Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	No	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organzation(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

Bridging the Gap (BTG) maintains a transparent, publicly communicated process for inviting new members to join the CoC. BTG governance requires that new members be invited at least annually; in practice, invitations are extended year-round.

The BTG website (www.btghawaii.org) is the primary public channel for recruitment. A "New BTG Members" banner on the homepage slider invites the public to join and "help develop strategies aimed at reducing and ending homelessness on the neighbor islands," with a "Join BTG" button linking directly to membership information. The website also publishes monthly meeting schedules, points of contact, bylaws, and application packets. The About BTG page links to each local chapter's membership materials and instructions on how to join, including the Kauai Community Alliance (KCA) membership packet and bylaws, the Maui Homeless Alliance (MHA) membership application, and Community Alliance Partners (CAP) membership information (communityalliancepartners.org).

All BTG general membership, subcommittee, and Executive Committee meetings are open to the public. Membership information is shared at each monthly Executive Committee meeting, where guests are invited to introduce themselves and describe their community involvement or agency affiliations, helping build membership and bring new voices to the table.

New membership is actively encouraged at the chapter level, where anyone interested may attend, participate, and become a member. Chapters hold regular public meetings, post meeting and membership information on social media and chapter websites, and deliver in-person and virtual presentations to engage the community directly. Chapters also offer multiple membership levels so that membership requirements are never a barrier to participation.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

BTG and its local chapters maintain a broad and growing membership of partners with knowledge of, or an interest in, preventing and ending homelessness. BTG invites this diverse group to the table to discuss overall performance and strategies, including homeless service providers, people with lived experience of homelessness, state and county agencies, health care and behavioral health providers, public housing agencies and housing developers, victim service providers, veteran-serving organizations, faith-based organizations, schools, law enforcement, advocates, funders, businesses, and members of the public. All general, subcommittee, and Executive Committee meetings are open to the public, and community members regularly present and share insights, experiences, and feedback.

BTG seeks expert guidance. Guest presenters, including the Governor's Coordinator on Homelessness, Hawaii Medicaid, the State Homeless Programs Office, OrgCode Consulting, and HUD technical assistance providers, have offered strategic advice on preventing and ending homelessness. BTG participates in Homeless Funder Group meetings facilitated by the Governor's Coordinator on Homelessness to share information and advocate for homeless initiatives, and members provide legislative testimony supporting bills that strengthen the homeless response system.

BTG solicits input transparently and accessibly. Each year, BTG holds Point-in-Time Count press conferences where news organizations and the public may ask questions and comment on the results. Notices seeking public comments on new funding opportunities are posted on the BTG website. Meetings are held virtually with audio and visual aids, and electronic comment options accommodate people with disabilities and those unable to attend in person. Meeting materials are emailed in advance to all participants, including guests and past attendees, to encourage informed input.

BTG carefully considers the input it receives. Community feedback, together with strategies from HUD technical assistance providers and national homeless conferences, is discussed at meetings and integrated into local policy and practice where feasible. Local chapter Community Alliance Partners (CAP) also maintains a four-year strategic plan that was developed with community input.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

BTG maintains an open and transparent process to solicit and fairly consider proposals from organizations that have not previously received CoC Program funding. Throughout the year, BTG encourages new organizations to become members and to apply for CoC Program and other homelessness funding, and it shared information about the upcoming competition at BTG meetings before the public notice was issued.

Public Notice. On June 30, 2026, BTG publicly posted the FY 2026 CoC Program Request for Proposals (RFP) on its website. The RFP did not restrict eligibility based on prior funding and described the full submission process, including the procurement timeline, proposal requirements, e-snaps application process, service specifications, evaluation criteria, points of contact, and deadline. BTG also promoted the RFP through in-person and virtual meetings of its local chapters to reach a broad range of individuals and service providers and made materials available electronically in accessible formats for people with disabilities.

Information Session and Technical Assistance. On July 2, 2026, the Collaborative Applicant, Ka Mana O Na Helu (KMNH), hosted a virtual information session open to the public. The session reviewed key activities and timelines and confirmed that proposals from organizations not previously funded would be considered. Fifteen organizations participated in the informational session, and five organizations attended for the first time: 808 Divergent Group, Child and Family Service, Family Promise of Hawaii, Hale Opio, and Paalima. KMNH provided technical assistance throughout the RFP period to any agency that requested it, including those new to the process.

Evaluation. The RFP explained how projects would be prioritized for HUD funding and published the scoring criteria and maximum points for new and renewal proposals. BTG convened an impartial evaluation committee to objectively score and rank all proposals received by the July 23, 2026 deadline. KMNH ensured the criteria incorporated system performance standards, aligned with BTG policy priorities, and prioritized projects serving households experiencing homelessness with the highest service needs.

Outcome. Two organizations that had never received CoC Program funding, Child and Family Service and Family Promise of Hawaii, submitted proposals, demonstrating that the process is accessible to new applicants.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The plan below incorporates recommendations from strategic plans assembled by consultants for each of the local chapters to address gaps in the homeless services system.

Gaps: BTG's county chapters identified gaps through PIT and HMIS data, surveys, and sessions with more than 200 providers and people with lived experience. On Kauai, the number of unsheltered homeless identified in 2026 PIT Count reporting far outpaced available shelter and housing beds, and unsheltered homelessness rose 135% since 2018. In Maui County, Native Hawaiians and Pacific Islanders are 37% of the homeless population but 29% of residents, nearly one in four people served during FY 2026 was a child, and wildfire survivors face ongoing displacement. Hawai'i County stakeholders ranked permanent supportive housing (PSH) and detox/treatment as the top unmet needs.

Strategies: BTG will expand the proven strategies in 42 U.S.C. 11386b(d): Housing First PSH prioritized for chronically homeless individuals, and rapid rehousing (RRH) and diversion for families with children and youth. BTG will serve veterans through HUD-VASH and SSVF; survivors of domestic violence through RRH and dedicated transitional housing beds; and treatment opportunities will expand for people with substance use disorders and serious mental illness. BTG will expand CES HMIS providers, propose new data sharing projects, and pair housing with Medicaid tenancy supports.

Performance Measures and Timelines: By 2028, BTG will add 100 additional PSH units into its housing inventory. By 2030, BTG will reduce chronic homelessness by 20% and first-time homelessness by 20%, achieve 80% RRH exits to permanent housing, keep 12-month returns below 5%, and increase Kauai’s housing inventory by 50%.

Funding: For the planned activities stated above, BTG will utilize HUD CoC, ESG, State, County, CDBG and HOME, VA SSVF and HUD-VASH, Med-QUEST housing supports, and other philanthropic funding.

Oversight: The BTG Board will oversee implementation and review System Performance Measures quarterly. County chapters (Kauai Community Alliance, Maui Homeless Alliance, and Community Alliance Partners) will lead local strategies with county housing agencies, and the HMIS Lead will be accountable for data goals.

1B-5a	Confirmation of Plan Coverage.

Select ‘Yes’ or ‘No’ in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC’s current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	43%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

A network of nonprofit, public, and private providers offers substance use treatment across BTG, from prevention to detox, residential treatment, and recovery.

On Hawaii Island the Big Island Substance Abuse Council (BISAC) provides residential treatment, prevention, and recovery services. Hulihia Ke Ola offers culturally grounded residential treatment. The Hilo Benioff Medical Center and Kona Community Hospital provide crisis assessment and stabilization through their emergency departments, and private programs, including Hawai¿i Island Recovery, The Ohana Hawai¿i Rehab, and Honu House Hawai¿i, offer 24-hour residential care. Services include counseling, medication-assisted treatment, and peer support.

On Maui County, Aloha House/Maui Behavioral Health Resources provides 24-hour medically monitored detoxification, residential treatment, outpatient services, counseling, and recovery support. Ka Hale Pomaikai serves Molokai residents with residential treatment.

Starting Over in Recovery operates a men's recovery home On Kauai with three to four beds.

To access services individuals may contact providers directly for intake or be referred by primary care providers, community health centers, courts, or social service agencies. Hawaii CARES (808-832-3100 or 1-800-753-6879) offers 24/7 screening, crisis support, and referral statewide, and the 988 Suicide and Crisis Lifeline is available for immediate help. Many services accept Med-QUEST (Medicaid) and private insurance, and state-funded services are available to eligible uninsured residents. Because capacity in rural areas is limited, particularly for detox and residential beds, individuals may face waitlists or need to travel to another island or to Oahu for higher levels of care.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

BTG partners with the State's behavioral health system, with county-based treatment providers and with community health centers. On Hawaii Island the Big Island Substance Abuse Council (BISAC) offers residential treatment, day treatment, intensive outpatient, outpatient, sober living and counseling. BISAC also runs Hulihia Ke Ola, a 7-day non-medical residential detox program in Hilo that prepares people for ongoing treatment. BISAC also carries out county-funded homeless support initiatives.

On Maui Aloha House offers medically supervised detox, residential treatment, intensive outpatient, sober living and counseling for SUD and co-occurring mental health conditions. It also provides outpatient treatment on Lanai and community-based case management with psychiatric and nursing services for people with dual diagnoses.

On Kauai, CARE Hawaii offers intensive outpatient treatment for men and women, with capacity for 25 clients in day treatment and intensive outpatient program. Child and Family Service provides outpatient treatment for up to 30 clients, and Hawaii Health Systems Corporation (Mahelona Medical Center and Kauai Veterans Memorial Hospital) offers outpatient detoxification for up to 20.

Partner providers use psychosocial interventions including evidence-based therapies. BISAC's outpatient services include cognitive behavioral therapy, contingency management and motivational interviewing. It also offers individual, group, family and couples counseling. BISAC's Hilo outpatient site includes adult and adolescent programs and its Hawaii Island Health and Wellness Center. Psychiatric medication management is available through the State's community mental health centers. Medications for addiction treatment are available through treatment partners.

For suicide prevention and crisis response BTG providers connect participants to Hawaii CARES 988, the statewide crisis line. It offers free, confidential support around the clock for mental health and substance use distress, including screening, counseling and referrals. For callers at risk of suicide, CARES provide de-escalation and can send a local crisis therapist through its Crisis Mobile Outreach service within 45 minutes. CARES also serves as the statewide access point for connecting callers to publicly funded SUD treatment.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

BTG partners with community organizations to ensure people experiencing homelessness can access peer recovery specialists, peer mentoring, and recovery navigation. Partners are engaged through CoC meetings, referral pathways, and case conferencing, so peer support is linked directly to housing and services.

On Hawaii Island, Going Home Hawaii provides recovery-oriented sober housing with peer support, accountability, and connections to behavioral health, employment, education, and community resources. It serves people exiting treatment, incarceration, homelessness, or other unstable living situations, reducing barriers to recovery while promoting long-term housing stability and self-sufficiency.

On Maui, BTG partners with a network of providers that together offer a full continuum of peer-driven recovery support:

Family Life Center, one of Maui's primary homeless outreach and shelter providers, employs staff with lived experience. Its outreach team engages unsheltered individuals, builds trust, and connects them to health, behavioral health, and housing resources, while case managers use a Housing First approach to guide participants from shelter into permanent housing.

Aloha House/Maui Behavioral Health Resources offers withdrawal management, residential, and outpatient substance use treatment in Makawao, Wailuku, and Kahului, plus telehealth. Counseling and recovery support help clients transition from treatment into stable housing and ongoing community-based recovery.

Mana Recovery, based in Wailuku, provides partial hospitalization, intensive outpatient, and outpatient treatment with a peer-based model led by staff with personal recovery experience. Its Recover Strong program combines exercise and neuroscience-informed practices to help people transitioning from incarceration or homelessness rebuild health and stability.

Recovery housing partners provide substance-free living environments with peer accountability and mutual support that help residents sustain sobriety while moving toward independent housing. Through these partnerships, BTG ensures participants have access to trusted peers who model recovery, help navigate treatment and housing systems, and support long-term stability.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

BTG identifies individuals experiencing Serious Mental Illness (SMI) through the Coordinated Entry System (CES), street outreach, emergency shelter intake, provider case conferences, health plan coordination, and clinical assessments. Once identified, participants are linked to intensive, community-based care that pairs assertive outreach and care coordination with comprehensive treatment and housing navigation.

On Hawaii Island HOPE Services Hawaii, the island's largest homeless services provider, employs a Psychiatric Nurse Practitioner and Community Psychiatrist who deliver on-site and street-based psychiatric evaluation and medication management, supported by Behavioral Health Case Managers who coordinate Community Care Services (CCS), Med-QUEST's specialized behavioral health program for adults with SMI. HOPE Services also partners with the Department of Law Enforcement to deliver Assertive Community Treatment. CARE Hawaii provides a Mobile Crisis Outreach Team (MCOT), intensive case management, crisis stabilization, and psychosocial rehabilitation. Hawaii Island Community Health Center, a Federally Qualified Health Center (FQHC), offers integrated primary care, psychiatry, and behavioral health. Big Island Substance Abuse Council (BISAC) provides outpatient, intensive outpatient, residential, and co-occurring disorder treatment. Kumukahi Health + Wellness delivers affirming mental health and substance use treatment for the LGBTQ+ community. Mental Health Kokua offers case management, peer support, and supportive and specialized residential housing for adults with SMI.

On Maui, homeless services provider Family Life Center (FLC), connects participants to psychiatric care through its Psychiatric Nurse Practitioner and behavioral health partnerships, alongside outreach, shelter, and housing navigation. Malama I Ke Ola Health Center, an FQHC, provides primary care with integrated behavioral health, psychiatry, and medication management. Mental Health Kokua offers case management, peer support, and supportive housing. Participating health plans coordinate CCS enrollment, care management, and crisis response.

These partners provide psychiatric care, medication management, behavioral health treatment, crisis response, recovery supports, and housing navigation, ensuring individuals with SMI receive coordinated, wraparound services that promote long-term stability and housing retention.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

BTG partners with Aloha House who provide services in connection with Maui Drug Court and other specialty court programs through treatment referrals and sober living opportunities.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

On Maui, BTG coordinates with Aloha House in connection with substance use treatment and behavioral health services. Aloha House partners with Maui Drug Court and the Second Circuit's specialty court programs, including veterans court, drug court, and a forthcoming women's court, to provide a treatment-first alternative for justice-involved individuals with substance use and co-occurring mental health needs. As an active member of the Maui Nui Partners in Healing Initiative, Aloha House works with the judiciary, prosecutors, public defenders, probation, and community providers to build coordinated pathways from court involvement to recovery.

Participants enter at the level of care they need and step down as they stabilize. Options include medically monitored withdrawal management, residential treatment, partial hospitalization, and intensive outpatient and continuing care. This continuum lets courts match conditions of participation to clinical need, which keeps individuals engaged in treatment rather than returning to custody. Programs serve adults, women with families, and adolescents.

Aloha House's Clean and Sober Living Program offers a structured, substance-free home as participants move from intensive treatment toward independent living. Licensed crisis residential stabilization beds provide a safe alternative to incarceration or hospitalization during a crisis. Aloha House's ADAD-funded Homeless Triage and Treatment program adds field-based outreach, screening, detox, stabilization, and care coordination for unsheltered individuals.

Through its Community Care Services (CCS) and Community Integration Services (CIS) programs, Aloha House case managers link participants to psychiatry, therapy, and basic needs, including clients under probation supervision. They also help participants navigate housing, benefits, and health coverage. This support builds the stability and connections needed to sustain recovery after court supervision ends.

Aloha House contributes to the initiative's reentry services mapping and supports bringing ADAD peer specialist training to Maui. It has also requested probation risk-and-needs (LSI-R) data to inform individualized treatment planning. These efforts reflect a shared commitment to building a lasting process rather than a stand-alone program. The goal is to help court participants achieve recovery, secure stable housing, and lead self-sufficient lives in their communities.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Through partnerships with Hawaii's 988 Suicide & Crisis Lifeline, the Adult Mental Health Division (AMHD), and CARE Hawaii's Mobile Crisis Outreach Team (MCOT), the CoC helps to ensure individuals in behavioral health crisis receive timely assessment, de-escalation, and linkage to appropriate treatment and support. On Hawaii Island CoC outreach providers coordinate with Hilo Benioff Medical Center and Kona Community Hospital to facilitate crisis intervention and stabilization services.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	30

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The MOU between Bridging the Gap (BTG) CoC and Mental Health Kokua (MHK), Maui's PATH provider, coordinates care for people experiencing homelessness with serious mental illness and/or co-occurring substance use disorders. MHK will conduct street outreach and serve as a coordinated entry access point on Maui; BTG will support CES, HMIS access, and planning. This partnership helps to identify people sooner, streamline referrals, reduce duplication, and speed access to permanent housing.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Through the FY 2026 competition Family Life Center is proposing to establish a new 30-bed transitional housing project in Kahului, Maui. The project will serve adults experiencing homelessness who need substance use treatment, recovery support, employment services, and housing assistance. Participation in substance use treatment will be required for entry and continued residency, and the housing may exclude people refusing to sign an occupancy agreement in accordance with 24 CFR 578.93(b)(5).

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

BTG coordinates closely with treatment and recovery providers so that people leaving care move directly into stable housing rather than into homelessness. In rural island communities with limited housing, transportation, and service options, these partnerships are essential.

BTG works with substance use treatment programs, mental health providers, hospitals, crisis stabilization programs, and clean and sober homes to identify participants at risk of homelessness well before discharge. Housing planning begins at intake, and BTG agencies help assess needs, gather documents, and connect participants to CES so housing options are part of the exit process.

BTG partners use direct, person-to-person transitions. Treatment staff, housing navigators, and outreach workers meet jointly with the participant, share information with consent, and connect them to the right resource (emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, or recovery housing) before they leave treatment.

Regular case conferences bring together behavioral health, treatment, housing, outreach, and mainstream service providers to review shared clients, resolve barriers, and align service plans, ensuring continuity of care and accountability across agencies. After shelter or housing placement, navigators and case managers continue working with participants and their treatment providers to support recovery, maintain tenancy, and link participants to Med-QUEST, SNAP, income support, employment, and peer support services.

For those at imminent risk, BTG partners use diversion, problem-solving conversations, and prevention assistance to help participants reunite with family or secure other safe housing, avoiding shelter entry or unsheltered homelessness altogether.

Through these coordinated practices, BTG promotes housing stability, sustained recovery, and long-term independence across Hawaii's rural counties.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$4,475,303
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$2,510,934
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	56%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$1,506,077
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	90%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

On May 21, 2026, the HUD Honolulu Field Office confirmed it had accepted letters from the State of Hawaii and the Counties of Hawaii, Maui, and Kauai reallocating the State's FY 2025 and future ESG awards. The State declined its annual ESG allocation indefinitely. Hawaii County accepted the reallocated funds indefinitely, Maui County accepted them for FY 2025 through FY 2029, and Kauai County declined them for FY 2025 and FY 2026. HUD set FY 2026 formula allocations of $263,347.62 for Hawaii County and $208,359.38 for Maui County.

On July 15, 2026, BTG Collaborative Applicant Ka Mana O Na Helu wrote to the new ESG recipients to confirm the transition and remind them of their obligation to consult with the CoC, Bridging the Gap (BTG), and to consider its feedback when making funding decisions. The notice clarified that Community Alliance Partners and Maui Homeless Alliance are local BTG chapters, not separate CoCs, so consulting with them alone does not meet HUD's CoC consultation requirements. It also noted that the State Homeless Programs Office had historically met this requirement by attending BTG Board of Directors meetings, held virtually on the first Wednesday of each month, which the new recipients can also do.

BTG will continue to consult with Hawaii and Maui counties, and with Kauai County if it resumes accepting ESG funds, in planning and allocating ESG funds by:

(1) Aligning ESG awards, including allocations to local providers, with BTG HMIS data requirements;
(2) Developing and evaluating performance objectives and outcomes for ESG-funded projects;
(3) Working with both ESG recipients to ensure the 5-Year Consolidated Plan is accurate and reflects local efforts in relevant counties;
(4) Giving input on how Hawaii and Maui counties allocate their ESG funds; and
(5) Including standing ESG items on BTG board agendas covering funding allocations, resource use, policy priorities, and program performance.

This process keeps ESG planning coordinated across BTG while the recipients change and keeps ESG investments consistent with BTG priorities.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

BTG coordinates with shelter providers through its Coordinated Entry System (CES). Emergency shelters, including those that are State-funded, are designated CES access points alongside Street Outreach, Supportive Services Only, and Transitional Housing projects. Households are assessed uniformly, prioritized by acuity, and matched to housing resources through automated HMIS referrals.

Shelter access point responsibilities include completing the State Homeless Verification for all adults, administering the Individual/Family VI-SPDAT depending on household type, and obtaining signed HMIS/CES consent to share important documents. Scores drive prioritization: Rapid Re-Housing for non-chronically homeless households scoring 8-17 (singles) or 9-22 (families), and Permanent Supportive Housing (PSH) for verified chronically homeless households in the same ranges. Shelter case managers remain the household's CES point of contact until permanently housed. Staff coordinate with households when they become referred to housing and respond to housing provider warm handoff requests within 72 hours.

Housing readiness strategies include helping households become document ready by securing photo ID and Social Security cards and, for PSH, completing the chronic homelessness verification and disability documentation, all uploaded to HMIS. Staff verify current income, identify future income sources, apply for eligible benefits, and build life and tenancy skills. They record housing history, location, unit size, transportation, pets, rental references, and ADA needs, and complete the Rental Readiness Ruler. An HPO Housing Plan documents what each household can afford and confirms that the household understands its rent responsibility. Managers routinely review HMIS dashboards that show information on unassigned referrals, missing documents, and chronic homeless status.

CES conveners hold case conferencing at least monthly with shelter and housing partners to review the By-Name List, referral status, and warm handoffs. Weekly shared case notes track progress. When vacancies lack referrals, conveners have 10 business days to find eligible clients, with the CES Oversight Committee stepping in if needed. This keeps shelter stays brief and speeds movement into permanent housing.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

BTG shares PIT, HIC, HMIS, and System Performance data with state and local governments, as permitted by law, to inform the homelessness response system.

Under a written HMIS Cooperative Agreement with the State of Hawaii Department of Human Services (DHS), executed May 2021, BTG gives DHS's Homeless Programs Office (HPO) access to HMIS reports and data on the programs it funds. This includes client-level data entered by State-funded providers. BTG provides a HUD-compliant CSV export of HPO program data. DHS integrates this export into the HPO Data Integration System (HDIS) at least weekly with Oahu CoC (Partners in Care) data under a parallel agreement, creating one statewide dataset. DHS uses the data to build reports and dashboards, evaluate project outcomes, and generate performance measures. Data is used to monitor HPO-contracted providers, and to respond to requests from the Governor, the DHS Director, and State Legislators. BTG must follow all federal and State confidentiality laws, including HIPAA, and remain current with HUD HMIS Data Standards.

BTG publishes annual PIT and HIC results at btghawaii.org, including county topline reports for Hawaii Island, Maui, and Kauai, a BTG-specific report, and an Unsheltered PIT Count by State Legislative District GIS dashboard. In May 2026, BTG held a press conference on Hawaii Island to release PIT data and sent press releases to the media, state legislators, county councilmembers, and the Hawaii County Mayor. On June 16, 2026, Kauai Community Alliance (KCA) Chair presented PIT data to the Hawaii Interagency Council on Homelessness (HICH).

BTG posts HUD System Performance Measures, including length of stay, returns to homelessness, PIT counts, income, and housing outcomes, with county and year-to-year comparisons. Public dashboards cover homeless services utilization, inflow and outflow, and real time By-Name List aggregate data. BTG makes these reports available to the public, funders, the State Legislature, and County Councils to support accountability and funding decisions.

Together, these channels give state and county policymakers current data to guide resource allocation, program design, and system improvement.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

BTG uses health care, Medicaid, and education data alongside HMIS to coordinate care and prevent duplication of services.

Health care utilization and claims data: Through Medicaid Community Integration Services (CIS+), BTG providers have access to all QUEST Integration health plans (AlohaCare, HMSA, Ohana Health Plan, Kaiser Permanente, and UnitedHealthcare), including plan portals with claims data. Providers coordinate directly with plan care coordinators, and in Maui County, Ka Hale A Ke Ola meets weekly with health plans on care coordination and utilization.

Electronic health record data: In Hawaii County, providers have access to electronic health records at Hilo Benioff Medical Center to support medical respite placement, discharge planning, and return to community-based beds.

Admission, discharge, and transfer data: Health plan portals show when a participant is admitted to or discharged from the hospital. This lets housing and outreach staff engage clients at the point of hospital exit and plan safe discharges.

Medicaid data sharing: In January 2026, BTG and the Med-QUEST Division began discussing a dedicated HMIS role so health plans and CIS+ providers can view clients' current, shared permanent housing enrollments and monthly rental assistance amounts. This responds to a federal mandate to prevent duplicative or fraudulent rental assistance payments, with short-term rental assistance as the priority. The partners are also assessing how new CIS+ health plan funded medical respite projects affect BTG performance.

Education data: In June 2026, BTG shared HMIS data on homeless and at-risk children in families it serves with the Hawaii Department of Education. The DOE cross-referenced its records and found that a low share of these children were receiving McKinney-Vento services. The results have strengthened the partnership and led to concrete steps to improve service rates and coordination between BTG service providers and the DOE Homeless Liaisons.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The MOA between Bridging the Gap Continuum of Care (BTG) and American Job Center Hawaii (AJC) creates a coordinated partnership for employment and workforce development services. It expands access to employment, training, and career services for people who are experiencing homelessness, at risk of it, or moving toward stable housing, and it links housing stability with economic mobility. It serves as a common framework that partners carry out through local procedures, without amending the MOA.

The parties will use locally agreed referral and warm-handoff processes. They will deliver person-centered, trauma-informed, culturally responsive services and align workforce goals with each participant's housing plan and circumstances. They will also reduce duplicate assessments while protecting privacy and maintaining points of contact.

BTG will promote AJC services and facilitate referrals and warm handoffs. It will help with transportation, technology access, and identification documents, and it will include AJC in CoC planning. It will work employment goals into housing plans and remain responsible for HUD, HMIS, and grant requirements. It will also designate BTG-level and county contacts.

Within their authority and resources, AJC will provide job-search services, including HireNet Hawaii, and individualized career services. They will screen participants for WIOA and other program eligibility. They will connect participants to hiring events, workshops, training, and programs for priority populations. With the participant's authorization, they will report referral status back to BTG partners.

Referrals may use a shared form, a secure electronic process, direct appointments, or another approved method, and will share only the minimum information needed. Sensitive information requires specific authorization. AJC will schedule referred participants using internal procedures. Services that depend on eligibility remain subject to program rules and capacity.

Workforce service components include career planning, HireNet registration, resume and interview preparation, digital literacy, skills assessment, training and apprenticeship referrals, job placement, support after placement to help people maintain jobs, and referrals for financial capability and supportive services.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Street outreach projects across BTG partner with police, fire, EMS, and county agencies so that contacts with people living unsheltered become pathways to housing and services rather than enforcement alone.

State-funded outreach contracts administered by the Homeless Programs Office (RFP HMS-224-25-03-HPO) require providers to align outreach with police patrol districts, deploy staff to hot spots and areas with safety concerns, share information on homelessness trends with law enforcement, and build working relationships with officers. Teams include licensed medical and mental health professionals who engage people where they are and make warm handoffs to care.

In Hawaii County, outreach staff maintain regular communication with first responders to identify people who could benefit from housing navigation, case management, behavioral health services, shelter, or permanent housing, reducing reliance on emergency systems.

In Maui County, the County Homeless Program Division coordinates encampment responses, ensuring outreach workers offer services alongside public safety efforts. Maui Police Department's CORE program and Mobile Medical Educational Unit (MMEU) co-respond with partners such as Aloha House, DOH, Hui No Ke Ola Pono, and Maui AIDS Foundation, bringing food assistance, wound care, mental health counseling, benefits help, and animal care to parks and gathering sites.

On Kauai, outreach providers meet monthly with the County Housing Agency's Homeless Coordinator, Kauai Fire Department, and Kauai Police Department to plan encampment responses, and the local chapter Kauai Community Alliance (KCA) outreach committee invites emergency responders to coordinate efforts.

These partnerships increase positive interactions. For example, outreach workers de-escalate encounters, identify immediate needs, explain options, and build trust with people wary of authorities. Staff then promote use of CoC services by completing Coordinated Entry assessments, documenting homelessness, obtaining IDs, and referring to shelter, rapid re-housing, permanent supportive housing, treatment, and mainstream benefits, with follow-up on appointments and transportation.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

BTG treats family and support-network reunification as a permanent housing resolution when it is voluntary, safe, participant-driven, and connected to ongoing support services.

Reunification is built into street outreach, Coordinated Entry, shelter, diversion, rapid rehousing, PSH, and case management. Staff identify safe family, friends, cultural, faith-based, or other trusted supports and confirm the arrangement is realistic before it becomes a housing plan. Coordinated Entry and provider case conferencing determine whether reunification is more stabilizing than other interventions. Where domestic violence, exploitation, conflict, or unsafe housing exists, staff pursue other options.

In Hawaii County, the County's Homelessness and Housing Fund (HHF) supported 808 Homeless Task Force's Family Reunification Program. The program provided individualized assessment, family engagement and mediation, travel coordination, and airfare to reconnect households with family on another island or the continental U.S. When appropriate, it also covered temporary lodging, food, clothing, and referrals to behavioral health or substance use treatment. BTG member agencies partnered with the Task Force to pay airfare. In Maui County, providers such as Family Life Center use diversion services and financial assistance, including transportation where the funding source allows.

Before moving to another geographic area, case managers contact the receiving family or support person and verify the housing arrangement. They help participants obtain ID and benefits documentation and connect the household to services in the receiving community, so services continue through the transition. The Institute for Human Services (IHS) Relocation Program, a State-funded resource, adds referral capacity for reconnecting participants with mainland support systems. BTG has partnered with IHS to expand this work on the neighbor islands, and several BTG members are actively utilizing these resources.

For households reuniting locally, providers link them to transportation, health and behavioral health care, employment, childcare, rental assistance, and mediation. This approach shortens time spent homeless, prevents unnecessary shelter entry, and advances BTG’s goal of making homelessness rare, brief, and non-recurring.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

BTG will build on the Grants Pass ruling, park permits, trespass laws, Maui's Title 12 and impound notices, while meeting Davis v. Bissen due process (providing notice, a way to challenge, and property inventory and storage). Unsheltered homelessness rose from 1,276 to 1,305 (2024-2026). BTG's six-point plan to clear tents and encampments includes a standard encampment protocol for all three counties by early 2027; registering residents before removal; confirming same-island beds the day before a clearance; pairing clearances with behavioral health response modeled on Maui's CORE/Aloha House partnership; renewing Hawaii Island HHF funding and aligning Ohana Zone and Kauhale funds; and tagging encampments in HMIS with quarterly reporting.

Drug arrests in the three rural counties rose 19.1% to 1,127 in 2025, and 72% were on-view, suggesting public space activity. Roughly $1.66M in State outreach contracts align teams with police districts and hot spots, and Maui's Partners in Healing initiative diverts people with behavioral health needs from jail and ERs into care. To decrease the use of illicit drugs, BTG will invite the County Prosecutor to join BTG, seek expanded outreach funding, fund a 30-bed substance use transitional housing facility on Maui, and adopt Davis-compliant Standard Operating Procedures.

Act 219 (2025) broadens who can seek ex parte transport orders and strengthens Assisted Community Treatment (ACT). The 2026 PIT Count found 611 adults with serious mental illness, 499 were unsheltered. To better utilize standards to address danger to self or others, BTG will train outreach staff on Act 219 and the ACT portal, document dated danger incidents in HMIS, match HMIS with police, ER and jail data and case conference via monthly county meetings, and track DOH Act 219 reports while supporting new neighbor-island psychiatric beds.

While Hawaii has not substantially implemented SORNA, it does keep its own registry under HRS 846E. Because CoC providers are not authorized recipients of non-public data, to increase the sharing of registrant information per SORNA, BTG will work with the Attorney General to use the public registry for housing screening, help registrants report locations and complete quarterly verification to avoid felony violations, refer them to non-PHA housing, and cut the share of unsheltered PIT Count people without active outreach enrollment from 73% to 65% or less in 2027.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws, policies, and practices that help include the 2024 Grants Pass ruling, whereby municipalities can enforce sit-lie and camping ordinances against homeless people even when there aren't enough shelter beds. All three counties already regulate camping in parks by permit. For example, Hawaii County requires a paid permit to camp in its parks. Criminal trespass laws and posted closures give counties the tools to end long-term camping. In July 2025, Maui posted notice that campsites, personal property, and vehicles left on site would be impounded and stored at a secured county facility, with 30 days to reclaim them. In Maui, outreach is expanding through a partnership between Aloha House and the Maui Police Department's CORE team, bringing mental health and substance use services into the field. At the state level, 2025 amendments to HRS Chapter 334 (SB 1322) changed the procedures for involuntary hospitalization and assisted community treatment petitions.

Laws, policies, and practices that hinder include Davis v. Bissen due-process requirements. The Hawaii Supreme Court held that unabandoned possessions of houseless people are property protected by the state due process clause. Corporation Counsel summarized what this requires: notice of an upcoming removal, contact information to challenge it, and inventory and temporary storage of removed property. Shelter shortages and beds in the wrong place, e.g., at a 2024 Kona clearance, eight people declined shelter because there were no beds in Kona and they didn't want to move to Hilo. Clearances driven by emergencies also move people from camp to camp.

A six-point plan to use what helps and overcome what hinders includes:
(1) Adopt a standard encampment resolution protocol for all three counties by Q1 2027.
(2) Engage people before any removal. When a clearance is scheduled, outreach teams will register every camp resident.
(3) Confirm beds before the clearance, on the same side of the island. Lead agencies will verify available beds the day before a clearance. Operations would be sequenced to match new capacity as it opens.
(4) Pair clearances with behavioral health response. BTG would replicate the Maui CORE/Aloha House response model with HPD and KPD.
(5) Advocate for the renewal of HHF funding on Hawaii Island before it expires in 2027; align Ohana Zones and Kauhale funds with encampment resolutions.
(6) Measure and report. BTG would tag encampment locations in HMIS and report quarterly.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

State agency DLNR has sought dedicated appropriations to clean up land that crosses jurisdictions. Bills in 2025 proposed $2.5 million per year for encampment cleanup on department lands. The State of Hawaii and Maui County have several laws that prohibit encampment activities in public places. Maui County's Title 12 regulates the use of public areas, including streets, sidewalks and public plazas. Sections of this title limit overnight occupancy in public areas without authorization. The state and the county both limit vehicle habitation on roads and public spaces.

Despite ordinances that govern the use of public land, the Maui County continues to face barriers to encampment resolution including limited access to available housing options and community advocacy related to native Hawaiian land rights. In 2021, county efforts to address encampments were impacted by a lawsuit brought by the ACLU on behalf of people experiencing homelessness involved in an encampment clearance at Kanaha Beach Park. The Hawaii Supreme Court found that the plaintiffs had a protected property interest in their personal items which were kept on county property, and that the county violated their right to due process by denying them a hearing prior to removing their property. In response, the county has updated procedures when dealing with the removal of personal property on county land and has conducted two subsequent encampment resolutions successfully.

The number of unsheltered people experiencing homelessness within the CoC rose slightly between 2024 and 2026, from 1,276 to 1,305 people. On Maui, in addition to a large concentration of unsheltered individuals in the Kahului district, there are three major community encampments on public land: Pulehu Road (Central Maui), Holomua Road (Upcountry) and Cut Mountain (West Maui). In addition, there are encampments on state land and private land which the County has limited ability to address directly.

State and county governments fund several community agencies to conduct outreach to connect people to housing and services. In 2025, Maui County awarded a contract to implement a Safe Parking overnight program, which has been stalled by site preparedness issues. Currently, the county is working to identify a site in Central Maui for a safe sleeping program utilizing tiny homes and other temporary housing for people experiencing unsheltered homelessness including those in encampments.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws, policies, and practices that help include:
$1.66M in annual State-funded outreach contracts administered by the State Homeless Programs Office. Contracts require providers to align outreach with police patrol districts, deploy staff to hot spots and areas with safety concerns, share information on homelessness trends with law enforcement, and build working relationships with officers. Teams include licensed medical and mental health professionals who engage people where they are and make warm handoffs to care.

In Maui County, the County Homeless Program Division coordinates encampment responses, ensuring outreach workers offer services alongside public safety efforts. Maui Police Department's CORE program and Mobile Medical Educational Unit (MMEU) co-respond with partners such as Aloha House, DOH, Hui No Ke Ola Pono, and Maui AIDS Foundation, bringing food assistance, wound care, mental health counseling, benefits help, and animal care to parks and gathering sites.

In November 2025, the Maui County Prosecutor convened the Maui Nui Partners in Healing Initiative which has brought together over 70 professionals from state and local offices, homeless services, healthcare, behavioral health, substance use treatment, law enforcement and the court system to develop coordinated responses to divert people with behavioral health issues from the justice system and emergency rooms into appropriate care. The initiative is designing multiple pathways at all steps in the Sequential Intercept Model to identify high users of the justice, healthcare and behavioral healthcare systems and quickly connect them to wrap-around care. The initiative is also collecting and analyzing data to identify service gaps and inform future state and county investments in housing and services.

BTG’s plan to leverage beneficial policies while overcoming restrictive ones includes:
(1) Encouraging the County Prosecutor from Partners In Healing to join BTG to help divert individuals with behavioral health issues from the justice system and emergency rooms.
(2) Advocating for expansion of State HPO outreach funding. For FY 2026, the program served 954 households, exited 705 households, with 23% exiting to PH.
(3) Obtaining funding for Family Life Center to operate a 30-bed TH facility on Maui to serve homeless adults in need of substance use treatment and recovery support.
(4) Adopt one standard operating procedure built to comply with Davis v. Bissen due-process requirements.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Reviewing 2025 arrest data for drug/narcotic offenses shows 1,127 drug arrests for Hawaii, Maui and Kauai counties combined, up 19.1% from the 946 arrests in 2024. This was taken from the arrests page of the Attorney General's Hawaii Crime Dashboard, filtered to include drug offenses. Arrests fell about a third from 2021 to 2024, then rebounded in 2025. Data shows that 2025 was still about 19% below 2021. Regarding the type of arrest, on-view arrests (meaning the officer saw the offense) accounted for 815 of the 1,127 (72%). This suggests most arrests happen in the field, often in public places, rather than from warrants. From this data it is unclear how many of the arrests were associated with homeless people, but this data would be useful to segment.

Maui County suffers from higher per capita overdose deaths than Hawaii overall. The County has invested additional capital and operating grants to create new treatment beds for people with substance use disorders (SUD) and co-occurring disorders. Local SUD programs have been building out additional capacity to address mental health to meet these needs. The County is also working to expand street medicine to include more medical-based SUD and mental health treatment in the field.

In September 2026 the Attorney General added 2025 data to the Hawaii Crime Dashboard, which can be filtered by county, year and offense type, including drug and narcotics offenses and arrests. Statewide in 2025 there were 3,792 drug offenses, with 226.8 kg of drugs seized. Methamphetamine was the top drug (1,997 offenses), followed by cannabis (1,099) and cocaine (220). In August 2026 Civil Beat reported that meth remains the main driver of drug related deaths and that Hawaii is the only placed in the U.S. where meth is far deadlier than opioids.

2025 Federal High Intensity Drug Trafficking Areas (HIDTA) program data shows that statewide deaths rose to 374 from 352. Methamphetamine deaths rose 8%, while fentanyl deaths fell 26% (76, down from 103). Kauai was the only County where deaths fell, Maui was flat, and Big Island deaths rose sharply.

Regarding Naloxone purchases, the state has bought $8.1M of Naloxone since 2020. In 2026, orders went to Hilo, Kona, Wailuku and Lihue. This information was last updated in June 2026 and can be pulled from the State osp.hawaii.gov/dashboard, run by the State Department of Health.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws, policies, and practices that help include Act 219 (2025) that clarifies emergency transport, examination and hospitalization for people imminently dangerous to self or others. It lets health and social service professionals, and any state or county employee seek an ex parte transport order, allows video hearings, requires an Assisted Community Treatment (ACT) assessment before psychiatric discharge, and lets one psychiatrist authorize treatment over objection. The Attorney General must help prepare and present ACT petitions, and ACT orders can last two years with no prior hospitalization required.

BTG's 2026 PIT Count found 611 adults with serious mental illness, including 499 unsheltered (38% of the unsheltered), and 707 chronically homeless individuals. On Hawaii Island, 24% of unsheltered households reported being arrested in the past year and 53 had 3+ ER visits. Overall, 73% of unsheltered people counted (84% on Hawai'i Island) had no active outreach enrollment at the time of the count. Maui Memorial Hospital has an 11-bed behavioral health acute care unit. In 2025, the hospital reported 115 involuntary holds, and 67 in the first half of 2026.

BTG's plan to leverage beneficial policies while overcoming restrictive ones includes:
(1) Training BTG street outreach workers on Act 219 ex parte process and the Attorney General's ACT portal. Using BTG's HMIS to document dated incidents of danger to help support the evidence burden that Act 219 requires.
(2) Matching HMIS data with police, ER and jail data to flag people with SMI and frequent crises. Holding monthly meetings in each county with DOH, police crisis officers and hospitals, using HMIS, ER and arrest data to make data-driven decisions.
(3) Tracking the DOH annual Act 219 report annually, broken out by rural counties. Support fixes to ACT enforcement and funding for neighbor-island psychiatric beds.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Sex Offender Registration and Notification Act (SORNA) was enacted in 2006 as Title I of the Adam Walsh Child Protection and Safety Act to create a uniform, nationwide system for tracking sex offenders and notifying the public.

BTG works within a legal framework that both supports and limits SORNA information sharing. On the helpful side, HRS 846E-3 lets the Attorney General and county police release public registrant information, including location, while protecting victim identity. This gives the CoC a lawful source for registry checks without disclosing client records. HRS 846E-9 makes failure to verify registration quarterly or to report changes a class C felony, which gives registrants a strong reason to keep a reportable location. Section 846E-3 limits disclosure to law enforcement, government background checks, and defined public information, so CoC providers are not authorized recipients.

Hawaii has not been found to have “substantially implemented” SORNA according to the U.S. Department of Justice SMART Office review. Despite this, Hawaii does maintain its own sex offender registration system. The Hawaii Criminal Justice Data Center (HCJDC) maintains a central registry of sex offenders and other covered offenders under Hawaii Revised Statutes §846E 2 Department of the Attorney General. Registration is managed through designated agencies such as the Attorney General’s Investigations Division and the Honolulu Police Department Records Division Department of the Attorney General.

To address these conditions, BTG will try to work with the Attorney General to use the public registry for housing-eligibility screening. Outreach and shelter staff will help registrants report locations, complete quarterly verification, and replace identification, which reduces violations that can lead to incarceration and renewed homelessness. Registrants will be referred to non-PHA supportive housing, rapid re-housing, and private landlords backed by risk-mitigation funds. Registrants are not allowed at shelters that serve families per State funded shelter contracts. BTG will also work to address location data gaps. In the 2026 unsheltered PIT Count, 950 of 1,305 unsheltered people (73%) had no active HMIS outreach enrollment. For 2027, BTG will work to improve this rate to at most 65%.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

BTG ensures street outreach reaches 100% of its geography across Kauai, Maui, and Hawaii counties. The State Homeless Programs Office (HPO) funds five outreach contracts for BTG ($1.66M per year, fiscal years 2025-2029) aligned with Point-in-Time (PIT) and police districts: one covering all Kauai districts, two for Maui, and two for Hawaii Island. Contracts require canvassing at times and places sufficient to identify every unsheltered person, including hard-to-find youth, families, and rural residents who would not otherwise be engaged in services. Teams follow published canvassing schedules that include early mornings, evenings, and weekends, targeting beaches, parks, campgrounds, libraries, transit hubs, and meal sites.

To reach people not otherwise engaged, HPO requires multidisciplinary teams of outreach staff, case managers, social workers, and licensed medical and mental health professionals who serve people where they are. With Special NOFO funding at $510K per year, street medicine teams with nurses, nurse practitioners, and psychiatrists treat wounds and chronic conditions and engage people with serious mental illness who do not seek care. Staff use low-barrier, trauma-informed, culturally responsive practices focused on building trust over time. Multilingual staff and interpreters serve people with limited English proficiency, and partnerships with OHA, DHHL, and DLNR strengthen engagement with Native Hawaiian and Pacific Islander households.

Peers with lived experience of homelessness serve on outreach teams and in peer support roles; one worker who lived on Maui's streets for 20 years has engaged people who refused services for years, helping house a man unsheltered for over two decades. People with lived experience also guide program design.

Outreach extends through referral partners such as police, hospitals, health centers, DOE homeless liaisons, behavioral health case managers, health plan housing coordinators, DOT and DLNR homeless coordinators, faith groups, food pantries, and businesses. Routine coordinated outreach events bring partners together to target areas of concern.

Every outreach team is a CES access point. Staff complete BTG’s assessment, enter it in HMIS within 72 hours, and ensure that housing readiness activities are completed for each household. The HMIS Lead maintains a by-name list of all active homeless, with case conferencing used to track, monitor progress, and prioritize the most vulnerable for housing.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	**Child Care (including Child Care and Development Fund)**	No
2.	**Early Childhood Providers**	Yes

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	No
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

BTG developed and formally adopted an “Educational Responsibilities” policy by majority BOD vote in 2021. BTG incorporated this policy into its Governance Charter as Attachment C, which can be found on the BTG website (www.btghawaii.org) under “About BTG”. The written policy informs BTG member agencies of their educational responsibilities and notifies homeless households of their educational rights and what services they are eligible to receive. Educational responsibilities include but are not limited to:
(1) Informing participants of their educational rights and eligibility for educational services while enrolled in programs.
(2) Enrolling all children and young adults in school immediately if not currently enrolled.
(3) Receiving services for which they are eligible according to their needs and comparable to services afforded to other non-homeless students.
(4) Receiving assistance from SEAs and LEAs as necessary.
(5) Developing relationships with colleges to access higher education services.
(6) Designating a staff person to be responsible for ensuring participants’ educational rights are met.
(7) Assisting with transportation needs to ensure that attendance rates remain high.

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

BTG and the DOE have an MOU in place that strengthens the policies set forth in the BTG Governance Charter by delegating duties and responsibilities to both parties so that homeless individuals and families are connected to resources that support educational stability. Recently both parties enhanced collaboration and data sharing so that more children become connected to the educational services they qualify for through the MV1 process.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

Bridging the Gap (BTG) coordinates with the Hawaii Department of Human Services Child Welfare Services (CWS) Branch and its partners so that youth leaving foster care and other public systems do not exit into homelessness. CWS administers child protection, foster care, guardianship, and independent living services statewide, and maintains local units, including East and West Maui, that give member agencies a direct point of contact.

Coordination starts with early identification. Youth at-risk of or experiencing homelessness are identified through street outreach, CWS and partner referrals, schools, and youth drop-in sites such as the Puna ¿Opio Hub operated by Neighborhood Place of Puna (NPP). With signed releases of information, BTG providers work with CWS social workers, family support agencies, and behavioral health providers to build coordinated service plans, take part in multidisciplinary case conferencing, and join discharge and transition planning before a youth leaves care. Warm handoffs keep youth connected to services through each transition.

Transitioning youth are connected to BTG's Coordinated Entry System, housing navigation, and case management, along with behavioral health care, education and employment supports, life skills development, and family reunification where appropriate. BTG members also link young adults to the statewide support system built for this population. Imua Kakou, a program of CWS and the Family Courts in partnership with EPIC Ohana, offers voluntary care to young adults aged 18 to 21 who have aged out of Hawaii foster care. The Independent Living Collaborative (ILC) provides statewide independent living services for youth moving from foster care to adulthood.

Local partners strengthen these connections in each county. In Maui County, Catholic Charities Hawaii provides housing assistance, temporary financial assistance, and case management tied to foster care and relative placements; Child & Family Service operates Neighborhood Place of Wailuku, Ohana Support Services, and voluntary case management; Maui Youth & Family Services offers counseling, residential shelter, and foster care programs; and Village of Hope Maui supports resource caregivers and social workers. Through these relationships, BTG maintains communication after referrals and continues outreach and case management until youth reach stable housing.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The state's federally funded RHY provider, Hawaii Youth Services Network (HYSN) administers RHY-funded programs on the neighbor islands through subgrantees Maui Youth and Family Services (MYFS), and Salvation Army Family Intervention Services (SAFIS). All three entities coordinate with BTG on service delivery.

The HYSN Basic Center Program (HBCP) provides immediate crisis care for youth ages 12 to 17, including youth at risk of trafficking, with the goal of reconnecting minors to a safe living situation. Through emergency shelters, host homes, case management, family engagement, and TeenLink Hawaii, a statewide information and referral line, youth receive safe shelter, meals, clothing, structured recreation, and follow-up after exit. The HYSN Transitional Living Program (HTLP) serves youth ages 16 to 21 for up to 18 months in developmentally appropriate settings on the neighbor islands, including host homes, group homes, and scattered-site apartments. Participants receive individualized case management addressing housing stability, education, employment, behavioral health, independent living and life skills, and transition planning.

Both HYSN programs target four core outcomes: social and emotional wellbeing, permanent connections, education and employment, and safe and stable housing. Across both programs, HYSN and its subgrantees are strengthening RHY-HMIS data entry, quality, consistency, and reporting. HYSN is working with BTG and HMIS Lead Ka Mana O Na Helu to close data collection gaps and expand staff training on HMIS.

On Hawaii Island, Neighborhood Place of Puna (NPP) coordinates with HYSN, so that youth experiencing homelessness can access the full continuum of housing and supportive services. Coordination occurs through bidirectional referrals, warm handoffs, multidisciplinary case conferencing, and ongoing communication with HYSN and local partners, including SAFIS, Child & Family Service, EPIC Ohana, schools, and behavioral health providers. When youth are identified through NPP's street outreach, drop-in services, or the Puna Opio Hub, staff assess immediate needs, connect youth to BTG’s coordinated entry system, and work with the most appropriate providers to develop a coordinated service plan. NPP follows up after each referral and continues outreach and case management as needed to support housing stability.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Two excellent examples of Rapid Rehousing (RRH) projects within BTG that exclusively serve families with children experiencing homelessness in accordance with 24 CFR 578.93(b) are the FLC Day 1 Kauai Rapid Rehousing project and the FLC HPO HPP Maui Rapid Rehousing project operated by Family Life Center (FLC) on Kauai and Maui respectively.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The FLC Day 1 Kauai Rapid Rehousing project provides supportive services focused on building the income households need to pay rent and stay stably housed. This work begins at intake and continues while the household is permanently housed.

Income Assessment and Planning: Case managers verify and document each household's current income. They identify future income sources and help households enhance income through employment or job training. Staff hold documented discussions with each household about what it means to be housed, including that ultimately the client, not the provider, pays the rent. Together, they develop a rent payment plan, which may include a HUD voucher, and a self-sufficient, stable income plan. The HPO Housing Plan is uploaded to HMIS to document what the household can afford and to confirm that it understands its rent obligations.

Rental Readiness Ruler: Family Life Center (FLC) completes the BTG-approved Rental Readiness Ruler with each household to gauge readiness for housing and target services. The tool records:
(1) how much rent the family is willing to pay.
(2) whether the family is willing to increase income or find employment, and when these activities will start.
(3) whether the family will comply with a lease and monthly case management follow-up.
(4) whether the family has applied for low-income housing or is on a HUD waitlist.

Openness to shared housing and flexibility on location also help match the household's income to realistic housing options.

Document Readiness and Skill-Building: Staff help households obtain photo ID and Social Security documentation, which they need for employment and benefit applications. Staff also provide life skills and tenancy skills training that supports budgeting and paying rent on time.

Through these steps, FLC ensures each family leaves homelessness with a documented plan to pay rent and the income needed to sustain housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Hawaii's Temporary Assistance for Needy Families (TANF) program is a federal and state funded program administered by the Department of Human Services (DHS), Benefit, Employment and Support Services Division (BESSD). Established under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, TANF serves multiple purposes. Beyond cash assistance, TANF promotes self-sufficiency through the First-To-Work program, childcare subsidies, transportation assistance, and family-strengthening services.

The FLC HPO HPP Maui Rapid Rehousing project leverages TANF funding through the State's Housing Placement Program (HPP), procured by the DHS-BESSD Homeless Programs Office (HPO) under RFP HMS 224-21-02-HPO, with an anticipated $485,000 annual allocation for Maui. HPP is an intervention designed to help TANF-eligible families quickly exit homelessness, return to housing in the community, and avoid future homelessness. The FLC HPO HPP Maui Rapid Rehousing project uses these funds to serve homeless families that include a minor child living with a custodial parent or caretaker relative and have gross income below 250% of the federal poverty level. FLC completes the State's TANF Eligibility Worksheet for each household and verifies homelessness through HMIS and third-party documentation.

HPP funds support three core components:
(1) Housing identification and location, including landlord recruitment and a database of affordable units.
(2) Move-in and time-limited financial assistance of one to three payments for security deposits, rent, utility deposits, and past-due rent or utilities.
(3) Housing-focused case management at least twice monthly and for up to six months after placement, including landlord mediation to prevent eviction.

HPP also connects families to the broader TANF system. Case managers screen for and assist with public benefit applications and link parents to employment, education, and financial literacy services, advancing TANF's goal of self-sufficiency. Performance targets include 80% of households housed within 30 days of entry, 90% exiting to permanent housing, and gains in earned income. By pairing TANF resources with rapid rehousing, FLC helps Maui families with children secure stable housing and build the income needed to sustain it.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The FLC HPO HPP Maui Rapid Rehousing project helps TANF-eligible families, including pregnant individuals, move quickly from homelessness into permanent housing while connecting them to the childcare, parenting, health, and educational supports that sustain stability.

Through housing-focused case management, Family Life Center (FLC) helps families locate affordable units near schools, libraries, and other community resources; obtain documents; complete applications; and secure one to three payments toward deposits, rent, or utilities. Person-centered housing plans maximize each family's ability to pay rent, and up to six months of post-placement case management and landlord mediation help prevent returns to homelessness.

FLC assists parents in connecting to childcare services, including childcare assistance, to support employment opportunities, and maintains clear relationships with employment and income support programs. Strengths-based family services enhance confidence, emphasize problem-solving, and strengthen family communication, with assessments and housing plans reflecting the strengths and needs of both parents and children.

Case managers help pregnant participants, parents, and children access health insurance and establish links to primary, specialist, dental, mental health, and addiction services, along with benefits such as WIC. Emergency health and crisis services are accessed immediately when safety is at risk.

Consistent with the McKinney-Vento Homeless Assistance Act, as reauthorized by the Every Student Succeeds Act, FLC ensures families understand their educational rights, children are enrolled in school within 48 hours of program entry, and students are connected to the school homeless liaison, Early Intervention, Head Start, preschool, free meals, and other services. Parents are linked to literacy, GED, job training, and higher education opportunities.

By combining rapid housing placement with these integrated services, FLC helps families on Maui increase income and assets, build lasting stability, and break the cycle of homelessness.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

Signed in July 2026, the MOU between Bridging the Gap CoC and Veteran Serving Organization U.S.VETS was adopted to better serve homeless and at-risk veterans. Veterans identified through coordinated entry get warm hand-offs to U.S.VETS, with services coordinated alongside VA programs like HUD-VASH, SSVF and GPD to avoid duplication. Veterans also gain access to job training and placement, while both groups share data and run gap analyses to fill unmet needs.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Bridging the Gap CoC and domestic violence service provider Child & Family Service have a partnership via MOU to help domestic violence survivors and their families reach safe, permanent housing. Partners will review and update VAWA emergency transfer protocols, maintain a confidential de-identified referral system with HMIS training for CFS staff, hold annual training on trauma-informed care and safety planning, and share CFS's Transition To Success model with interested service providers.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Bridging the Gap CoC and Going Home Hawaii (GHH) signed a 3-year MOU to prevent homelessness among people leaving prisons, jails, community supervision, and court-ordered programs on Hawaii Island. Key activities include housing-focused discharge planning; and community reintegration coordination with correctional, probation, treatment, and housing providers. GHH contributes expertise in recovery/sober and reentry housing, job placement support, peer mentoring, and benefits navigation.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Ka Hale A Ke Ola's Medical Respite Program on Maui is supported through partnerships with hospitals, healthcare providers, behavioral health agencies, homeless service providers, and all five Medicaid managed health plans in Hawaii. These collaborations support participant referrals, care coordination, hospital discharge planning, access to housing and supportive services, palliative care, and hospice services to ensure comprehensive care for homeless individuals with complex medical needs.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Mental Health Kokua (MHK) opened the Kupuna Homeless Accessible Care Project on Maui in March 2025 in collaboration with the local CoC chapter and other service providers. It offers 10 transitional beds, for up to two years, to homeless adults aged 60+ with incomes below 30% AMI. Residents may need intermediate or skilled nursing care, psychiatric services, and medication monitoring. MHK provides 24/365 supervision by housing specialists trained in medical, behavioral health, and aging issues.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Two excellent examples of Permanent Supportive Housing projects that prioritize individuals experiencing chronic homelessness are the Kukui and Hale Kulike PSH programs operated by HOPE Services on Hawaii Island. These projects target chronically homeless individuals, defined as those who have been unhoused for a year or longer (or have experienced multiple episodes of homelessness) and have a documented disabling condition, such as severe mental illness or substance use disorders.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

HOPE Services builds on-site behavioral healthcare directly into the Hale Kulike Permanent Supportive Housing (PSH) project. Individuals experiencing chronic homelessness live with mental illness, substance use disorders and chronic health conditions, often more than one at a time. Referrals to off-site care often go unused because of transportation barriers, missed appointments and mistrust of institutional systems. By bringing care to where tenants live, HOPE Services removes these barriers and builds the trusted relationships that housing stability depends on.

The project uses a multidisciplinary approach supported by two Medicaid-funded programs:

Community Integration Services (CIS): CIS is a Med-QUEST program that helps Medicaid members who are homeless or at-risk of homelessness find and keep housing. Through CIS, HOPE Services case managers use Medicaid funding to provide continuous, holistic behavioral health support. Case managers meet with tenants on-site to help with stabilization, daily living and self-care skills, and connection to ongoing substance use and mental health services. This steady, person-centered support helps tenants deal with the issues that most often threaten housing stability, and it supports long-term recovery.

Community Care Services (CCS): For participants diagnosed with a Severe Mental Illness (SMI), HOPE Services coordinates intensive, specialized case management through the CCS program. Eligible residents are assigned dedicated mental health case managers who coordinate psychiatric care, therapy, crisis intervention and medication management within housing. Because this care happens on-site, staff can recognize early warning signs, respond quickly to crises, and reduce reliance on emergency departments, psychiatric hospitalization and law enforcement.

Together, CIS and CCS form a tiered model where every tenant has access to behavioral health support matched to intensity of need. On-site service delivery improves engagement, housing retention and health outcomes for some of the most vulnerable households in our community.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The Kukui Permanent Supportive Housing (PSH) project uses policies for assessing whether a program participant needs a higher level of care, such as assisted living, residential treatment, or acute hospitalization. Participants are never evicted simply for struggling with symptoms of mental illness or substance use. Many chronically homeless individuals and families live with complex, co-occurring conditions, and the project is designed to stabilize them in their own homes whenever it is safe to do so.

Participant needs are monitored on an ongoing basis through case management, nursing support, and regular contact with each household. When an individual's physical or psychiatric needs begin to exceed what independent supportive housing can safely provide, the project activates structured triage protocols.

Multidisciplinary Interventions: If a tenant is deemed a danger to themselves or is unable to perform basic activities of daily living (ADLs) even with nursing support, the team convenes and coordinates with community psychiatric and medical partners to assess the participant's condition and identify the most appropriate level of care.

Assisted Community Treatment (ACT) and Medical Transitions: When necessary, the project uses legally supported frameworks, such as Assisted Community Treatment, or direct medical transitions to place individuals into higher levels of care, including acute hospitalization, residential substance use treatment facilities, or assisted living settings.

Throughout this process, staff engage the participant, while transitions are coordinated closely with receiving providers to ensure continuity of care and to prevent a return to homelessness. This approach allows the project to preserve housing stability for many participants while ensuring that those whose needs cannot be safely met in PSH receive timely access to the specialized care they require.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Kukui Permanent Supportive Housing (PSH) project is designed to provide long-term housing with intensive supportive services for chronically homeless individuals and families. Consistent with HUD's Moving On priorities, the project maintains policies for assessing each participant's readiness to move to unsubsidized or other permanent housing once they have stabilized and no longer requires intensive case management. The following policies are utilized to assess readiness for Moving On.

Annual Recertification and Goal Evaluation: At least annually, and during regular reviews of each individualized housing plan, housing case managers work with participants to assess housing stability, lease compliance, income, financial literacy, and self-management skills such as budgeting, paying rent on time, maintaining the unit, and accessing community resources independently.

Transition to Unsubsidized or Independent Permanent Housing: When a participant demonstrates stable independent living patterns and reliable income, whether through employment or disability benefits such as SSI/SSDI, including benefits managed through Representative Payee services, the case manager completes a Moving On readiness assessment with the participant. The assessment considers the participant's preferences, ongoing service needs, and the community support available to sustain housing after the transition.

Voucher and Housing Transition: The policy coordinates the participant's move from a service-intensive PSH unit to an independent permanent housing option, such as a Section 8 Housing Choice Voucher or an affordable housing unit through programs like the Sacred Hearts Affordable Housing Program and Hale Ulu Lehua Kupuna Program. Case managers assist with applications, housing search, and move-in, and link participants to mainstream services that support continued stability.

This approach helps participants reach their highest level of independence while freeing the intensive PSH unit for another chronically homeless individual or family on the CES By-Name List, maximizing the impact of limited PSH resources in the community.

1D. Project Capacity, Review, and Ranking–Local Competition

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

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

You must enter a date in question 1D-2b.

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

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

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/06/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

(1) The FY 2026 reallocation process was documented in the CoC Program Competition Request for Proposals (RFP). The RFP document was posted publicly on the BTG website on June 30, 2026. Renewal projects were evaluated against objective evaluation criteria outlined in Section 4 of the RFP, with bulk of the points awarded based on performance and outcomes data for their most recently completed grant terms. The CoC actively reviewed renewal project performance against criteria such as utilizing project capacity, adherence to the CoC's CES referral process for housing placements, exits to positive outcomes, fidelity to serving specific subpopulations such as clients that are chronically homeless with behavioral health needs, and whether the project achieved increases in income for clients through benefit attainment or employment. Projects were reviewed and scored by a three-member evaluation committee, then ranked according to score. Low performing or less needed renewal projects falling below the Tier 1 funding threshold were considered for reallocation in favor of creating new higher performing projects to better align with the CoC's needs.

(2) The CoC identified Steadfast Housing Development Corporation's Kulalani Group Home 2026 project for reallocation this year due to poor performance. This project has had difficulties filling vacancies created through turnover, meeting occupancy and CES standards, exiting clients to positive destinations, and increasing income for its participants.

(3) The CoC reallocated the Kulalani Group Home 2026 project identified above.

(4) The CoC reallocated a low performing project based on the above responses.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	CaseWorthy

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

(1) The CoC did not conduct an unsheltered count in 2025, however, there were no changes to the count's implementation between the 2024 and 2026 counts.

(2) Not applicable, there were no changes to the PIT count implementation.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

On Hawaii Island, the HOPE Services outreach team identified and conducted engagement activities at encampments located throughout the Island. These encampments were occupied by numerous individuals experiencing unsheltered homelessness. Of these individuals, many declined services despite repeated outreach efforts. Outreach efforts included regular site visits, assessment of client needs, connection to housing and supportive services, assistance with obtaining vital documents, and referrals to healthcare, behavioral health, and community resources. Through coordinated outreach and collaboration with community partners, HOPE was able to clear multiple encampments during CY 2025. Prior to closure of these sites, outreach staff engaged occupants and offered housing-focused interventions and supportive services.

On Maui, Maui County documents encampment reduction through the County Homeless Program Division, MPD/DOT/DLNR partners, and outreach providers. The County's Homeless Program Division is the point of contact for illegal encampments and smaller homeless "hot spots" and uses outreach workers to offer services while addressing safety and hygiene concerns. For the two major fire-mitigation cleanups occurring during CY 2025, County/DOT/DLNR logs show the location, date, estimated people and structures, outreach contacts, referrals, shelter/housing placements, and any returns to homelessness. Major encampment reduction activities during CY 2025 occurred at Amala Place, Maui Lani, and Ukumehame, which was cleared for fire-risk mitigation. These efforts show that Maui is reducing high-risk encampments while maintaining a pathway to shelter, treatment, and permanent housing.

On Kauai, the Kauai County Housing Agency (KCHA) accomplished several major cleanups during CY 2025. These included Ahukini, Kapaa Library to Beach Park, Kaiakea Fire Station, and Lydgate. KCHA works cooperatively with the Kauai Police Department, Public Works, Family Life Center, Parks and Recreation, the Mayor's office, etc. to address encampments, provide outreach services, and clean up health hazards. KCHA is working on a humane encampment cleanup strategy cooperatively with other agencies so that written protocols can be established including a consistent timeline for encampment cleanups to the extent possible.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	22
2. Enter the reduction in the number of encampments during your evaluation period.	14

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	248
2. Enter the reduction in the number of people in encampments during your evaluation period.	80

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not Applicable.

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Bridging the Gap's (BTG) plan to decrease the number of individuals and families becoming homeless for the first time includes the following key activities.

(1) Identify Risk Early. Train 2-1-1 operators, McKinney-Vento liaisons, hospitals, DHS and courts to screen and refer at-risk households to homelessness prevention providers before housing is lost.

(2) Shelter Diversion. Staff use strengths-based questions to find safe alternatives to shelter: staying with family or friends, resolving landlord or roommate conflicts, or brief help to keep current housing. Maintain a flexible diversion fund (e.g., arrears, utilities, deposits, transportation, car repair) with same-day approval and low barriers. Follow up at 30, 90 and 180 days.

(3) Family and Support Network Reunification. Help households safely reconnect with family, friends and faith communities, using mediation to resolve conflict. Support host households with small stipends, food, utility help and case management check-ins. Fund mainland travel when the receiving household confirms housing and support. Partner with Native Hawaiian, Pacific Islander and COFA community organizations for culturally grounded, family-centered reunification.

(4) Targeted Prevention. Align resources to prioritize households most likely to enter shelter. Expand legal aid and eviction diversion funding. Establish discharge-planning agreements with hospitals, corrections and child welfare so that no one exits to homelessness.

(5) Accountability. BTG's Data and CES Oversight Committee reviews first-time homelessness data quarterly by county and demographic characteristics. Results go to the CoC board, and funding shifts proactively toward strategies with the best outcomes.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Bridging the Gap's (BTG) plan to reduce the length of time individuals and families remain homeless in shelters includes the following key activities.

(1) Prioritize the longest stayers. Review prioritizing housing placements for households with long LOS according to shelter, CES and by-name list data.

(2) Expand Rapid Re-Housing (RRH) Programs. Allocate more resources to RRH projects, which research shows exits households to housing faster and at lower cost than TH.

(3) Housing-focused shelter. Each shelter participant receives a housing plan within seven days of entry. Staff use diversion and problem-solving strategies at intake so that shelter is used only when needed.

(4) Landlord engagement. County landlord liaisons, incentives, risk mitigation funds, holding fees and deposit help expand available units in a tight rental market. Work with local PHAs to establish agreements for homeless preferences and move-on vouchers.

(5) Income and benefits. Connect participants to benefits they are eligible for and to American Job Centers and workforce employment programs to raise income and help sustain housing.

(6) Case conferencing. Monthly CES case conferencing identifies barriers (IDs, documents, unit matching) for households in shelters longer than 90 days.

(7) Data and accountability: LOS reports and dashboards by project are conveyed publicly to providers and funders. Low performers receive technical assistance and corrective action plans.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	45.90%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the percentage of program participants exiting to unsubsidized housing, data was pulled from the Homeless Management Information System (HMIS). The calculation covered calendar year (CY) 2025, January 1 through December 31, 2025.

The HMIS Lead ran a report to analyze exit data for all unduplicated participants served in Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects during CY 2025. The report found that 713 participants exited these projects during the reporting period. This total is the denominator for the calculation.

The numerator included participants whose exit destination was a permanent housing situation with no ongoing housing subsidy. Four HMIS exit destinations were included: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. Together, these destinations accounted for 327 participants.

Dividing the 327 participants who exited to unsubsidized permanent housing by the 713 total participants who exited shows that 45.9% of program participants across TH, RRH, and PSH projects exited to unsubsidized housing in CY 2025.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/25/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	594	48	552	85.98%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	31	13	31	70.45%
4. Rapid Re-Housing (RRH) beds	457	0	457	100.00%
5. Permanent Supportive Housing (PSH) beds	668	0	371	55.54%
6. Other Permanent Housing (OPH) beds	98	0	98	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

(1) and (2). The project types with HMIS bed coverage rates below 85% include transitional housing and permanent supportive housing.

Regarding the transitional housing bed coverage rate, domestic violence provider Child and Family Service recently submitted a new transitional housing project application which will be included in BTG's Consolidated Application for funding this year. If awarded, CFS has certified that they will enter the transitional housing project data in a comparable database, bringing the bed coverage rate to 100%. If the newly proposed project is not awarded, the HMIS Lead will consider offering to pay for a comparable database license so that the domestic violence provider can enter the TH project data.

Regarding the permanent supportive housing bed coverage rate, the low rate reflects BTG's inability to obtain and enter VASH project data in the HMIS. In March 2026, BTG's Collaborative Applicant Ka Mana O Na Helu met with the VA and technical assistance provider Abt Global to discuss obtaining VASH data from the VA through a monthly export and providing veteran BNL data to the VA through the new HPO Data Integration project. KMNH will approach the BTG board with details on these projects in the coming months and is hopeful that both projects will be approved and implemented shortly thereafter.

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	Yes

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

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

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of Treatment...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/25/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/24/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HI-500 FY2026 HDX...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Certific...	09/27/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Policy on Advanci...	09/24/2026
11. Other	No		

Attachment Details

Document Description: List of Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local E¿orts to Advance Protecting Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: HI-500 FY2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Certification for Opportunity Zone Preference Points (HI-500)

Attachment Details

Document Description:

Attachment Details

Document Description: Policy on Advancing Recovery by Prohibiting Illicit Drug Enablement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

Before Starting the Project Listings for the CoC Priority Listing

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

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

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

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
- Attachment Requirement

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

Things to Remember:
- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

  - UFA Costs Project Listing;
  - CoC planning Project Listing;

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

Additional training resources are available online on HUD's website

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Ka Mana O Na Helu

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects?	Yes

Alert:
As stated in the FY 2026 CoC Program Competition NOFO:
- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)
$1,752,167
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)
$0
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)
$0

Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
Enhanced Outreach...	HI0143H9C002501	SSO	CoC Renewal	$469,725	No
Kulalani Group Ho...	HI0011L9C002518	PH-PSH	CoC Renewal	$65,930	No
HIHR PH1 FY2024 R	HI0059L9C002514	PH-PSH	CoC Renewal	$897,181	No
HIHR PH 2 S2AU FY...	HI0144H9C002501	PH-PSH	CoC Renewal	$101,033	No
Maui Street Medic...	HI0145H9C002501	SSO	CoC Renewal	$68,900	No
FLC Kauai Rapid R...	HI0163L9C002501	PH-RRH	CoC Renewal	$149,398	No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	Enhanced Outreach FY2022
Grant Number of Eliminated Project:	HI0143H9C002501
Eliminated Project Component Type:	SSO
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$469,725

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Tier 1 funding was prioritized for housing and HMIS projects. Tier 2 funding was prioritized for new TH and SSO projects. Applicant was notified on 8/6/26.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	Kulalani Group Homes 2024-25

Grant Number of Eliminated Project: HI0011L9C002518
Eliminated Project Component Type: PH-PSH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: $65,930

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

CoC determined that the project should be eliminated through poor performance. Applicant was notified on 8/6/26.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name: HIHR PH1 FY2024 R
Grant Number of Eliminated Project: HI0059L9C002514
Eliminated Project Component Type: PH-PSH
Funding Type: CoC Renewal
Eliminated Project Annual Renewal Amount: $897,181

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Renewal project proposal was not submitted by the applicant.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	HIHR PH 2 S2AU FY2022 N
Grant Number of Eliminated Project:	HI0144H9C002501
Eliminated Project Component Type:	PH-PSH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$101,033

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Renewal project proposal was not submitted by the applicant.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	Maui Street Medicine Outreach
Grant Number of Eliminated Project:	HI0145H9C002501
Eliminated Project Component Type:	SSO
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$68,900

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Renewal project proposal was not submitted by the applicant.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	FLC Kauai Rapid Rehousing FY2024
Grant Number of Eliminated Project:	HI0163L9C002501
Eliminated Project Component Type:	PH-RRH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$149,398

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Renewal project proposal was not submitted by the applicant.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)
$37,954
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)
$0
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)
$0

Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
Hale Kulike PSH F...	HI0129L9C002504	CoC Renewal	$163,932	$154,286	$0	$0	$9,646	No
HMIS $38,039 FY2024	HI0104L9C002506	CoC Renewal	$42,740	$14,432	$0	$0	$28,308	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	Hale Kulike PSH FY2024
Grant Number of Reduced Project:	HI0129L9C002504
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$163,932
Amount Retained by Project:	$154,286
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$9,646

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Applicant's proposal did not submit the full amount that the project was eligible for as listed on the FY 2026 GIW. Applicant was notified on 8/6/26.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	HMIS $38,039 FY2024
Grant Number of Reduced Project:	HI0104L9C002506
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$42,740
Amount Retained by Project:	$14,432
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$28,308

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Project was reduced to keep additional housing funding for another project. Collaborative Applicant made the decision to reduce HMIS funding.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

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

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
Hawaii Housing Na...	2026-09-18 20:40:...	SSO	Family Promise of...	$1,082,175	1 Year	Bonus + Reallocation	No	No	X	
HOPE Outreach FY26	2026-09-23 17:55:...	SSO	HOPE Services Haw...	$469,725	1 Year	Bonus + Reallocation	No	No	12	
HOPE Shelter Care...	2026-09-23 23:28:...	SSO	HOPE Services Haw...	$519,291	1 Year	Bonus	No	No	13	

HOPE Behavioral H...	2026-09-24 13:48:...	SSO	HOPE Services Haw...	$500,000	1 Year	Reallocation	No	No	10	
FLC Transitional ...	2026-09-24 14:51:...	TH	Family Life Center	$882,400	1 Year	Reallocation	No	No	8	
FLC - CoC Kauai O...	2026-09-24 14:50:...	SSO	Family Life Center	$90,000	1 Year	Reallocation	No	No	9	
Transitional Hous...	2026-09-24 19:45:...	TH	Child and Family ...	$384,914	1 Year	DV Bonus	No	No	D11	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

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

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

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
Kulalani Group Ho...	2026-07-31 15:00:...	1 Year	Steadfast Housing...	$65,930		No	PH			PSH	
FLC Ohana One FY26	2026-09-18 20:23:...	1 Year	Family Life Center	$1,307,749		Yes	PH	2		PSH	
HMIS $158,276 FY2026	2026-09-21 14:04:...	1 Year	Ka Mana O Na Helu	$158,276	yes	Yes	HMIS	1			Survivor
HMIS $14,432 FY2026	2026-09-21 15:17:...	1 Year	Ka Mana O Na Helu	$14,432	yes	Yes	HMIS	7			Individual
HOPE Rapid Re-Hou...	2026-09-21 16:15:...	1 Year	HOPE Services Haw...	$109,555		Yes	PH	6		RRH	
Hale Kulike PSH F...	2026-09-21 16:13:...	1 Year	HOPE Services Haw...	$154,286		Yes	PH	4		PSH	
Kukui Renewal FY2026	2026-09-21 16:05:...	1 Year	HOPE Services Haw...	$859,668		Yes	PH	5		PSH	
Kukui II FY2026	2026-09-21 16:10:...	1 Year	HOPE Services Haw...	$81,216		Yes	PH	3		PSH	
Enhanced Outreach...	2026-09-21 22:04:...	1 Year	HOPE Services Haw...	$469,725		No	SSO				

Continuum of Care (CoC) Planning Project Listing

Instructions:

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

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

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
HI-500 BTG Planni...	2026-09-25 17:55:...	1 Year	Ka Mana O Na Helu	$223,765	

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

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

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

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

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

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

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

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

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

Instructions:

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

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

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

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

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

Project Name	Applicant Name	Date Submitted	Comp Type	Expansion	Budget Amount	Grant Term	Funding Type	PSH/RRH	Rank
This list contains no items									

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. **Is the CoC consolidating renewal projects that will expire in Calendar Year 2027?** Yes

2. **Is the CoC expanding renewal projects that will expire in Calendar Year 2027?** No

Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

4A. Consolidations

Instructions:

HUD encourages the consolidation of renewal grants. Project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 10 renewal grants into 1 consolidated grant with the final fully consolidated grant completed in the CoC post award process. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2027, as confirmed on the FY 2026 GIW and also confirmed with dates from eLOCCS. In addition, the project must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Consolidation(s)	X
The Collaborative Applicant certifies the accuracy of all the individual renewal project applications related to this consolidation request(s)	X
The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed	X

CoC must complete the following fields for each grant consolidation requested.

	Surviving PIN	Terminating PIN #1	Terminating PIN #2	Terminating PIN #3	Terminating PIN #4	Terminating PIN #5	Terminating PIN #6	Terminating PIN #7	Terminating PIN #8	Terminating PIN #9
Consolidation #1	HI0003	HI0104								
Consolidation #2										
Consolidation #3										
Consolidation #4										
Consolidation #5										
Consolidation #6										
Consolidation #7										
Consolidation #8										
Consolidation #9										
Consolidation #10										

4B. Consolidation Comparison

Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, TH, SSO, SSO-CE or HMIS). HUD's website..

The Collaborative Applicant certifies that all projects listed are part of a CoC approved Consolidation(s). ☐

The Collaborative Applicant certifies the accuracy of all the individual renewal project applications related to this consolidation request(s) ☐

Project Name	Date Submitted	Survivor PIN	Survivor PIN	Terminating PIN	Terminating PIN	Consolidation
This list contains no items						

Funding Summary

Instructions

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

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

Title	Total Amount
CoC Renewal Amount	$2,685,182
New CoC Bonus and CoC Reallocation Amount	$2,461,416
New DV Bonus Amount	$384,914
New DV Reallocation Amount	$0
YHDP Renewal and Replacement Amount	$0
YHDP Reallocation Amount	$0
CoC Planning Amount	$0
Rejected Amount	$1,617,830
Total Funding Request	$5,531,512

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD-2991, Certifi...	09/24/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/24/2026
2. Reallocation	09/24/2026
2A. Grant(s) Eliminated	09/28/2026
2B. Grant(s) Reduced	09/28/2026
3A. CoC New Project Listing	09/28/2026
3B. CoC Renewal Project Listing	09/24/2026

3D. CoC Planning Project Listing	Please Complete
3E. YHDP Renewal Project Listing	No Input Required
3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/24/2026
4A. Consolidations	09/24/2026
4B. Consolidation Comparison	No Input Required
Funding Summary	No Input Required
Attachments	09/24/2026
Submission Summary	No Input Required

Notes:

3D. CoC Planning Project Listing list contains 1 incomplete item.