal	PH	$129,450.00
8	Elim Pacific Ministries	Oasis Empowerment Center	79.3	Renewal	TH	$127,805.00
9	Elim Pacific Ministries	Empowered Together	78.8	Renewal	PH	$129,258.00
10	Guam Housing & Urban Renewal	Planning Cost		New	Planning	$16,766.00

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
 - Project Listing

  Please Note:

 - Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
 - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
 - As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/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

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?   Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?   Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person?   Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.   Outreach, Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	No
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Executive Committee	Members include the Guam Homeless Coalition Chairperson Engage new members to the local CoC; conduct orientation for new members; Develop recommendation regarding status of the local CoC including update of the bylaws, policies and procedures. Assist Information technology committee to prepare reports for the PIT Count.	Monthly	University of Guam, The Salvation Army, Oasis, Guam legal Services Empowerment Center, Dept. of Labor, GHURA, Catholic Social Service, Guam Behavioral Health & Wellness Center
1C-1.2	Information Technology and Data Collection	Oversight of the Homeless Management Information System; prepare reports for Homeless data Exchange, generate Annual Progress Reports; ensure that participating organizations and staff update client and program information in HMIS; coordinate and conduct refresher training for new end users; organize the planning and implementation of the annual Point-In- Time homeless count.	Monthly	GHURA, The Salvation Army, University of Guam, Catholic Social Service, Dept. of Public Health & Social Service, Guam Communit College, Guam Dept. of Education
1C-1.3	Advocacy and Education	Educate the public, as well as political leaders on issues related to homelessness and; Coordinates training for service providers. Organize the Consumer Voice group. Carry out outreach and awareness activities periodically.	Monthly	Oasis Empowerment Center, Dept. of Labor & Agency for Human Development, Guma Mami, GHURA, Office of the Governor, Sanctuary, Incorporated, US Dept. of Veterans Affairs - Pacific Island Health Care Systems, Health Care for Homeless Veterans
1C-1.4	Strategic Planning Committee	Coordinate the preparation and submission of the CoC application. Participate in planning and implementation of the annual Point in Time Count as well as the "Passport to Services" ; Updates the Plan to End Homelessness Research on other funding opportunities that may fill gaps in services within the local Continuum of Care	Monthly	GHURA, Catholic Social Service, The Salvation Army, Dept. of Public Health & Social Service, Guam Legal Services, Dept. of Education, US Dept. of Veterans Affairs
1C-1.5				

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

CoC-wide committees, subcommittees, and work groups comprise of representatives that are part of organizations that provide services to homeless persons. The CoC continues to open its membership to homeless persons as they are better advocates because of their experience. Individuals and groups may present issues, concerns, or new program information during the monthly general meetings.   Issues and concerns may identify gap service areas, service coordination deficiencies, or complex situations that may warrant a specific ad-hoc work group to develop strategies, or be added to actions in strategic planning. Groups may initiate independent plans to address homeless individuals, and the coalition provides information on where these plans can be implemented to address gap issues or to expand services.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

The CoC Review and Ranking Committee members are given time to review each new or renewal project several days in advance before the committee convenes. Documents such as APR, financial and monitoring reports are provided to the committee. After discussion and analysis of each project and any concerns that committee may have, each member is then responsible for utilizing one score/selection criteria sheet per program application to determine their ranking. All score sheets are then averaged out per program and ranking is then determined based on the scores. Members of the CoC and applicants are notified of the results of the ranking and endorsement of the RRC. Information is posted in GHURA's website.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The CoC Review and Ranking committee is provided not only the program applications to review, but also the financial status of each program to assist in determining how the program has performed financially within the past year and a spreadsheet showing the following: number of persons served in the prior year, average bed utilization rate, number of persons who left the program, number of persons who exit or remain in permanent housing, percentage of persons who exit or remain in permanent housing, number of persons who obtained or maintained employment, percentage of persons who obtained or maintained employment , number of persons who increased or maintained total income at exit, percentage of persons who increased or maintained total income at exit, number of persons who obtained or maintained at least one mainstream benefits and percentage of persons who obtained or maintained at least one non-cash benefit.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

The CoC announces the NOFA during general membership meetings and on GHURA's website. The CoC provides information that addresses the needs of homelessness in our community as well as the gaps in services. The CoC provides technical assistance and meets with interested entities should they have proposals and establish the project, the capacity of the organization, proposed outcomes, and previous performance results. The CoC encourage all organizations to present their programs to determine if the proposal meet the needs of people experiencing homelessness.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.   01/31/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?   02/03/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?   Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

Not applicable.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?   No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

Not applicable.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

The Collaborative Applicant, the Guam Housing and Urban Renewal Authority (GHURA), ensures that the HMIS lead is in compliance with the CoC Program Interim Rule and Data Standards by conducting annual monitors and site visits. These monitors encompass a review of all expenditures and timesheets and program policies and procedures. GHURA also provides technical assistance and guidance to the HMIS lead in the event of any changes to federal regulations that will impact data collection and reporting. As administrators of CoC funds, GHURA conducts desk reviews when CoC-funded programs such as the HMIS submit payment requests. These desk reviews identify any patterns of ineligible requests and are remediated through technical assistance provided to program and fiscal staff.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead?
If yes, a copy must be attached.   Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

The HMIS Policies & Procedures (P&P) encompasses a Privacy Plan, Security Plan, and Data Quality Plan. To reflect changes to the CoC's By-laws, the HMIS revised its P&P on March 2013. Any changes to the CoC's By-laws that affect Sub-committee P&P are voted and either passed or rejected through the CoC general membership meeting. Contributing HMIS Organizations (CHO) enter into a Memorandum of Understanding (MOU) with the HMIS lead which mandates the CHO to comply with federal regulations as it pertains to confidentiality and the HMIS P&P. CHO's are required to execute new MOUs whenever organizations experience a change in leadership. Program staff with HMIS access are also mandated to sign an End-User Agreement which outlines responsibilities as a user of the system, code of ethics, privacy and data security policies. End-user Agreements are renewed on an annual basis.

2A-4 What is the name of the HMIS software Clarity Human Services Software
selected by the CoC and the HMIS Lead?
Applicant will enter the HMIS software name
(e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Bitfocus, Inc.
Applicant will enter the name of the vendor
(e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS No
software within the next 18 months?

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

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)   GU-500 - Guam CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$117,146
ESG	$0
CDBG	$29,287
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$146,433

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

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

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-3.6 Total Budget for Operating Year	$146,433

2B-4 How was the HMIS Lead selected by the CoC?   Agency Applied

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

Not applicable.

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

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

2C-2 How often does the CoC review or assess its HMIS bed coverage?   Semi-Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

Of the five housing types, PSH beds yielded the lowest HMIS bed coverage rate. The reason for the low bed coverage rate is due to the HUD-VASH vouchers representing approximately 51% of the total PH beds. Although a member of the CoC, the VA has chosen to utilize the HOMES case management software instead of the HMIS. Although not direct users of the HMIS, the VA does provide data during the annual Point-in-Time Count and Housing Inventory Chart (HIC). Because VASH vouchers are included in the HIC but are not entered into HMIS, the coverage appears to be at a low coverage rate when in actuality the coverage is at 100%.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)

As a member of the CoC, the VA is well aware of the requests to utilize the HMIS for reporting purposes. Guam, in the meantime, continues to include VASH in its HIC and provide PSH bed coverage based on what is entered into the HMIS. Because of this discrepancy, Guam continues to show a low coverage of PSH beds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	40
Transitional Housing	15
Safe Haven	0
Permanent Supportive Housing	26
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

Guam's HMIS software, Clarity Human Services, is able to generate all data needed for the following HUD reports; the Annual Performance Report (APR) for Transitional Shelters, Permanent Supportive Housing, Shelter + Care, Emergency Solutions Grant(ESG) Homeless Prevention and Rapid Re-housing, and the HMIS Specific APR; the Annual Housing Assessment Report for Guam's Emergency Shelters, Transitional Shelters, Permanent Supportive Housing , and Veteran's Affairs Grant Per-Diem program; ESG data for the Consolidated Annual Performance and Evaluation Report (CAPER); and the Community Development Block Grant (CDBG) Integrated Disbursement Information System (IDIS) reports.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?   Semi-Annually

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

The HMIS Coordinator meets with the Information Technology Committee which comprises of at least one representative from each organization that utilizes the HMIS. Any issues regarding data quality, integrity, or issues with the case management software are discussed. Minutes from these meetings are then reported in the monthly CoC's general members meeting and, if needed, to address issues that require the Coalition's approval. The HMIS Lead identifies any issues affecting the quality of data, informs the respective CHO of such issues, and provides technical assistance as needed. Additionally, any major changes to the system that require the HMIS vendor, BitFocus, Inc., to provide technical assistance is made available to all CHO end-users.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?   Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* **Measuring the performance of participating housing and service providers**	Quarterly
* **Using data for program management**	Quarterly
* **Integration of HMIS data with data from mainstream resources**	Never
* **Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.   Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Data collection for entry and exit of clients is stated on page 6, Section B. Data and Collection Commitment, subsection 1, 4, and 6.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?   Yes

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	13%	0%	87%
Transitional Housing	0%	3%	0%	97%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Comparing the 2012 and 2013 shelter point-in-time counts, Guam noted a decrease of 32%. The following factors contributed to the decrease in sheltered count: 1) the conversion of a transitional housing program to affordable rental housing for special needs population; 2) Emergency shelter beds for men decreased due to zoning regulations limiting the number of shelter beds that can be made available through the facility.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

No other methods were utilized besides the methods indicated above - survey providers and HMIS.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

Survey providers: a complete count was conducted for all homeless shelters on island. The respective shelter administrators were provided the same survey instrument utilized for the unsheltered count to capture client level information. HMIS: information collected through the shelter providers via the survey instrument is matched to the data inputted into the HMIS by contributing HMIS organizations (CHO). Shelter participants who are surveyed must have been entered into the HMIS by CHOs upon entry into the program. Domestic violence shelters, however, do not input data into the HMIS but are included when collecting sheltered count data.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

This section does not apply as other methods besides those indicated above were utilized to gather and calculate subpopulation data for sheltered homeless persons. These methods are HMIS and and non-HMIS client level information.

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

HMIS: the CoC gathers subpopulation data for sheltered homeless persons through the survey instrument. HMIS is utilized to match information collected through the survey instrument for CHOs only.
Non-HMIS client level information: the CoC utilizes the survey instrument to collect non-HMIS client level information. The survey instrument captures information that is consistent with HUD data standards. The CoC reviewed the surveys, tallied the results, conducted an HMIS audit for validity and reported obtained data to the CoC.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

No other methods were utilized besides those mentioned above to ensure the quality of the data collected during the sheltered PIT count. The methods identified are training, non-HMIS de-duplication, and HMIS.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training: To ensure uniform data collection, the CoC provided training on how to properly utilize the survey instrument to all volunteers including shelter providers.
Follow-up: The HMIS Lead followed-up with shelter providers if the total number of their counts do not match HMIS data. Any discrepancies are resolved prior to finalizing the shelter count report.
HMIS: Guam utilizes the HMIS to verify the numbers submitted by the shelter for single individuals, families with children, and families without children match what is already in the system.
Non-HMIS De-duplication: Shelters that do not participate in HMIS are required to make sure persons assisted with housing are onsite during the night of the PIT count. This ensures non-duplication of persons being counted under the unsheltered count or possibly in another shelter.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/25/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

Comparing the 2013 and 2012 unsheltered count, Guam saw a slight increase of 3%. The slight increase may have been attributed to improved weather conditions as heavy rains caused the scatter of homeless persons leaving known sites to be empty.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	

2L-2 If other, provide a detailed description.
(limit 750 characters)

Guam's CoC utilized the method "public places count with interviews on the night of the count" to count unsheltered homeless person during the 2013 PIT count.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

The first task was to identify a comprehensive list of sites where unsheltered homeless persons were known to congregate. Each team was assigned a set of sites to cover. At each site, the team leader assesses the area to see if it falls within HUD's definition of a place not meant for human habitation. Once this has been established, one person, normally the head of household, is interviewed from each family or group of persons encountered. Prior to beginning the interview, the individuals are asked if they were interviewed already. If yes, the team proceeded to the next site on their list. If a group is comprised of individuals that are not part of a household, then each individual are interviewed separately.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Known Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

Not applicable. Only known locations were utilized when locating unsheltered homeless persons during the PIT count.

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description.
(limit 750 characters)

No other steps were taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count other than training and survey question.

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here.
(limit 750 characters)

Training: The CoC provided training to all volunteers prior to the day of the PIT count. Volunteers were trained on how to utilize the maps for their assigned sites to prevent overlapping of teams and reduce duplication of surveys. Volunteers were advised to observe other factors such as whether or not an individual/family is in possession of a care bag which would be an indicator that the person(s) were interviewed already.
Survey question: The CoC developed the survey to begin with the statement "Have you or anyone with you been interviewed?". To ensure uniformity, all volunteers were trained on the importance of this statement. If the individual responded with a yes, then the surveyor did not proceed with the interview.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		25	19	18
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	68	70	85	86
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		7	1	1
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		14%	85%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

In 2013, Guam CoC implemented two permanent supportive housing programs that provided 10 PH beds for the chronically homeless. A 3rd project, Y Jahame, will provide another 16 beds for single chronically homeless or 8 room units for chronically homeless families. Case management and support services will be provided to establish stability and graduate to additional activities that include substance treatment, life skills, and gainful employment. The goal of the service plans will be to maintain stability of environment and exit to other permanent housing of their own. Concurrently, Guam CoC will work with other community partners to identify non-HUD programs, such as medical foster homes and group homes, to offer permanent housing placement options. Additionally, the Guam CoC will develop different strategies to prevent homelessness, which focuses on obtaining and maintaining employment, awareness of resources for assistance as needed, and financial counseling.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The Guam CoC, through the Strategic Planning Committee, has the responsibility of implementing activities and evaluating the effectiveness of such activities in identifying the chronically homeless, linking them to services and programs, and placing them in permanent housing type residences.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?   Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	56	69	72
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	50	55	59
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	89%	80%	82%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The level of income of many of the chronically homeless are at subsistence levels and not sufficient to meet all basic needs, including shelter costs. This condition is exacerbated by the lack of fiscal discipline to live within a fixed amount, and financial housing assistance is not available to provide the subsidy to cover the cost of rent. The goal to housing stability is to enter into gainful employment and begin the transition to self-reliance. However, behavioral issues, such as alcohol and substance abuse, and failure to seek work, have been the barriers to stabilizing the individual's situation. The process will involve more intensive case management with frequent monitoring to ensure active participation in the array of services planned for the individual and families. Such monitoring will enable the social worker to reassess the impact of the services and to revise or amend plans.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Guam CoC, through its various projects and collaborative partners, will be responsible for addressing and increasing the rate of housing stability. The performance outcomes, as reported through the APR and monthly status updates, will provide the data to ascertain the progress/success of individuals and the strength of the partnerships.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:   81

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	7%	20%	21%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	22%	54%	55%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	19	23.46	%
Unemployment Insurance	0		%
SSI	0		%

SSDI	9	11.11	%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	1	1.23	%
General Assistance	12	14.81	%
Retirement (Social Security)	4	4.94	%
Veteran's pension	0		%
Pension from former job	0		%
Child support	0		%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	32	39.51	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
 (limit 1000 characters)

At point of entry into the various CoC-funded projects, case management services provide linkages to access public assistance benefits, such as TANF, General Assistance, SNAP, & medical assistance. These programs have work requirements as a condition of eligibility, & link with the Dept. of Labor for skill training, job development, and eventually job placement. CoC-funded project generally assess the participant's capabilities and barriers to employment as they develop a service plan with realistic employment goals. For eligible individuals, public aid benefits provide the gap aid while clients undergo training or education. Guam CoC will explore a closer relationship with the TANF agency to prioritize placement of TANFor GA clients who are chronically homeless in training programs that will lead to a job placement. Guam CoC will continue to explore how job readiness services can be provided to individuals who lack the prerequisites for job entry with the One Stop Career Center.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
 (limit 1000 characters)

The development of a phased in service plan that outlines realistic employment goals is critical to improving employability and increasing employment income. The first goal would be to get a job. The phases may include basic GED or adult high programs to improve the cognitive skills of the individual. Job explorations can be developed for individuals who do not have any particular career path. As occupational fields are identified, the individual would be set up for that career path either through vocational education or post-secondary education. For those wanting to enter the job world, they may be set up with on-the-job training or at entry level jobs in the various industries. Case management support would be provided at least monthly to gauge adjustment concerns, stress management, and budgeting. Milestones within the job arena will be identified to monitor the progress or success of the individual, and to revise or amend supports and reinforcement activities.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Guam CoC, through the Strategic Planning Committee, will be responsible for assessing the progress of achieving the goal. The Guam CoC will continue to utilize HMIS reports and customized reports to assess the projects performance outcomes.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 81

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	72%	57%	58%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	51	62.96 %
MEDICAID health insurance	32	39.51 %
MEDICARE health insurance	6	7.41 %
State children's health insurance	0	%
WIC	2	2.47 %

VA medical services	2	2.47 %
TANF child care services	0	%
TANF transportation services	0	%
Other TANF-funded services	0	%
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	0	%
Other Source	8	9.88 %
No sources	23	28.40 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

All Coc-funded projects that provide case management services includes access to mainstream benefits as individuals navigate and participate in the service plan activities. Families, individuals with disabilities, and the elderly who have been determined eligible generally maintain participation in these programs indefinitely unless disqualified for program violation, such as drug felonies. Individuals who migrate to Guam from the compact states are not eligible for TANF, General Assistance, SNAP, Medicaid assistance or VA services. The CoC will have to develop a different strategy for assisting these compact citizens who are not employed.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

The Guam CoC, through its membership and collaborative partners, will be responsible for addressing and enabling the access to mainstream benefits for chronically homeless individuals who are potentially eligible for assistance, if they are not already receiving benefits. All CoC-funded programs are responsible for assisting their program participants in obtaining non-cash mainstream benefits from entry date to program exit.

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

Objective 5:   Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	10	20	23
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Rapid Re-housing program will provide up to 24-months of temporary financial assistance, case management, financial literacy, landlord-tenant mediation, and housing search and placement. Households with minor children will be prioritized over single persons seeking rapid re-housing assistance. Program participants are expected to be motivated and committed to establishing a safe and stable home, have a practical financial plan, and have a realistic plan to maintain their housing in a reasonable defined timeframe. Social workers (SW) collaborate with program participants to develop a Housing Stability and Affordability Plan (HSAP). HSAP focuses on helping the household become self-sufficient during and after Rapid Re-housing assistance. SW performs case management regularly to ensure household is meeting HSAP objectives as well as re-certifications to assess the household's needs and accomplishments. SW will complete a 3-month follow-up from the date of exit.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Salvation Army-Family Services Center the subrecipient that administer the Emergency Solutions Grant Rapid Re-Housing Program will be responsible for increasing the number of households with children that are assisted through rapid re-housing. TSA FSC staff collaborate with the Guam CoC and emergency shelter to assist households that are experiencing homelessness.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)

Households with children are given priority over other households experiencing homelessness. Program participants may be provided with up to 24-months of assistance (financial assistance, case management, etc.). Based on the financial information provided at re-certifications, the social worker is required by grantee to refer to the Housing Choice Voucher Program Guidebook (Chapters 5-6) to calculate rent and to complete the Resident Rent Calculation Worksheet.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)

As mandated by HUD, Rapid Re-housing providers, The Salvation Army-Family Service Center, conduct at least one (1) monthly case management with households. Case management is provided to all program participants residing in CoC and ESG-funded programs.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Upon Rapid Re-housing Program entry, social workers and program participants identify barriers that prevent the household from gaining housing stability. Through a collaborative effort, a Housing Stability and Affordability Plan is developed addressing the needs/ barriers identified at assessment. Monthly case management meetings address any challenges the household faces in meeting the stated objectives. Re-Certification meetings determine the household's progress and attainment of HSAP goals and to determine if additional assistance is needed. Social/ Case worker completes a 3-month follow-up from the date of program exit.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place   State Mandated Policy
mandated by the State, the CoC, or other?

3B-1.1a If other, please explain.
(limit 750 characters)

This section as not applicable as the Foster Care discharge policy is a State Mandated Policy.

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The CoC continues to work closely with Guam's Child Protective Services (CPS) program as they continue to struggle to find foster care homes for children in their custody. In the meantime, CPS works closely with the CoC's temporary shelter programs for children on island. All children under the care of CPS are the responsibility of the Government of Guam who is ultimately responsible for the safe and secure placement of all children. CPS screens and licenses the island's foster homes and provide routine monitors of homes and placement. Homeless veterans who seek a "home-like" environment can access services through the Medical Foster Home Program. Primary health care is provided to veterans who are partnered with caregivers along with the program's Home Based Primary Care team.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Guam's CPS program is the entity responsible for children and minors who have been harmed or threatened with harm. CPS works closely with temporary shelters on island for children and teenagers who cannot reunite with their families and/or have not been placed into foster care. Of the population served, teenagers continue to make up half of those in need and are the most difficult to place as most foster care homes do not accept children above 12 years old. All children under the care of CPD are under the care of the Government of Guam who is responsible for the safe and secure placement of all children under their custody. CPS screens and licenses the island's foster homes and provide routine monitors of homes and placement. The U.S. Department of Veteran Affairs (VA) is the responsible entity for coordinating the services for homeless veterans. The CoC work together with the VA when addressing the housing and services needs of homeless veterans.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place   State Mandated Policy
mandated by the State, the CoC, or other?

3B-2.1a If other, please explain.
(limit 750 characters)

This section is not applicable as the Health Care discharge policy is a State Mandated Policy.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

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

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

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

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place   State Mandated Policy
mandated by the State, the CoC, or other?

3B-3.1a If other, please explain.
(limit 750 characters)

This section is not applicable as the Mental Health discharge policy is a State Mandated Policy.

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The Guam Behavioral Health and Wellness Center (GBHWC) has established an
"Interdepartmental Waiting List Policies and Procedures" which place individuals in need of placement on a wait list until the housing placement is available and secured. At this time, GBHWC is in the process of addressing all issues and concerns brought about as the result of a permanent injunction filed by consumers. Discharge Planning has been identified as a key point of concern. The Center has been working diligently to address this concern and implement effective policies and procedures, which will have clear and established protocols for all individuals in need of housing placement prior to discharge. The current Wait List policy restricts GBHWC from releasing individuals who would otherwise be homeless upon discharge.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The GBHWC is the lead agency for Guam's mental health care system. The Center works closely other organizations for patients who are homeless but need continued care such as residential substance abuse treatment. The agency also works closely with GHURA to identify permanent supportive housing placement for residents with severe mental illness and/or other disabling conditions. GBHWC conducts internal referrals to two CoC-funded programs, namely the Guma Hinemlo and Housing First Rental Assistance Program for clients who are homeless with disabling conditions. Other housing is identified such as family and friends for participants who are not placed in CoC-funded programs.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other?   State Mandated Policy

**3B-4.1a If other, please explain.
(limit 750 characters)**

This section is not applicable as the Corrections discharge policy is a State Mandated Policy.

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

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

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Guam has two correctional facilities on island. The Department of Corrections is the main correctional facility for adult male and females. The Department of Youth Affairs addresses the correctional services for Guam's youth population. The two entities work closely with community organizations should permanent housing not be established outside of locally, federally or privately funded housing programs.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Guam's Consolidated Plan has included several goals aimed to address and end homelessness. The following goals have been identified as a direct benefit to the national goal of ending homelessness: Acquire, construct, rehabilitate, or convert structures for use as housing for special needs populations; Construct or rehabilitate facilities to serve low-and moderate-income communities and special needs populations: Emergency and Transitional Shelters; Support the work of organizations providing assistance to very-low and low-income individuals, and special needs populations; and Sustain access to suitable living environments serving special needs populations.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

Guam's CoC, the Guam Homeless Coalition (GHC), continues to coordinate with the Guam Housing and Urban Renewal Authority (GHURA)to determine the funding priorities based on the assessed need of the community. The CoC and GHURA utilize data collected through the HMIS, as well as data derived from the PIT Count and the outreach event, the Passport to Services, to determine the best use of ESG funds. Based on the data available, it was determined that prioritizing funds for rapid re-housing and homeless prevention services to be the best fit for the community as limited funds are available to provide such services. Additionally, the CoC has determined that a higher percentage of funds are to be allocated for rapid re-housing services as other funds such as FEMA's Emergency Food and Shelter Program are available to provide homeless prevention services. Guam utilizes the HMIS to capture client level information on the persons served through ESG funds. Information obtained through HMIS as well as funds expended at the end of the fiscal year are reported in Guam's Consolidated Annual Performance and Evaluation Report (CAPER) which is submitted to HUD for approval.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)

According to Guam's allocation of ESG funds for Program Year 2013, 60% of funds are to be utilized for rapid re-housing services and 40% of funds are to be utilized for homeless prevention services. As mentioned above, the CoC and the ESG grantee, GHURA, determined that the best use of funds will be to quickly house homeless persons and prevent homelessness and receive supportive services while being housed. A higher percentage was allocated to rapid re-housing as other funding sources such as FEMA Emergency Food and Shelter Program already provide funds for homeless prevention.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)

Guam's CoC continues to implement discharge policies and improve upon its measures to prevent the release of patients into homelessness. Additionally, the CoC work in collaboration with each other to ensure supportive services are provided while participants are housed so that housing stability is achieved. Organizations assess each individual and family identifying specific services that will benefit and assist each household in obtaining housing stability. Other than CoC funds and ESG homeless preventions services, Guam utilizes funds from the FEMA Emergency Food and Shelter Program to provide homeless prevention assistance. Homeless persons assisted through the emergency shelters are assisted with obtaining permanent housing, subsidized or unsubsidized, and are referred to the ESG program to obtain rapid re-housing services. Guam has identified the following impediments to fair housing: Enforcement of laws to current landlord and tenant code; Law not substantially equivalent to federal fair housing law; Lack of fair housing enforcement organization; Lack of comprehension of complaints system; and Difficulty understanding laws, rights and resources.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.
(limit 1000 characters)

Guam's CoC, the GHC, comprises of all levels of government and the private sector, including non-profit and for-profit organizations working together to end and prevent homelessness. Guam does not receive HOPWA funds; however, the CoC provides shelter to persons with AIDS and coordinates the healthcare needs with the island's public healthcare system. The CoC continues to assess all program participants identifying the need for TANF and early childhood educational services such as head start. The CoC comprises of several organizations whose housing programs are funded directly through local funds and through other federal resources other than CoC funds. Additionally, the CoC includes philanthropic organizations and foundations who contribute to island wide events such as the PIT count and Guam's annual outreach event. Monetary and gift in kind resources are contributed to the Guam Homeless Coalition allowing the coalition to extend its reach to assist homeless persons and/or programs who are limited due to regulatory requirements.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

Guam's PHA does not prioritize homeless individuals and families for admission into housing. However, CoC programs assess the housing needs of the individual and family identifying whether subsidized housing is a best fit. These needs are identified in the Individualized Service Plan of each client and are followed through with direct referrals. Participants are also assisted with the application process and the gathering of documentation, if the assistance is needed. Additionally, the PHA refers tenants who may need utility or rental assistance to the ESG program and are provided assistance, if they qualify. The CoC will work with the PHA to possibly include homelessness as one of the preference points for housing.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Considering many of the participants assisted through ESG have poor credit history or outstanding balances, the program coordinates with the private sector to provide credit repair and the utility agencies to establish payment plans for any arrears not being assisted with ESG funds. Two CoC-funded programs also require the completion of a 6-month residential treatment program prior to entry. Programs also provide support to participants by assisting in the identification of permanent housing to include filling out applications and interpretation of lease agreements to ensure participants are aware of their rights and responsibilities as tenants. The CoC will also explore services through interpreters and translators to ensure participants with limited English are given information in a way that is meaningful to them.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)

Guam's CoC and its permanent supportive housing programs has moved forward in adopting a housing first approach by quickly moving homeless and chronic homeless persons into permanent housing with supportive services being provided while housed. Guam practices this approach through the Emergency Solutions Grant's rapid re-housing services. Additionally, several programs to include the Guma Hinemlo, Forrester's Refuge, CARIDAD Support Services Program, and Housing First Rental Assistance Program quickly house homeless individuals and families who are then provided supportive services while being housed. Two of the permanent supportive housing projects require the completion of a 6-month treatment program prior to entry into the program. However, participants entering their program were homeless at time of entry into the treatment program and have no permanent housing identified after completion of the treatment program and are therefore quickly housed in these respective programs.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)

Guam implements a coordinated assessment system approach that allows for all homeless persons on island to approach any of the CoC partners and receive some type of service to include referrals to appropriate housing and services based on the present need. Guam's CoC is in the process of developing a standardized intake assessment tool that can be utilized by all CoC partners to quickly identify the need and process such referrals electronically to minimize paperwork that allows for a quicker and traceable intake referral process. The CoC continues to identify ways to minimize any barriers homeless persons face when accessing services.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach.
(limit 1000 characters)

The CoC comprises of a variety of partnerships among all levels of government and the private sector to include non-profit and for-profit organizations. These partnerships improve the CoC's internal coordination that is inclusive of the marketing of programs. The CoC has conducted several site visits to Village Mayors and has begun strategic discussions with the Governor's Office to inform leaders of available services and the need for additional support to fulfill any gaps in services. Many Village Mayors are initial point of contact for many individuals and families who reside in their villages who need some type of support. Although considered an annual outreach event, the Passport to Services welcomes new partners who learn of the available programs in the community and how they can help with the referral of persons who need assistance. The media also play a role in educating and informing the public of available services and upcoming events.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

At initial contact, programs assess the needs of families with children to include that of educational services. Programs make it a point to ensure children who reside in the shelters or any of the CoC funded housing programs continue their education in the same school setting to ensure disruption does not occur. Programs also coordinate the transportation needs often providing transportation themselves to participants in the program. Children are referred to services addressing emotional and/or behavioral issues as well as social and health development concerns if such needs are identified. Guam's CoC mandates all its programs to conduct the assessment educational needs of families with children and to ensure that all age appropriate children are attending school as mandated by the law. Additionally, early childhood programs also provide outreach to CoC programs informing participants of available services. Materials pertaining to these programs are made available in all CoC program and are available in other community settings for easy access.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Representatives of Guam's local education system are members of the CoC. Their membership allows for quick referrals and easy access to information pertaining to the needs of persons being served through the continuum. Members of the educational system take part in the annual Point in Time Homeless Count and the annual outreach event, the Passport to Services. Membership also includes partners in the public health and mental health agencies whose programs directly impact homeless children. These programs consist of a variety of social, mental, emotional and behavioral health services. Shelters maintain strict confidentiality of all persons served. Shelter staff, school officials such as Vice Principals and Teachers, and Child Protective Services, if identified as temporary guardians, conduct meetings to discuss educational goals of each child. Guam's youth shelter through the Power School program allows for shelter staff to access the progress reports of youth identifying any issues such as frequent tardiness or poor performance. These issues are addressed early on to prevent future challenges.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

Guam has added to the stock of homeless emergency shelters buy renovating current structures and converting them to homeless shelters utilizing Community Development Block Grant funds. The 15-room facility can accommodate large families. CoC programs conduct a thorough assessment of all families assisted through the continuum preventing further trauma by ensuring families are not separated during placement. Programs work closely with other supports of the families such as relatives or friends in the event a suitable placement is not available.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

The CoC utilizes HMIS to monitor any returns to homelessness by persons, including, families who exited ESG rapid re-housing. HMIS reports reveal that of the persons served in emergency shelters, 15% returned within the year; 10% returned back into transitional housing; and 0% of the persons assisted with ESG rapid re-housing services returned into the program or any of the emergency and transitional housing programs. CoC program staff continue to identify underlying barriers identifying services needed in the participant's Individualized Service Plan to address such issues. These services consists of referrals to mainstream services, job training and placement, and mental and health care services.

**3C-15 Does the CoC intend for any of its SSO   No
or TH projects to serve families with children
and youth defined as homeless under other
                        Federal statutes?**

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

Not applicable.

**3C-16 Has the project been impacted by a   No
major disaster, as declared by President
Obama under Title IV of the Robert T. Stafford
Act in the 12 months prior to the opening of
the FY 2013 CoC Program Competition?**

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

Not applicable.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)

Guam's CoC has worked diligently to end homeless among the chronically homeless, veterans, and families, youth and children. Guam has revised its data collection procedures to ensure the needs of these populations are identified and are addressed through current services available and used to develop new programs and services. Over the years, Guam's CoC has increased its membership creating an efficient and effective process of assisting the homeless. Programs have adopted a coordinate approach where homeless persons can be assessed and referred to appropriate programs and services. Policies have been amended to reflect services pertaining to the educational rights of families with children. Additionally, programs continue to connect its participants to mainstream services and achieve housing stability. Guam has seen an average of 25% decrease in numbers of unsheltered, sheltered, households with children, and chronic families since the development of the Opening Doors Strategic Plan in 2010. Guam continues to assess its methods when addressing veterans and chronic individuals as these numbers have increased when comparing the 2010 and 2013 PIT count data.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)

Guam conducts an annual outreach event where services such as immunizations and application for assistance are provided to the homeless. Programs also conduct monthly outreaches to homeless persons. GHURA, CoC leaders, and the Governor's Office have begun meeting on a monthly basis to identify potential methods to address families with children to include increasing the current stock of homeless shelters and providing temporary mobile homes. CoC members recently attended an "Access to Language Equality" conference to help various providers improve access to their services by addressing the need for interpreters and translators to inform persons with limited English proficiency of such services in a meaningful way.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

Guam provides several shelters for domestic violence (DV) and abuse victims, including families, youth and elderly. Women and children are provided housing and services such as counseling, future planning, case management, and permanent housing placement are provided by the Catholic Social Services who is locally funded. Youth and children are provided emergency and transitional housing services with services such as drug and alcohol assessment and referral, parenting class, counseling, conflict resolution, and leadership training by the Sanctuary, Inc. who is locally and federally funded. Guam's Public Health system provides locally funded housing and services such as protective and preventive counseling and coordination for long-term care of abused elderly. The Oasis Empowerment Center also provides federally funded housing for victims of DV, stalking, dating violence, and human trafficking inclusive of services such as childcare, mileage reimbursement, partial rental and supplies, case management, and counseling. Federal funds from the Dept. of Health and Human Services and Office of Violence Against Women Federal Programs are utilized to fund some of these programs.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

An emergency shelter and transitional living program are available to unaccompanied youth. While receiving shelter, youth are provided counseling, referral services, drug and alcohol assessment and referral, parenting classes as well as youth peer leadership training, mentorship, and conflict resolution. Youth with emotional and behavioral issues are referred to such services. Guam's Child Protective Services are also required to address all cases involving children and minors 17 and below. Youth 18-24 are provided housing through a CoC-funded permanent supportive housing program. while housed, youths are provided supportive services such as counseling, case management, referral to mainstream services, and job training and placement.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

Programs continue to engage homeless persons, especially those who are chronic, by conducting regular monthly outreaches. These programs consists of substance abuse treatment programs, public health agencies, emergency shelter programs, DV and abuse prevention programs, etc. The CoC also works closely with Mayoral Offices as many are aware of where homeless individuals and families congregate in their villages. The Governor's Office has also been instrumental in assisting in the referral of homeless persons to the CoC. The CoC continues to improve its external coordination with other providers by conducting various presentations on the services available to the community.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

The Dept. of Veteran Affairs Homeless Program provides homeless Vets with HUD-VASH and Grant Per Diem services. HUD-VASH has 30 vouchers VA partner with GHURA to process and issue the voucher. HUD-VASH provides medical, mental health and/or substance use issues. Veterans must be able to complete activities of daily living and live independently in the community. Grant and Per Diem: Provides veterans with substance abuse issues requiring residential treatment the opportunity for assistance. The VA provides funding to partially support 4 beds at the Salvation Army Lighthouse Recovery Center. Veterans typically receive treatment for 4-6 months. They are provided case management services, including referrals to local community services, as well as other VA programs to assist Veterans with medical, dental, mental health, and employment issues. Overall, the Veterans who are not eligible or are not able to receive services due to max capacity limits are met, we refer to local community shelter such as emergency shelter permanent shelter or Emergency solutions Grant for rental and utilities assistance and other government subsidize housing.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?   No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?   No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

No funds will be allocated for this funding cycle.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?   Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
(limit 1000 characters)

GHURA, as the designated Collaborative Applicant (CA), conducts desk reviews and on-site monitors of all CoC-funded programs. Desk reviews encompass the screening of payment requests and client documentation as it pertains to eligible activities according to federal regulations. On-site monitors are conducted mid-way through the program year by the CA's fiscal and planning staff. 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. The CoC also reviews HMIS APRs of programs to measure percent of clients that maintain or increase income and mainstream benefits and percent of clients that exit or remain in permanent housing.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
(limit 1000 characters)

The CA as administrators of CoC funds coordinates and provides technical assistance as needed. Last program year, the CA coordinated technical assistance training with a HUD-contracted vendor, Training & Development Associates to provide training according to the requested needs of Guam's CoC. These technical assistance trainings and monitor reviews assist project recipients to reach HUD-established performance goals.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
(limit 1000 characters)

Monitor review reports provide project recipients with suggested methods to avoid repetitive findings or concerns. Program polices and procedures are also reviewed and amended to reflect current needs of the population so long as they fall within eligible activities as stated in the federal regulations. The CoC also reviews the marketing activities of the project recipient advising on a change or addition to current practices. Technical assistance is provided to recipients who continue to fall behind in expending all funds, timely submission of payment requests and match reports. These factors are also taken into consideration when projects are ranked on the project priority list.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

The CoC continues to implement the housing first approach, revisiting its process and making changes that will positively impact services to individuals and families. Although non-CoC-funded, Guam's emergency shelters enter client-level data into the HMIS allowing for tracking and progress of placing homeless persons into permanent housing. ESG, as mandated by federal regulations, also utilize the HMIS to enter data on homeless persons assisted through rapid re-housing services. The average length of stay of persons in emergency shelter is 40.78 days , 119 days for Transitional Housing. The Transitional Housing programs are substance abuse recovery treatment. Emergency Shelter Programs refer program participants to ESG Rapid Re-Housing or CoC PSH programs.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

The CoC utilize the HMIS to track all persons who enter and exit emergency shelters, transitional housing, permanent supportive housing, and rapid re-housing programs. The CoC continues to address the underlying issues faced by many homeless persons to include lack of employment skills, education, childcare services, and available public transportation. Most, if not all, clients assisted with rapid re-housing services remain in the program for the full term of 6 months. The rate of recidivism in TH-Individual: 18.87%, TH-Family: 0.89%, PSH-Individual: 9.09%, PSH-Family: 0%, ESG Rapid Re-Housing Individual: 0%, ESG Rapid Re-Housing Family: 0%. The TH-Individual persons are from substance abuse treatment centers and considered some of the hardest to serve. Programs will continue with intense case management in hopes to reduce cases of relapse.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

All programs conduct monthly outreaches to engage homeless individuals and families. Guam continues to explore methods to address the growing population of homeless persons with limited English proficiency. CA staff and the GHC chairperson also attended the "Access to Language Equality" conference which addressed the need for interpreters and translators when providing services to persons with limited English proficiency. The CoC will work closely with the Culture, Language Access Service Partners coalition to incorporate interpreter and translator services into their programs.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

Not Applicable

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?   Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* **Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	78%
* **Homeless assistance providers use a single application form for four or more mainstream programs.**	0%
* **Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?   No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)

Guam is currently exploring its options on how to implement the Affordable Care Act (ACA). Guam continues to address the lack of inclusion of U.S. territories in the federal health exchange exploring other options that are economically viable. Guam's CoC program through its assessment identifies the healthcare needs of the individual and family. Program participants are referred to Guam's public health agency for application to MIP, Medicaid or Medicare. Program staff assist participants with their application and conduct follow up as needed.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

Three permanent supportive housing programs provide supportive services as match. Guam's emergency shelters also provide services to homeless persons at no cost HUD CoC funds. All emergency shelters are locally funded. One CoC-funded program receives federal funding from the Office of Violence Against Women Federal Programs Office to provide supportive services such as childcare worker, mileage reimbursement, partial rental, and supplies to homeless women and their children who are assisted through their program. Other funds identified in use by this program provider is that of the Advocacy Learning Center Grant which provides intensive classes, webinars, and teachings to increase advocacy in the community. Guam's CoC continues to advocate for the application of additional funds outside of the CoC Program grant to expand services and focus CoC funds on housing services for homeless persons.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	02/02/2014
CoC Governance Agreement	No	CoC Governance	02/03/2014
CoC-HMIS Governance Agreement	No	HMIS Policies & P...	02/02/2014
CoC Rating and Review Document	No	CoC Rating & Revi...	02/03/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	GU 500 Grant Inve...	01/31/2014
FY2013 Rank (from Project Listing)	No	Project Listing	02/03/2014
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certificate of Consistency with Consolidated Plan

Attachment Details

Document Description: CoC Governance

Attachment Details

Document Description: HMIS Policies & Procedures - Governance

Attachment Details

Document Description: CoC Rating & Review Documents

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GU 500 Grant Inventory Worksheet

Attachment Details

Document Description: Project Listing

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/28/2014
1C. Committees	02/03/2014
1D. Project Review	02/03/2014
1E. Housing Inventory	01/29/2014
2A. HMIS Implementation	01/30/2014
2B. HMIS Funding Sources	01/27/2014
2C. HMIS Beds	01/30/2014
2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/30/2014
2F. HMIS Policies and Procedures	01/27/2014
2G. Sheltered PIT	02/02/2014
2H. Sheltered Data - Methods	02/02/2014
2I. Sheltered Data - Collection	02/03/2014
2J. Sheltered Data - Quality	01/30/2014
2K. Unsheltered PIT	02/03/2014
2L. Unsheltered Data - Methods	01/30/2014
2M. Unsheltered Data - Coverage	01/29/2014
2N. Unsheltered Data - Quality	01/30/2014
Objective 1	02/03/2014
Objective 2	02/03/2014
Objective 3	02/03/2014
Objective 4	02/03/2014
Objective 5	02/03/2014
3B. CoC Discharge Planning: Foster Care	02/02/2014
3B. CoC Discharge Planning: Health Care	02/02/2014

3B. CoC Discharge Planning: Mental Health	02/02/2014
3B. CoC Discharge Planning: Corrections	02/02/2014
3C. CoC Coordination	02/03/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/31/2014
4A. Project Performance	02/03/2014
4B. Employment Policy	01/27/2014
4C. Resources	02/03/2014
Attachments	02/03/2014
Submission Summary	No Input Required

Certification of Consistency
with the Consolidated Plan

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

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

Project Name: **Continuum of Care Homeless Assistance Program**

Location of the Project: **117 Bien Venida Avenue, Sinajana GU 96910**

414 West Soledad Blvd., GCIC Bldg. Suite 306 Hagatna, GU 96910

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

Name of Certifying Jurisdiction: **Guam**

Certifying Official of the Jurisdiction Name: **RAYMOND S. TENORIO**

Title: **ACTING GOVERNOR OF GUAM**

Signature:

Date: **JAN 2 8 2014**

form HUD-2991 (3/98)

PROJECT NAME	SUBRECIPIENT	TOTAL PROJECT COST	25% MATCH
1. Aftercare Housing Program	GHURA	193,482	48,371
2. CARIDAD Supportive Services	Catholic Social Service	28,762	7,130
3. Empowered Together	Elim Pacific Ministries	129,258	20,823
4. Forrester's Refuge	Sanctuary, Inc.	129,450	35,500
5. Guma Hinemlo'	GBHWC	323,031	72,883
6. Homeless Management Information System (HMIS)	The Salvation Army	80,664	20,166
7. HMIS Development	The Salvation Army	36,482	9,121
8. Housing First Rental Assistance	GHURA	181,677	45,420
9. Oasis Empowerment Center	Elim Pacific Ministries	127,805	23,778
10. CoC Planning Costs	GHURA	16,766	4,200

Total Renewal Amount -   **$1,230,611**
(New) CoC Planning Costs -   **$16,766**

BY-LAWS
OF
THE GUAM HOMELESS COALITION

ARTICLE 1 - Purpose

The purpose of the Guam Homeless Coalition (herein referred to as "GHC") is to act as Guam's Continuum of Care in providing the following:

1.1 Conduct activities to assess the size of Guam's homeless population, the causes of homelessness and the needs of the homeless population;

1.2 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;

1.3 Coordinate and integrate homeless-related programs for smooth transition throughout Guam's Continuum of Care system; and

1.4 Evaluate the effectiveness and efficiency of the GHC system of care on an ongoing basis.

ARTICLE 2 - Membership

Section 2.1 Eligibility

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

Section 2.2 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.

Section 2.3 Voting Classes of Members

Membership classification shall be as follows:

1

1. Individual Membership
2. Organizational Membership

Section 2.4 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 of Directors (herein referred to as "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 in person 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.

ARTICLE 3 - Meeting of Members

Section 3.1 General Membership Meeting

General Membership Meetings are scheduled every third Wednesday of the month.
Meetings of the members may be called by the Chairperson or by a majority of the Board and must be called by the Chairperson upon written request of two-thirds (2/3) of the members of the GHC. The purposes of the General Membership Meeting shall be as follows:

3.1.1 Presentation of the Chairperson's Report and Committee Reports;
3.1.2 Identification and reaffirmation of the goals of the GHC;
3.1.3 Dissemination of the financial report and/or budget;
3.1.4 Consideration of other such items of substantive importance to GHC as shall be duly brought before the meeting; and
3.1.5 Announcement of election and results.

Section 3.2 Notice of Meetings

Written notice of the purpose, time and place of the General Membership Meetings or Special Meetings of the members shall be given by the Secretary to all members. Such notice shall be provided to members not less than twenty-four (24) hours prior to the meeting.

Section 3.3 Quorum

A quorum for a Meeting shall consist of fifty percent (50%) stakeholders and fifty percent (50%) of the Board.

<u>Section 3.4 Voting</u>

3.4.1 Each member organization is eligible to vote and shall have only one (1) vote per organization.

3.4.2 Each individual member, who is not affiliated with any member organization, is eligible to vote and shall have only one (1) vote per individual member.

<u>Section 3.5 Authority</u>

Except where inconsistent with these By-laws, Robert's Rules of Order (latest version) shall govern the conduct of the meeting of the GHC members.

ARTICLE 4 – Board of Directors

<u>Section 4.1 Composition</u>

There shall be a Board which shall consist of three (3) and not more than seven (7) Directors and shall include persons elected to positions as Directors by the membership. The Board of Directors must be representative of the relevant organizations and of projects serving homeless subpopulations and include at least one homeless or formerly homeless individual.

<u>Section 4.2 Powers</u>

The Board shall be the governing body of the GHC. The Board shall have the lawful powers to carry out the purposes of and to conduct the business of the GHC. The Board shall have no power to amend the Articles of Incorporation or the By-laws of the GHC except at the direction of the members of the GHC pursuant to Article 9 (Amendments) of these By-laws. The Board, and or the Chairperson may form sub-committees as needed.

<u>Section 4.3 Vacancy, Resignation, Termination</u>

In the event a Director dies, resigns in writing, loses membership in the GHC, is unable to carry out the essential functions of his or her position or is removed for cause, the Board shall, within ninety (90) days, select by a majority vote, a person to fill the vacant seat to serve the remainder of the unexpired term.

A Director may resign at any time by delivering a written resignation to the Chairperson or the Secretary. In the circumstances of an oral resignation a copy of an acknowledgment letter sent by the Chairperson or Secretary shall be sufficient evidence of such resignation. Said resignation shall become effective upon acceptance by the Chairperson or Vice Chairperson.

Whenever any member of the Board shall be absent from three consecutive meetings (except due to illness or when excused by the Chairperson from attendance before or after any meeting for good and sufficient reason), such member may be removed, after reasonable notice, as a member of the Board by a majority vote of Board members present at the next Board meeting. If a Director is removed, or incapacitated for some reason, the Chairperson may appoint a replacement Director

until the election, with the approval of a majority of the Board.

Section 4.4 Meetings

Regular Meetings: The Board shall meet at least four (4) times per year for regular meetings during the year, as it deems necessary to conduct the business of the GHC. Such meetings shall be held at locations determined by the Board.

Special Meetings: The Chairperson may call special meetings of the Board. Special meetings of the Board may also be called at the written request of two (2) of the members of the Board. Such written request must state the business to be discussed.

Regular meetings and special meetings of the Board may be held either in person or by telephonic or electronic communication. Proper notice of the meeting is provided to each Director. Minutes shall be kept of all meetings held by telephonic or electronic means in the same manner as for a meeting held in person.

Section 4.5 Notice of Board Meetings

Notice of every Board meeting shall be mailed, electronically or telephonically transmitted to each Director at least two (2) weeks prior to any meeting. The Secretary shall prepare and distribute minutes at each meeting.

Notice of special meetings shall be electronically or telephonically transmitted at least twenty-four (24) hours prior to meetings.

Section 4.6 Quorum

A quorum for a Board meeting shall consist of fifty percent (50%) plus one (1) of the board members.

Section 4.7 Voting

Except as otherwise provided by these By-laws, all actions of the Board shall be taken by majority vote of the Board present in person or by electronic or telephonic transmission provided that those persons voting constitute a quorum as defined in Article 4, Section 4.6, for a meeting. All such actions of the Board shall be deemed a valid corporate act. Absent a quorum, the Board members present may not conduct business of the GHC except to adjourn the meeting from time to time and to designate a time and place for convening a subsequent meeting of the Board.

Section 4.8 Voting by Mail or Electronic Mail

Unanimous Written Consent: Any action permitted to be taken by the Board may be taken upon the unanimous written consent of all members of the Board by mail or electronic mail. Any action taken by the Board of Directors by unanimous written consent by mail or electronic mail shall have the same force and effect as a vote of a majority of a quorum at a meeting duly held.

ARTICLE 5 - Officers

Section 5.1 Chairperson

The Chairperson shall be elected from the members. The Chairperson shall preside at all meetings of the GHC and Board meetings. The Chairperson shall have the powers and duties usually associated with the office of the Chairperson, and shall have such powers and perform such other duties as may be prescribed by these By-laws. The Chairperson, with the advice and consent of the Board, shall exercise general supervision over all committees' work in order to assure the most effective operation of the GHC. The Chairperson shall, with the advice and consent of the Board, appoint the Chairs of all special meetings and sub-committees. The Chairperson shall present a progress report of the year's activities at the GHC's General Membership meeting. By the third Wednesday of March of each year, the Chairperson, with the Treasurer, shall present a budget for the following year to be approved by the Board within thirty (30) days, and presented to the general membership at the annual meeting.

Section 5.2 Vice Chairperson

The Vice-Chairperson shall be elected from the members. The Vice-Chairperson shall assist the Chairperson in the performance of his duties and shall assume such other duties as are assigned by the Chairperson and approved by the Board. In the absence of the Chairperson, the Vice-Chairperson shall assume the duties of the Chairperson, and shall preside at the meetings of the GHC, of the Board and of the Executive Committee. In the event that the Chairperson shall be unable to serve, the Vice-Chairperson shall succeed to the office of the Chairperson for the remainder of the Chairperson's term. Upon the end of the Chairperson's term and confirmation by the majority of the voting membership the Vice-Chairperson will hold the position of Chairperson for the next term.

Section 5.3 Secretary

The secretary shall be elected from the members. The secretary shall keep an accurate record of the proceedings of all meetings of the GHC.

Section 5.4 Treasurer

The Treasurer shall be elected from the members. The Treasurer shall have the oversight of all revenues received by the GHC and the disbursement of funds. The Treasurer shall be responsible for all fiscal reports.

Section 5.5 Members-at-Large

The three (3) Members-at-Large must:

    (1) Be representative of the relevant organizations and of projects serving homeless subpopulations; and

(2) Include at least one homeless or formerly homeless individual.

ARTICLE 6 - Nominations and Elections

Section 6.1 Notice

No less than thirty (30) days prior to the expiration of the terms of the Board, there shall be a call for nominations made in the GHC's publication. Nominations from the membership will be made in accordance with procedures approved by the Board and published with the call for nominations.

Section 6.2 Nominating Committee

The Chairperson shall appoint, with the advice and consent of the Board, a nominating committee comprised of three (3) members of the GHC. No member of the Nominating Committee shall be a candidate for the Board in that year's election.

Section 6.3 Qualifications

Except as noted in Section 6.2 above, candidates for the Board must be members of the GHC.

Section 6.4 Candidates

A member shall become a candidate by nomination of the Nominating Committee and/or nomination by a member of the GHC in accordance with the procedural requirements prescribed by the Board and published with the call for nominations. No individuals from the same immediate family may serve on the Board at the same time.

Section 6.5 Elections

In accordance with procedures established by the Board, the Nominating Committee shall cause to be prepared an official ballot together with information on the candidates as identified in Section 3 of this Article. All members shall receive a copy of the official ballot at least seven (7) days prior to the General Membership meeting. The Board shall be determined by the most votes cast at the General Membership meeting.

Section 6.6 Terms

The election of the Board by the general membership of the GHC shall be at the General Membership Meeting in May. At this meeting, voting will take place for positions on the Board and initial terms for each Board member will be as follows:

Chairperson	2 years
Vice-Chairperson	2 years
Treasurer	2 years
Secretary	2 years
1 Direct service provider	2 years

1 Indirect Service Provider	2 years
1 Homeless or formerly homeless individual	2 years

Board terms shall not exceed two (2) consecutive terms in one position.

ARTICLE 7 - Committees

Section 7.1 Standing Committees

Standing Committees are as follows:

1. Executive Committee
2. Information Technology and Data Collection
3. Advocacy and Education
4. Planning and Grants Funding

Section 7.2 Special Committees

The Chairperson may from time to time appoint special committees whose duties shall be fully outlined and whose assignments shall in no way conflict with that of a standing committee.

Section 7.3 Committee Chairs

The Chairperson of the GHC shall appoint the Standing Committee Chairs who shall keep the Board advised at all times on the activities of the committee and render such progress reports to its members.

ARTICLE 8 - Administration

Section 8.1 Appointment of Employees

The Board, bearing in mind the activities and the financial resources of the GHC may authorize appointment or employment of persons to carry out designated duties for the GHC on a compensated basis. All employees will be hired without regard to race, color, religion, sex, national origin, age, or disability.

Section 8.2 Compensation of Officers and Directors

Directors shall not receive any salary or compensation for their services in their capacities as Directors.

Section 8.3 Raising and Disbursement of Funds

The Board shall be able to receive, raise and disburse funds. This shall include the acceptance of donations as well as applying for and receiving grants and contracts. The Board shall inform the general membership of any available funding and or opportunities.

Each individual member in good standing acting in an official capacity shall NOT

1) Hold a financial interest that conflicts with the conscientious performance of duty;
2) Engage in financial transactions using information obtained from the coalition, through its capacity as a board member, or allow the improper use of such information to further any private interest;
3) Accept a gift in return for being influenced in the performance of an official act;
4) Solicit or coerce the offering of a gift;
5) Accept gifts from the same or different sources on a basis so frequent that a reasonable person would be led to believe the employee is using his public office for private gain, unless such gifts are permitted pursuant to the terms of the By-laws and articles.

Example: A purchasing agent for a Veterans Administration hospital routinely deals with representatives of pharmaceutical manufacturers who provide information about new company products. Because of his crowded calendar, the purchasing agent has offered to meet with manufacturer representatives routinely, Tuesdays through Thursdays and the representatives routinely arrive at the employee's office bringing a sandwich and a soft drink for the employee. Even though the market value of each of the lunches is less than $6 and the aggregate value from any one manufacturer does not exceed the limitation of $20 or less, the practice of accepting even these modest gifts on a recurring basis is improper.

The Board shall act impartially to any private organization.

Section 8.4 Acts of the GHC

No persons shall act in the name of the GHC except as authorized in these By-laws or by the Board or Chairperson. No person shall, without the approval of the Board, send any written communication in the name of the GHC to its members or to any other person, government agency or public official representing policy position of the GHC. No person shall, without the approval of the Chairperson or the Board of Directors, represent the GHC in any public testimony or deposition or enter into any contractual agreement on behalf of the GHC.

Section 8.5 Fiscal Year

The fiscal year of the GHC shall commence the first day of January of each year and end on the thirty-first (31st) day of December the same year.

ARTICLE 9 - Amendments

Section 9.1 Requirements

A proposal to alter, amend, repeal or adopt bylaws or provisions of the Articles of Incorporation of the GHC may be made by a majority vote of the Board or by a majority vote of the general membership.

No provision of these By-laws or the GHC's Articles of Incorporation may be amended, repealed, or adopted where the effect of such action is inconsistent with the GHC's status as a nonprofit charitable organization under the laws of Guam.

Section 9.2 Voting

Any such proposal shall be transmitted by the Secretary to all members. These By-laws and the Articles of Incorporation may be amended, revised or repealed by the approval of two-thirds (2/3) of a quorum.

ARTICLE 10 - Dissolution

In the event of the dissolution of this Corporation by the surrender or forfeiture of the charter or otherwise, no distribution of assets is to be made to any Director, Officer, employee, or any person or individual. All property owned, managed, or operated by the GHC is irrevocably dedicated to charitable purposes to achieve the purposes of the GHC as is defined in the Articles of Incorporation and these By-laws. The Board shall identify and disperse all properties to organizations within the GHC that promote the general welfare of individuals who are homeless or at-risk of being homeless.

Diana B. Calvo   _8/13/2013_
                                                    DATE

Kenneth Roldan   _8/13/2013_
                                                    DATE

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 the Information Technology 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 Information Technology 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 fifteen (15) 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 then 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) <u>Imminent Risk of Homelessness</u>

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) <u>Homeless under other Federal Statutes</u>

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 637of the Head Start Act (42 U.S.C. 9832), section 41403 of the 73 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 leavs; **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.

2013 CONTINUUM OF CARE GENERAL REQUIREMENTS

A. Financial Requirements Summary
CoC funded programs are subject to the uniform policies and requirements of the federal Office of Management and Budget's (OMB) Circulars and Federal regulations Implementing the Circulars. The grantee must meet any applicable audit requirements in accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110. The nonprofit grant recipient will be responsible for costs associated with an independent audit. As applicable, the audit must be provided to HUD in a timely manner

B. Grant Administration
Grantees are responsible for ensuring that homeless assistance funds are administered in accordance with the requirements of applicable laws and program regulations.

C. Performance Reports
All applicants are advised that as a condition of being included in the final application to HUD, all applicants must enter all clients' information in Homeless Management Information System (HMIS). In addition, the applicant will be required to provide quarterly performance reports and the Annual Performance Report (APR) filed with HUD esnaps.

D. Timely Use of Funds
Grantees are expected to utilize McKinney-Vento assistance in a timely manner. The program regulations make clear the standards that grantees will be held to regarding program implementation. HUD reserves the right to recapture funds not committed within 12-months of grant execution.

METHOD OF EVALUATION
The Grant Review Committee will complete the review and evaluation process and prepare a priority list of grantees. All agencies will be notified of the Grant Review Committee recommendation for their agency.

Evaluation Factors
Projects will be evaluated to determine if their historical or anticipated performance merits inclusion in the CoC application. Projects that may reduce the overall CoC score may be excluded from the CoC application. Projects will only be included in the submission to HUD if they demonstrate capacity to initiate a new project in a timely manner.

2013 Continuum of Care Program Competition
Guam Homeless Coalition
DESCRIPTION OF THE SELECTION CRITIERIA:

Projects Rating Factors
Project Name: _____ Project Sponsor_____
Program Type: [ ] Supportive Housing Program [ ]   Rental Assistance Program [ ] .

1. Project Description: (Maximum Points=20)   Score: __
The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve.

2. Financial: (Maximum Points= 25)   Score: __
Percentage of funding request for housing-related activities (the higher the percentage for operations costs the better). The following budget categories shall be included in this calculation:
a) Support Services
b) Leasing
c) Operations costs
    i.) Do the project costs, including costs associated with operations, and administrations, reflect the   norm for the type of structure of kind of activity? __
    ii.) The financial management system in place is able to properly account for federal funds spent.

3. Leverage: (Maximum Points=10)   Score: __
Feasibility (taking into account availability of other resources, and experience of applicant)

4. Performance Measures: Does the project address the following outcomes:
(Maximum Points=20)   Score: __
        a.) Increase self-determination. __
        b.) Increase skills. __
        c.) Income level (stability). ___
        d.) Number of individuals/families that will be served. ___
        e.) Does the project show how participants will be helped to access permanent housing and achieve self-sufficiency? __

5. Participation: (Maximum Points=10)   Score: __
a) Guam Homeless Coalition meetings
b) Homeless Point- In- Time Count and Outreach (Passport to Services)
c) Participation in GHC CoC Planning process

6. Organizational Capacity: (Maximum Points=15)   Score: __
a) Does the organization have the essential staff with the required expertise in place to implement the program? __
b) Does the organization have an implementation plan that includes the position descriptions and a timeline to hire staff? __

Reviewer_____   Date:_____

ABOUT GHURA | PROGRAMS | APPLICATIONS | BUSINESS | REPORTS | NEWS & EVENTS

Guam Time: 10:23 AM, Monday, 02.03.2014

GHURA'S Mission

GHURA'S mission is to promote the health, safety and welfare of Guam's people by the elimination of slum and blight conditions, by the orderly redevelopment and revitalization of neighborhoods, by proper planning of new community development initiatives and by provision of safe, decent, sanitary dwellings for qualified families through all available federal and local governmental programs and through encouragement of private enterprise to participate in the common tasks of community improvement.

> Read More About GHURA

New!

View GHURA Offices and Developments' maps and location details using this new interactive online feature. > Click for Office Location Map

BULLETIN

Latest News (1 new) | Public Comment | Upcoming Meetings | View All

Latest News & Events

Monday, 2/3/14 - New

2013-2014 COMPETITION PROJECT RANKING

Thursday, 1/23/14

NOTICE OF FUNDING AVAILABILITY

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EQUAL HOUSING OPPORTUNITY

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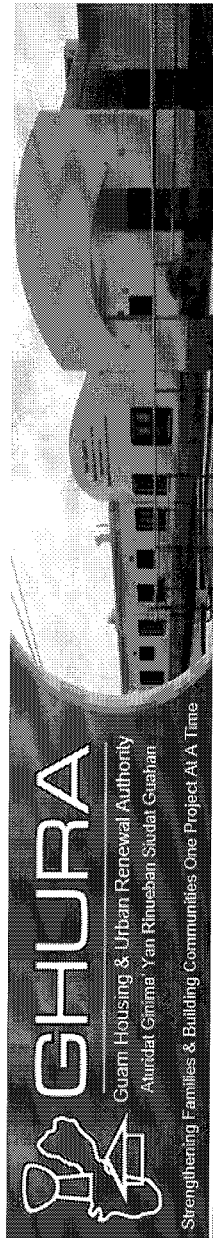Tel: (671) 477-9851 | Fax: (671) 300-7565 | TTY: (671) 472-3701

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ABOUT GHURA

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GHURA
Guam Housing & Urban Renewal Authority
Atulaiat Giumå Yan Rinueban Siudat Guåhan

Strengthening Families & Building Communities One Project At A Time

ABOUT GHURA   PROGRAMS   APPLICATIONS   BUSINESS   REPORTS   NEWS & EVENTS

Continuum of Care

2013-2014 Competition Project Ranking
Overview of Guam's Continuum of Care
Programs under Guam's Continuum of Care System
Guam Homeless Coalition Articles of Incorporation
Guam Homeless Coalition By-Laws
Diagram
Guam's Vision for Combating Homelessness
Guam's Strategy for Helping the Homeless
Homeless Service Gaps
Consolidated Application
CoC Renewal Projects
CoC Proposed New Projects
Guam Homeless Point-In-Time Count 2013
2013 - 2014 Continuum of Care Grant Inventory

GUAM HOMELESS COALITION MEETING SCHEDULE

Every 3rd Wednesday of the month, 3:00 pm, GHURA's Conference Room 3rd floor GCIC Bldg., Hagatna, GU

GUAM HOUSING AND URBAN RENEWAL AUTHORITY

For Immediate Release

Media Contact: Katherine E. Taitano, GHURA Acting Chief Planner
Telephone: 671.475.1322
Email: katherine@ghura.org

2013-2014 Competition Project Rating

Sinajaña, GU (January 31, 2014) – Under the guidance of the Guam Housing and Urban Renewal Authority (GHURA), the Guam Homeless Coalition (GHC) has rated and ranked project applications for the 2013-2014 Continuum of Care (COC) program (please see attachment). Approximately $1.3 million of grant funds have been appropriated by the U.S. Department of Housing and Urban Development (HUD) to prevent and end homelessness on Guam. The Guam Homeless Coalition, composed of service providers, non-profits, and faith-based organizations, has formed the Review and Ranking Committee (RRC) to review all project proposals submitted to the COC. Nine project renewals and one project cost application were submitted.

RRC's duties include site visits to the proposed projects, provide suggestions for program improvement, and recommend projects to be included in the COC consolidated application. Final approval rests with GHC members. All applicants are accountable for program accomplishments and goal outcomes. Applicants receive feedback regarding determinations and recommendations made by the RRC.

GHC recently conducted its annual Point-in-Time (PIT) count on January 24, 2014. Final numbers and background details will become available by end of spring. Last year's PIT count shows 1,271 homeless individuals residing on Guam. Through HUD grant funds, GHC members and the Government of Guam continue its collaborative effort to support and service homeless families and individuals with the aim of ending homelessness on the island.

For more information about GHURA, visit www.ghura.org.

###

FY2012 CoC Ranking

Rank	Applicant Name	Project Name	Expiring Grant #	Project Type	Component Type	Amount Requested	Amount Ranked
1	Guam Housing & Urban Renewal Authority	Housing First Rental Assistance Program	GU0011L9C001203	Renewal	PH	$181,677.00	$181,677.00
2	Guam Housing & Urban Renewal Authority	Aftercare Housing Program	GU0001L9C001205	Renewal	PH	$193,482.00	$193,482.00
3	Catholic Social Service	CARIDAD Supportive Services Program	GU0002L9C001205	Renewal	PH	$28,762.00	$28,762.00
4	Guam Behavioral Health & Wellness Center	Guma Hinemlo'	GU0003L9C001205	Renewal	PH	$323,031.00	$323,031.00
5	Sanctuary, Incorporated	Forrester's Refuge	GU0016L9C001201	Renewal	PH	$129,450.00	$129,450.00
6	Elim Pacific Ministries	Oasis Empowerment Center	GU0007L9C001205	Renewal	TH	$127,805.00	$127,805.00
7	Elim Pacific Ministries	Empowered Together	GU0015L9C001201	Renewal	PH	$129,258.00	$129,258.00
8	The Salvation Army	HMIS	GU0004L9C001205	Renewal	HMIS	$80,664.00	$80,664.00
9	The Salvation Army	HMIS Developement	GU0013L9C001201	Renewal	HMIS	$36,482.00	$36,482.00
10	Guam Housing & Urban Renewal Authority	Planning Costs		New	Planning	$16,766.00	$16,766.00

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

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

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Empowered Together	2014-02-03 00:56:...	1 Year	Government of Gua...	$129,258	W9	PH
Forrester's Refuge	2014-02-03 00:58:...	1 Year	Government of Gua...	$129,450	W7	PH
HMIS Developement	2014-02-03 00:49:...	1 Year	Government of Gua...	$36,482	W3	HMIS
Aftercare Housing...	2014-02-03 00:51:...	1 Year	Government of Gua...	$193,482	W1	PH
Housing First Ren...	2014-02-03 01:02:...	1 Year	Government of Gua...	$181,677	W4	PH
Oasis Empowerment ...	2014-02-03 02:33:...	1 Year	Government of Gua...	$127,805	W8	TH
Guma Hinemlo'	2014-02-03 02:31:...	1 Year	Government of Gua...	$323,031	W6	PH

CARIDAD Supportiv...	2014-02-03 02:44:...	1 Year	Government of Gua...	$28,762	W5	PH
HMIS	2014-02-03 03:16:...	1 Year	Government of Gua...	$80,664	W2	HMIS

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

 If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
GU-500 CoC Planni...	2014-02-03 00:41:...	--	Government of Gua...	$16,766	1 Year	C10	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/.

 This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	$1,230,611
New Amount	
Reallocated Amount	
CoC Planning Amount	$16,766
UFA Costs	
Rejected Amount	$0
TOTAL CoC REQUEST	$1,247,377

Maximum CoC project planning amount: $16,766