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COMPLETE

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PAGE 2: Part 1: Demographics

Q1: Choose your Continuum of Care Code:	(GU-500) Guam CoC
Q2: If you serve a Balance of State CoC, which counties is this update for?	<i>Respondent skipped this question</i>
Q3: If you are submitting a plan for CA-600, what is the SPA number associated with your update?	<i>Respondent skipped this question</i>
Q4: Contact Information	
Name	Sarah Thomas-Nededog
Organization	WestCare Pacific Islands, Inc.
Email Address	sarah.thomasnededog@westcare.com

PAGE 3: Part 2: Coordination

Q5: Does your community have a written plan to end Veteran homelessness?	No
Q6: If you answered "Yes" to the previous question, have community stakeholders (e.g. local VA Medical Center, VA, SSVF grantees, etc.) provided input into the plan development and implementation?	<i>Respondent skipped this question</i>
Q7: Who is the CoC point of contact?	
Name:	John F. Blas
Email:	john.blas@westcare.com
Organization:	WestCare Pacific Islands, Inc.
Phone #:	(671) 989-0234/0235 Ext. 105

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Q8: Are representatives from the following VA funded programs present at community planning meetings/events?

	Strategic Meetings	Case Conferencing/Master List
HUD and Veterans Affairs Supportive Housing (HUD-VASH)	Yes	Yes
Healthcare for Homeless Veterans (HCHV)	Yes	No
Grant and Per Diem (GPD) VAMC Liaison	No	Not Applicable
Grant and Per Diem (GPD) Providers	No	Not Applicable
Community Resource and Referral Center (CRRC)	No	Not Applicable
Domiciliary Care for Veterans (VA-Dom)	No	Not Applicable
Veterans Justice Outreach (VJO)	Yes	No
Safe Haven	No	Not Applicable

Q9: What types of data are community providers able to share with their local VA Medical Center(s)? (Select all that apply)

Client-level information (e.g. data from the HMIS system; includes identifying information such as the key elements for the by name/master list)

Q10: What types of data can local VA Medical Center staff share with community providers? (Select all that apply)

Aggregate performance information (e.g. HUD-VASH placement numbers; length of time homeless, GPD information, does not include identifying information)

Q11: Does your community have a standardized Release of Information (ROI) form for data sharing between the local VA Medical Center(s) and other relevant stakeholders?

No

Q12: If VA and non-VA homeless assistance providers are not able to share/receive data, which of the following would be helpful? (Select all that apply)

Sample ROIs and MOUs that other communities have used.

Q13: Is there a community-wide coordinated entry/assessment process for Veterans? Note: Participation in coordinated entry is a requirement of the SSVF program.

Yes

Q14: Who is lead point of contact for coordinated entry?

Name:

Samantha Eliptico

Organization:

WestCare Pacific Islands, Inc.

Organization Type (VAMC, CoC, SSVF Grantee, etc.)

SSVF

Phone #:

(671) 989-0234/0235 Ext. 104

Email:

samantha.eliptico@westcare.com

Q15: Is the HUD-VASH program integrated into coordinated entry?

Yes

Q16: If the answer was "Yes" to the previous question, please select the response that best describes this integration:

HUD-VASH receives referrals from coordinated entry but also allows for direct entry into their program through other means

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Q17: Is the GPD program integrated into coordinated entry?	N/A
Q18: If the answer to the previous question was "Yes", please select the response that best describes this integration:	<i>Respondent skipped this question</i>
Q19: Is GPD providing bridge housing in the community? (Please note that they must have submitted a change of scope to the GPD Program Office or are currently in the process to select "Yes".)	N/A
Q20: Please list the GPD providers currently serving your community.	<i>Respondent skipped this question</i>
Q21: Have any GPD providers in your community submitted a change of scope to the GPD Program Office?	No
Q22: If "No" to question 21, are any GPD providers planning to submit a change of scope?	No

PAGE 4: Part 3: Master List

Q23: Does the community have a master list?	No
Q24: If "Yes" to the previous question, is the list one complete document (not multiple parts)?	<i>Respondent skipped this question</i>
Q25: Who manages the master list?	<i>Respondent skipped this question</i>
Q26: Does your list have the following elements? (Select all that apply.)	<i>Respondent skipped this question</i>
Q27: How often do you meet to review and update the master list?	<i>Respondent skipped this question</i>
Q28: Currently what are your community's top 3 priorities for ending Veteran homelessness?	Increase use of SSVF rapid re-housing to close gaps. , Establishing a coordinated intake/entry system. , Increasing permanent housing options (e.g. landlord engagement, etc.)

PAGE 5: Part 4: Meetings and Strategy

Q29: What types of meetings does your community have?	(no label)
Case Conferences	Weekly
Strategic Planning/Coordination Meetings (Bigger Picture)	Monthly

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Q30: When are your next three strategic planning/coordination meetings? (Include date, time)

Meeting 1 06/15/2016 03:00 PM,

Meeting 2 07/20/2016 03:00 PM,

Meeting 3 08/17/2016 03:00 PM

Q31: Would you like your Regional Coordinator and/or TA representative to participate in one of these meetings?

Yes,

If you selected "Yes" please provide the call In information

John F. Blas (671) 787-7965

PAGE 6: Part 5: Federal Criteria/Benchmarks and Support

Q32: Has your community decided to pursue the federal partners' process?

No

Q33: If the answer to the previous question was "No", why have you decided not to pursue the process?

We are interested in pursuing the federal process but are unsure of the requirements, and training/TA needed.

Q34: Has your community submitted a claim to the federal partners (USICH, VA, HUD)?

No

Q35: If the answer to Question 34 was "Yes", please provide the date the claim was submitted and its current status (pending, approved, denied).

Respondent skipped this question

Q36: List any technical assistance needs. (Select all that apply.)

Assistance with by name list,

Assistance with data sharing between VA and community and/or data tracking.

,

Assistance with understanding the federal criteria and benchmarks

,

Assistance with sustainability planning,

Assistance with integration and coordination of HUD-VASH, GPD, and/or other transitional housing

,

Assistance with CoC/stakeholder engagement

PAGE 7: Part 6: Sustainability

Q37: Has your community begun sustainability planning efforts?

No

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Q38: What resource gaps (if any) have you identified that may hinder sustainability? Select all that apply

Need for additional prevention/rapid re-housing funds (non-SSVF)
,
Need for RRH Waiver to serve higher proportion of prevention clients in SSVF
,
Need for additional HUD-VASH vouchers,
Need for additional VA funded prevention/rapid re-housing (SSVF)
,
Need for additional permanent supportive housing resources (VA and/or non-VA)
,
Funding for other intensive case management services for RRH Veterans currently housed but at-risk of returning to homelessness.

Q39: Does your community currently have Priority 1 (aka "Surge") SSVF funding? No

Q40: If the answer to the previous question is "yes", does your community have adequate funding resources in place to sustain your system when "surge" funding ends? *Respondent skipped this question*

Q41: Does your community regularly follow-up with rapid re-housing clients to ensure housing stabilization? Yes

Q42: Do you have a system in place to ensure rapid re-housing clients experiencing new housing crises are routed to prevention/other stabilization services? Yes,
If yes, please describe this process.
Weekly and monthly follow-up with clients are conducted. If clients are experiencing at-risk homeless re-occurrence, case managers will make an immediate assessment to determine the most acceptable resolution to address the issue.
