

Hawai'i Interagency Council on Homelessness (HICH)

Meeting

September 9, 2014

9:30 a.m. – 12:00 p.m.

Minutes

Council Attendees:

Colin Kippen
R. Malia Taum-Deenik
Lori Tsuhako
Lynn Fallin
Max Otani
Janice Takahashi
Lila King
Cassandra Bennett
Jo Jordan
Suzanne Chun Oakland
Jun Yang for
Kaloa Robinson for
Jan Shishido for
Greg Payton
Maude Cummings
Andrew Dahlburg
Mark Chandler
Sheri Rolf for Dave Rolf

Chair
DHS
DHS Homeless Programs Office
DOH
DPS
DBEDT
Dep. Attorney General
DOE
House of Representatives
Senate
Mayor of City and County of Honolulu
Mayor of Hawaii County
Mayor of Maui County
PIC
BTG
DVA
HUD
Business Representative

Absent:

Representatives from DLIR, DHHL, DOD, OHA, HPHA, Kauai County, and Faith Community

Guests:

Suzanne Wagner and Andrea White of Housing Innovations

1. 9:35 a.m. The Chair Called the Roll and established Quorum.
2. 9:37 a.m. Meeting was called to order by HICH Chair Colin Kippen, who gave brief welcoming remarks. The Chair announced that there are two action items on the Agenda: Approval of the Agenda, and Adjournment. The Chair also recognized Senator Brickwood Galuteria, Representative Karl Rhoads, Representative Romy Cachola and Council Person Breene Harimoto were in attendance.
3. 9:42 a.m. First Order of Business: Action on Agenda. Motion to Approve the Agenda was made by Representative Jo Jordan and Seconded by Andy Dahlburg. The Chair opened the floor for discussion seeing none the Chair Called the Question. The Motion passed unanimously. (see attached copy of agenda)
4. 9:44 a.m. Chair Kippen opened the floor to Public Testimony. 7 individuals spoke
 - a. David Cannell testified regarding the current Homelessness Industrial Complex and the need for affordable housing. He spoke in favor of retrofitted shipping containers for housing. He also commented on the City and County of Honolulu's plan to use Sand Island for temporary housing first.
 - b. Kathryn Xian, E.D. of The Pacific Alliance to Stop Slavery, testified in opposition to the City and County of Honolulu's Sit and Lie Ordinances and the Criminalization of Homelessness, especially if the ordinance's jurisdiction is Island-wide, as morally reprehensible and in direct conflict with the 1st, 5th, 8th and

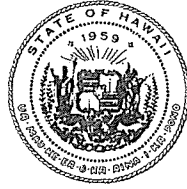
- 14th amendments to the U.S. Constitution. She went on to testify concerning the City and County's plan to use Sand Island to fast track individuals into temporary "pre-housing first". Ms. Xian stated that in practice this will be a de-facto internment situation in an area that has environmental issues as declared by the EPA requiring toxic remediation and an EIS. She referred to the Act 105 Report to the Legislature which was opposed to such "tent" cities.
- c. Barbara Hudman testified that unsheltered individuals in Hawaii will not freeze nor starve. She suggested that farm land in Waianae be used to form housing and employment opportunities for homeless to encourage those who are capable to be responsible.
 - d. Cynthia Rezentes, former Leeward Housing Coalition coordinator and member of Kealahou West Oahu Board, testified about the National Environmental Justice Council and how the City and County's plan to use Sand Island is an example of how a protected class of homeless individuals will be relocated to a shoreline area subject to high surf which is also a brownfield in a geographically undesirable location and how this action will burden and make the living situation worse for those who relocate there. She mentioned that Next Step Shelter is also at risk from an environmental justice POV. She cautioned the community against burdening or making a situation worse for a certain class/group through actions that will impact the resilience of the community.
 - e. Rebecca Young, MSW student at UH who works as a transitional program coordinator at the YWCA, testified that she is angry, sad, disgusted and nauseous as a result of the City and County's plan to criminalize homelessness. She stated that sending someone to prison/jail doesn't help the individual or society. She supports Housing First and believes in the positive impact of having a roof over your head.
 - f. Charles Strewy testified that as a single male in his 60's who is bipolar and has lived in Hawaii for 40 years he represents the homeless population demographic. He stated that there is a health crisis going on and that there are health effects of being on the street.
 - g. Representative Cachola interjected that he worked on bills in the 1980's and 90's and passed a bill in 1992 that facilitated a private sector response to homelessness.
 - h. Don Creseimanno, homeless individual and advocate, testified that he has lived on Sand Island and he is opposed to the City and County's plan to use this isolated place that has no public transportation service to create a ghetto of homeless to keep them out of sight.
5. 10:10 a.m. Chair Kippen stated that over the past 18 months he has been taking a strategic approach to develop relationships with the USICH, HUD and the VA and reaching out to national experts to bring folks to town to facilitate 4 trainings here on the island. He informed the council that Housing First training is being done this week for all service providers as a mechanism to improve the way we do business.
6. 10:14 a.m. Andy Dahlburg, Director of Homeless Programs for the Department of Veterans Affairs in Hawaii, introduced Suzanne Wagner and Andrea White of Housing Innovations. (handout attached) Suzanne and Andrea are national technical assistance providers who trained the local VA in September 2013 and who participated in the VA/USICH/HUD sponsored 25 Cities Initiative that 9 local leaders attended in D.C. in late March 2014. They are helping us with our Copernican Revolution to learn how to create a systemic response, to share resources, implement the use of a common assessment tool with the goal of bringing everyone to the table.

7. 11:00 a.m. Chair Kippen introduced the next item on the agenda, Revisiting the HICH Plan to End Homelessness, which is divided into four sections. He introduced Department of Health Deputy Director Lynn Fallin, who is the chair of the HICH Committee to Improve Health and Stability.
8. 11:07 a.m. Deputy Director Fallin introduced Kia'i Lee, DOH Alcohol and Drug Abuse Division Hawaii Pathways Project Coordinator, who presented on the status of the Substance Abuse Mental Health Services Administration/Cooperative Agreements to Benefit Homeless Individuals grants that were awarded to the DOH, ADAD, and sub-granted to Helping Hands Hawaii in collaboration with Catholic Charities Hawaii. (handout attached) He commented on the goal of linking the Hawaii Pathways Project with the Common Assessment and Coordinated Access work being done through Hale 'O Malama.
9. 11:12 a.m. Deputy Director Fallin introduced Steve Balcom, DOH Adult Mental Health Division Crisis/Residential Treatment Services Coordinator, who explained that the DOH/AMHD awards Homeless Outreach contracts to service agencies across the state. He has been working closely with the HICH and Hale 'O Malama (HOM) to align their outreach and case management with other programs that provide housing to offer the comprehensive level of service necessary to keep individuals and families permanently housed. He has also been working to assure that the service agencies are entering data into the Homeless Management Information System and using the VI-SPDAT to assess their consumers.
10. 11:19 a.m. Chair Kippen introduced Lorraine Lunow-Luke, Hawaii Pacific Health (HPH) Philanthropy & Government Affairs Representative. She presented an update on our collaboration under our MOU with HPH. The objective is to improve health care outcomes for the most vulnerable members of our community who frequent their Emergency Rooms. They are also exploring options for implementing the VI-SPDAT in their discharge planning and care coordination.
11. 11:22 a.m. Chair Kippen introduced Max Otani, Department of Public Safety Deputy Director of Corrections. DPS is working to improve data sharing related to their increasing population of homeless individuals who are eligible for parole and approaching discharge to improve the linkage to Homeless Services.
12. 11:25 a.m. Chair Kippen explained that through HICH we are working to create stronger relationships with emergency rooms, hospitals, jails...to better serve homeless individuals.
13. 11:26 a.m. Chair Kippen introduced Greg Payton, Executive Director of Mental Health Kokua and Chair of Partners in Care, and Scott Morishige, Executive Director of PHOCUSED, to present an update on the HICH Committee to Retool the Homeless Crisis Response System through Hale 'O Malama. Greg Payton discussed the work Mental Health Kokua is doing in collaboration with The Institute for Human Services and River of Life Mission in Chinatown. He is excited by the positive response they are receiving from the Chinatown businesses and is encouraged by their enthusiasm to participate. (handout attached)
11:35 a.m. Scott Morishige updated the HICH on the data collection and progress made by Hale 'O Malama. (handouts attached) He shared that the current challenges are getting individuals document ready (takes time and money) and engaging/educating landlords concerning the benefits they receive by participating (voucher money and supportive services).
14. 11:53 a.m. Lori Tsuhako, Department of Human Services Homeless Programs Administrator, presented an update on the State Housing First Contract and explained how it is in fidelity with the DOH CABHI grant. She announced that the contract was

awarded to USVETS in collaboration with Kalihi Palama Health Center and Waikiki Health.

15. 11:57 a.m. Jun Yang, Executive Director, Office of Housing, City and County of Honolulu, presented a brief update on the City's Housing First (HF) RFP, Sand Island plan, Housing First Outreach, and augmenting Rapid Re-housing (RRH) resources. The City and County of Honolulu will be finalizing their HF contract with the service provider in October. He explained that Sand Island is being considered for interim/bridge housing for individuals who want to temporarily relocate for the purpose of assessment and linkage to service.
16. 12:03 p.m. Chair Kippen introduced Janice Takahashi, Chief Planner Hawaii Housing Finance and Development Corporation, who is chair of the HICH committee to Increase Access to Stable and Affordable Housing. Chief Takahashi announced that Hawaii Community Development Corporation (HCDA) plans to post an RFP in October to pilot a micro unit development in Kakaako. She anticipates that HCDA will be discussing the issue at their October 1st B.O.D. meeting. The tentative RFP reply deadline may be in December with a selection of vendor anticipated in January or February 2015. She also thanked the legislature for increasing the funding for the Rental Housing trust Fund and explained that a shallow rent subsidy may be necessary to sustain housing for those who lack sufficient resources.
17. 12:07 p.m. Chair Kippen introduced Lori Young, DHS/BESSD Acting Financial Programs Administrator, who presented information concerning their financial and food assistance programs that Increase Economic Stability and Self Sufficiency for individuals and families who qualify. (handout attached) Suzanne Wagner, Housing Innovations, mentioned how TANF has been used for RRH.
18. 12:10 p.m. Second Order of Business: Adjournment. Motion to Adjourn was made by Lori Tsuhako and seconded by Jun Yang. The Chair opened the floor for discussion, seeing none he called the question. The motion passed unanimously.

NEIL ABERCROMBIE
GOVERNOR



PATRICIA McMANAMAN
DIRECTOR

BARBARA A. YAMASHITA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Benefit, Employment and Support Services Division
820 Mililani Street, Suite 606
Honolulu, Hawaii 96813

COLIN KIPPEN

- Chair of the Hawaii Interagency Council on Homelessness •
Telephone 808 586-0974

Agenda

Hawaii Interagency Council on Homelessness (HICH)
November 19, 2014
9:30 am to 12:00 pm
Room 325 Hawaii State Capitol
Honolulu, HI 96813

9:30 am Call to Order, Taking of the Roll.

Overview and Approval of Agenda (Vote).

Adoption of Minutes from July 1, 2014 (Vote).

Adoption of Minutes from September 9, 2014 (Vote).

Initial Overview of Data From the 2014 Homeless Services Utilization Study.
Sarah Yuan, Ph.D, University of Hawaii Center on the Family.

Revisiting the HICH Plan to End Homelessness. The HICH plan is divided into 4 sections: retool the crisis response system, increase access to stable and affordable housing, improve health and stability, and increase economic stability and self sufficiency. Review Hale 'O Malama, Housing, Health and SAMHSA Progress; Colin Kippen, Brian Matson, Scott Morishige, Greg Payton, Lori Tsuhako, Duke Maele, Jennifer Tehotu, Andrew Dahlburg, Jun Yang, Errol Lee.

Public Testimony Taken (3 minutes per person).

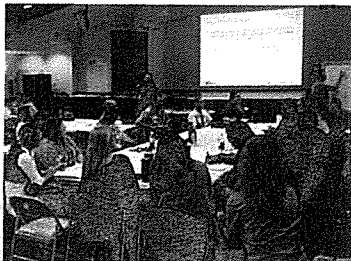
Discussion of Potential Legislative Agenda. Colin Kippen, Betty Lou Larson, and Jenny Lee from Partners In Care. (Vote)

12:00 pm Adjourn (Vote).

Hale O Malama: Update to the Hawaii Interagency Council on Homelessness

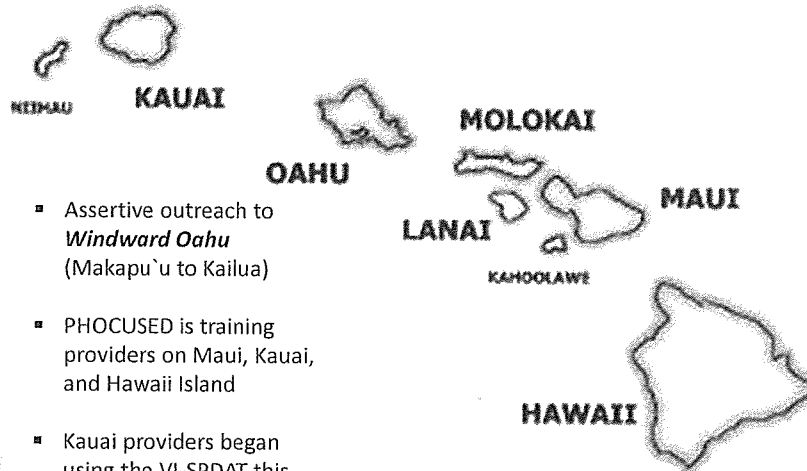
November 19, 2014

Hale O Malama: Increased Access to Training & National T.A.



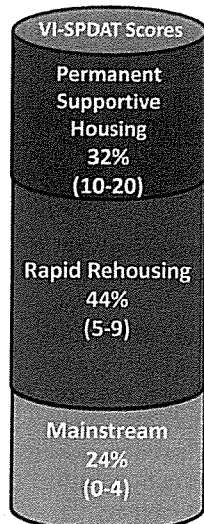
- Community Solutions facilitated the most recent “100-Day Boot Camp” on *October 29 & 30, 2014*
- *Over 70+ Participants* attended, including service providers, private foundations, healthcare systems, and government agencies.
- This is one of *6 training opportunities* provided to Homeless Service Providers, which also includes:
 - Training from *Sam Tsemberis* on the Pathways Housing First Model
 - Training from *Housing Innovations* on ‘Housing First’ as a systems approach to ending homelessness.
 - Technical assistance from *HUD, V.A., and the U.S. Interagency Council on Homelessness*

The Next 100 Days: Scaling Oahu-wide and to the Neighbor Islands



- Assertive outreach to *Windward Oahu* (Makapu`u to Kailua)
- PHOCUSED is training providers on Maui, Kauai, and Hawaii Island
- Kauai providers began using the VI-SPDAT this Monday (11/17)

What have we learned so far?



A total of **1,549** homeless households have been surveyed since March 2014:

- Over **3/4 (76%)** indicate a need for more intensive support than is currently available:
 - **32%** need intensive case management and long-term housing subsidy
 - **44%** need short-term case management and subsidy (usu. Only 6-9 mos.)
- Distinct differences in need between geographic regions – More need for intensive support in Urban Honolulu (Waikiki & Chinatown) compared to the Leeward Coast.
- The most vulnerable homeless report being unsheltered for a long period of time – an average of **8 years homeless**
- Only **22%** of households report that they sleep in shelter – The most common sleeping spot was on the streets / sidewalk (30%) or beaches / parks (27%).

Hawaii Pathways Project

37 referrals made through *Hale O Malama* and other access points (i.e. Hospitals, Residential Treatment Centers, and OCCC)

12 clients enrolled in the project, and receiving *ACT-level* case management services



2 individuals have been *permanently housed* with assistance through the State Housing First program

State Housing First Placements

29 households placed in *Permanent Housing*

- Includes Individuals and Families
- Referred from all parts of Oahu (Waianae, Chinatown, Waikiki, Wahiawa, etc.)
- Scattered site housing approach



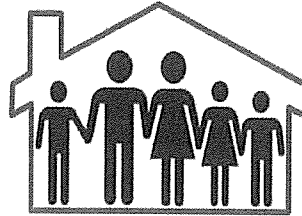
CATHOLIC CHARITIES HAWAII



The Impact of Housing First

“Wanda” and daughter

- 41 year old single mother with a 15 year old daughter
- Homeless for 6 years unsheltered on the streets
- Wanda has serious mental illness, and was self-medicating with drugs and alcohol
- Daughter was not attending school and was helping to care for her mother Wanda
- Wanda and her daughter are now stably housed – Daughter is attending classes again, and case manager is working with Wanda to take medication more regularly



[7]

Next Steps

- Expand Hale O Malama referral process to Rapid Re-Housing and Mainstream resources
- Continue ongoing dialogue with City, State, V.A., and other govt. agencies
- Continue ongoing discussions with neighbor island service providers

Eligibility Requirements

In-depth service and clinical assessments are used to determine eligibility for enrollment in the project.

Applicants must be:

1. Chronically Homeless - U.S. Department of Housing & Urban Development has defined chronic homelessness as an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

2. Diagnosed with substance use disorder or substance use disorder with co-occurring mental illness.

Eligible applicants include persons who currently live or reside in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and have resided there for fewer than 90 days, having also met Criteria 1 and 2 prior to entering the facility.

Housing Requirements

1. Meet with a member of the service team at least once per week; and
2. Follow the terms of a basic rental agreement.

Hawaii Pathways Project Contact Information

Mailing Address

Helping Hands Hawaii
Hawaii Pathways Project
2100 N. Nimitz Hwy.
Honolulu, HI 96819

Physical Address

Hawaii Pathways Project
1822 Keaumoku St.
Honolulu, HI 96822

Program Coordinator

Adrian Contreras

Team Leader

Heather Pierucki, LMHC, QMHP

Phone: (808) 527-4840

Fax: (808) 527-4839

Hawaii Pathways Project is a program of the
Department of Health,

Alcohol and Drug Abuse Division

<http://health.hawaii.gov/substance-abuse/>

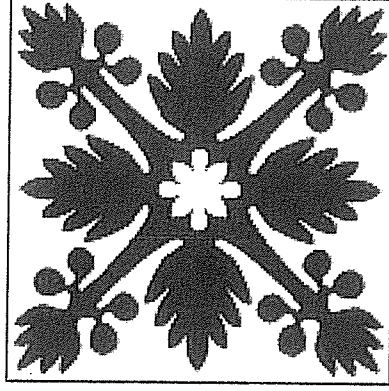
Grant funding provided by the

Substance Abuse and Mental Health Services
Administration

Cooperative Agreement to Benefit Homeless
Individuals (CABHI)

Hawaii Pathways Project

A partner of Hawaii's State and City &
County of Honolulu Housing First programs



Helping Hands Hawaii



CATHOLIC CHARITIES HAWAII



Project Overview

This project has four goals:

Goal 1: Individuals served will live in sustainable, permanent housing.

Goal 2: Individuals will be assisted with accessing/enrolling into public and healthcare benefits.

Goal 3: The project will provide community-based evidence-based treatment for substance use and psychiatric disorders that is client driven and recovery oriented.

Goal 4: The project will provide a range of recovery services and supports including peer navigation and peer support.

The *Hawaii Pathways Project* combines two concepts of “Housing First”—the **model** concept with State and City housing **programs**.

While State and City Housing First programs assist with housing clients, the project’s ACT team will deliver clinical services using Pathways Housing First model and work collaboratively with all homeless, substance abuse, and behavioral health service providers on Oahu, will also assist this population as a part of the State and City & County of Honolulu’s Coordinated Assessment and Housing Placement (CAHP) System. Additional key stakeholders include, hospitals, correctional facilities, business owners, and landlords/housing providers.

Pathways Housing First: a model to end homelessness through community-based evidenced-based treatment

- Believes that housing is a basic human right.
- Emphasizes consumer choice, psychiatric rehabilitation, and harm reduction.
- Addresses individuals’ needs from a consumer perspective, encouraging them to define their own needs and goals.
- Includes an Assertive Community Treatment (ACT) team—a licensed mental health professional, case managers, a nurse, a psychiatrist, a substance abuse counselor, and peer counselors/navigators. Additional service team members include a housing specialist and an employment/vocational specialist.
- Provides immediate housing (scattered sites) without any requirements for treatment or sobriety, though the ACT team will continue to engage with consumer to maintain rapport.
- ACT team provides 24/7 support.
- Includes integrated dual disorders treatment, illness management and recovery, and employment support.
- Uses its ACT team to work with consumers through housing loss, hospitalization, or incarceration and helps with obtaining housing after such episodes.

For more information on
**Assertive Community
Treatment (ACT):**

[http://usich.gov/usich_resources/
solutions/explore/
assertive_community_treatment](http://usich.gov/usich_resources/solutions/explore/assertive_community_treatment)

**For more information on the
Pathways Housing First Model:**

www.pathwaystohousing.org

Possible Landlord Benefits:

- Guaranteed on time rent payments
- 24/7 on-call support
- Assistance with damages exceeding deposit amount
- No break in payments between tenants
- Receive payment for early exit fees

Funding Sources that may be used for housing:

- Hawaii’s State Housing First Program
- City and County of Honolulu’s Housing First Program
- Continuum of Care Homeless Assistance Program (formerly Supportive Housing & Shelter Plus Care)

Hawaii Pathways Project (HIPP)

Preliminary Data

August-November, 2014

Table 1. Number of Referrals Received

Referral Date	#	%
08/25/14	10	28%
10/01/14	11	31%
10/06-10/27/14	5	14%
11/03-11/14/14	10	28%
Total	36	

Table 2. Source of Referrals

Source of Referral	#	%
Hale O Malama Coordinated Intake System	28	78%
Hina Mauka	3	8%
Queen's Medical Center	2	6%
Catholic Charities Hawaii	1	3%
Comm. LMHC/Provider	1	3%
Psychologist/CSAC	1	3%
Total	36	

Table 3. Number of Contacts and Engaged Contacts with Referrals

	Any Contacts	Engaged Contacts
Number of Referrals Contacted	28	28
Total number of Contacts Made	313	93
Average # of Contacts per Referral	11	3
Minimum	1	1
Maximum	47	14

Table 4. Number of Days Elapsed from Referral Received to Eligibility Determination

	From Referral Received to First Engaged Contact	From First Engaged Contact to Determination	From Referral Received to Determination
Number of Referrals Closed	19	19	19
Average Number of Days Elapsed	10	19	29
Minimum	0	2	4
Maximum	31	51	65

Table 5. Eligibility and Enrollment

Eligibility Status	Enrolled	Declined	Not Yet Determined	Total
Met Eligibility	12	1	0	13
Did Not Meet Eligibility	0	6	0	6
Not Yet Determined	0	0	17	17
Total Number of Referrals	12	7	17	36

Table 6. Age and Gender of HIPP Clients

Age	Male	Female	Total
35-44	2	1	3
45-54	2	1	3
55-64	3	3	6
Total Number of Clients	7	5	12

Table 7. Veteran Status

	#
No	10
Yes, in the Reserve	1
Yes, in the National Guard	1
Total Number of Clients	12

Table 8. Eligibility Status

	#	%
Chronic homeless with co-occurring substance use and mental disorders	7	58%
Chronic homeless with substance use disorder	4	33%
Chronic-homeless veteran with SMI and/or co-occurring substance use and mental disorders	1	8%
Total Number of Clients	12	100%

Table 9. Use of Alcohol and/or Drugs in the Past 30 Days, HIPP Clients Self-Reported

	Used any alcohol	Used alcohol to intoxication	Used Illegal drugs	Used both alcohol and drugs on the same day
Number (%) of Current Users	6 (50%)	5 (42%)	10 (83%)	4 (33%)
Average # of Days Used, Current Users	22.0	24.4	18.0	11.25

Table 10. Top Four Diagnosis

Diagnosis	#	%
Amphetamine Use Disorder, Severe	6	50%
Opioid Use Disorder Severe	4	33%
Alcohol Use Disorder, Moderate	4	33%
PTSD	3	25%

Table 11. Homeless History

Average # of Months Being Homeless, Current Episode	147
Minimum Length	12
Maximum Length	240+
1-3 Homeless Episodes in the Past 3 Years	9 Clients (75%)
4 or More Homeless Episodes in the Past 3 Years	3 Clients (25%)

Table 12. Usual Place of Residence Prior to Program Enrollment

	#	%
Shelter	3	25%
Street/Outdoor	9	75%
Total Number of Clients	12	100%

Table 14. Changes in Living Arrangements After Program Enrollment

	# of Clients
Hospitalization	1
Moved Into Bridge Housing	1
Moved into Permanent Housing	2
Moved from Emergency Shelter to Street/Outdoor	1

Table 15. Changes in ID Documents and Benefits

	# of Clients with Benefits at Intake		# of Clients Applied for ID Docs/Benefits	# of Clients Received ID Docs/Benefits
	#	%		
General Assistance	2	17%	1	
SNAP (food stamps)	10	83%		
Medicaid	10	83%	2	1
SSI	6	50%		
SSDI	1	8%		
Birth Certificate	--	--	1	1
ID Card	--	--	1	1
Total Number of Clients	12	100%		

Source: Hawaii Pathways Project Evaluation, UH Center on the Family, November 19, 2014



PARTNERS IN CARE
Oahu's Coalition of Homeless Providers

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together to end homelessness. We believe that partnerships and collaboration are essential.

PIC Advocacy Priorities 2015 -- Overall

Updated: 11/5/14

1. **State:** Urge new governor to expedite the appointment of a State Coordinator for Homelessness, to continue the momentum to resolve homelessness in our State.
 - Partners in Care supports the reappointment of Colin Kippen for this position for continuity and to quickly move forward on Housing First and other initiatives to combat homelessness.
 2. **Honolulu City & County:** support measures to encourage the construction of Accessory Dwelling Units (ADUs), formerly known as Ohana units, without limiting occupancy to family members. This initiative could result in the development of many private rental units without government subsidy.
 3. **State Legislature:**
 - **\$15 million for the development of micro units** for very low cost housing.
 - **\$3,000,000 to continue the Housing First initiative** within the base budget of DHS in order to provide stability and continuity of service to neighbor islands. Housing First targets chronically homeless who are the most vulnerable and often the most visible and most difficult to serve homeless in our communities.
 - **Establish more equitable economic and tax policy, focusing on:**
 - **Adjusting the refundable tax credit for low income household renters for inflation and to cover more households**, so that low income households pay a more equitable share of taxes. This tax credit was last adjusted in the 1980's.
- And including:**
- **Adjusting the refundable food/excise tax credit**, so that low income households pay a more equitable share of taxes. This tax credit was last updated in 2007.
 - **Creating a state earned income tax credit (EITC)**, to provide a tax refund for eligible workers to promote asset-building as a means to realizing a higher level of economic security by not only reducing the tax-burden of low-income households but by acting as a wage supplement and incentive for employment.
- **Close loophole in conveyance tax law; impose conveyance tax on transfers of the controlling interest in property/land acquisitions.** Currently when property is sold via a cash sale, the seller pays the conveyance tax. If a property is transferred to a new owner via a stock transfer or other non-cash method, no conveyance tax is paid. Closing this loophole is a fairness issue and 50% of any additional revenue would go to the Rental Housing Trust Fund to create more affordable rentals.

Contact PIC Advocacy Co-Chairs: Jenny Lee, jenny@hiappleseed.org, 587-7605; or Betty Lou Larson, alohabettylou@hotmail.com; (after January 2015: bettylou.larson@catholiccharitieshawaii.org); 585-6983/ 373-0356.



United States Interagency Council on Homelessness

Preventing and Ending Homelessness in the United States

The Housing First Checklist: A Practical Tool for Assessing Housing First in Practice

Introduction

Housing First is a proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.¹ Due to its high degree of success, Housing First is identified as a core strategy for ending homelessness in *Opening Doors: the Federal Strategic Plan to End Homelessness* and has become widely adopted by national and community-based organizations as a best practice for solving homelessness.

Housing First permanent supportive housing models are typically designed for individuals or families who have complex service needs, who are often turned away from other affordable housing settings, and/or who are least likely to be able to proactively seek and obtain housing on their own. Housing First approaches also include rapid re-housing which provides quick access to permanent housing through interim rental assistance and supportive services on a time-limited basis. The approach has also evolved to encompass a community-level orientation to ending homelessness in which barriers to housing entry are removed and efforts are in place to prioritize the most vulnerable and high-need people for housing assistance.

As Housing First approaches become adopted more widely, the need for clarity increases around what the Housing First approach entails and how to know whether a particular housing program or community approach is truly using a Housing First approach. Robust tools and instruments are available which can quantitatively assess and measure a housing program's fidelity to Housing First, and recent research has attempted to rigorously evaluate Housing First implementation.² For quick screening, policymakers and practitioners will benefit from this practical, easy to use guide to identify and assess the implementation of the core components of the Housing First approach.

¹ Upton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 475-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems," *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program," Boston.

² Tsamir, S. (2010). *Housing First: The Pathways model to end homelessness for people with mental illness and addiction*. Center City, MN: Hazelden. The National Center on Addiction and Substance Abuse at Columbia University. (2012). *Unlocking the door: An implementation evaluation of supportive housing for active users in New York City*. New York. <http://www.csaatcolumbia.org/download/2012/11/02/csaahouse2full.pdf>

How to Use this Tool

This user-friendly tool is intended for use by policymakers, government officials, and practitioners alike to help make a basic assessment of whether and to what degree a particular housing program is employing a Housing First approach. The tool can be used as a checklist that can be reviewed during a site visit, program audit, or program interview, or as a guide and checklist when reviewing funding applications or reviewing a program's policies and procedures.

The tool is organized in two sections. The first section is a checklist of the core and additional elements of Housing First at the housing program or project level. The second section is a checklist of elements of Housing First at the community-level. Users of this tool should be aware that this tool assesses Housing First adoption along a spectrum, rather than as a simple *yes/no* or *pass/fail*. This tool is also not intended to serve as or supplant a more comprehensive housing and program quality assessment tool, but may supplement or be used in conjunction with such tools.

Housing First at the Program/Project Level

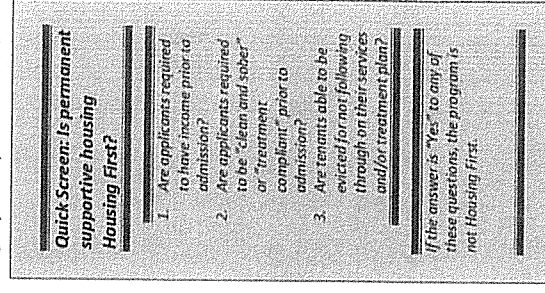
Core Elements:

- ☐ Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.
- ☐ Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."
- ☐ Housing accepts referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homelessness.
- ☐ Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy. Rapid re-housing programs may require case management as condition of receiving rental assistance.

- ☐ Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.

Additional Elements Found in Advanced Models:

- ☐ Tenant selection plan for permanent supportive housing includes a prioritization of eligible tenants based on criteria other than "first come/first serve" such as duration/chronicity of homelessness, vulnerability, or high utilization of crisis services.
- ☐ Tenants in permanent supportive housing given reasonable flexibility in paying their tenant share of rent (after subsidy) on time and offered special payment arrangements (e.g. a payment plan) for rent arrears and/or assistance with financial management (including representative payee arrangements).



- ☐ Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.
- ☐ Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- ☐ Building and apartment unit may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops with automatic shut-offs, wall-mounted emergency pull-cords, ADA wheelchair compliant showers, etc.

Housing First at the Community Level

- ☐ Emergency shelter, street outreach providers, and other parts of crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent housing. Staff in crisis response system services believes that all people experiencing homelessness are Housing ready.
- ☐ Strong and direct referral linkages and relationships exist between crisis response system (emergency shelters, street outreach, etc.) and rapid re-housing and permanent supportive housing. Crisis response providers are aware and trained in how to assist people experiencing homelessness to apply for and obtain permanent housing.
- ☐ Community has a unified, streamlined, and user-friendly community-wide process for applying for rapid re-housing, permanent supportive housing and/or other housing interventions.
- ☐ Community has a coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services, and where individuals experiencing chronic homelessness and extremely high need families are matched to permanent supportive housing/Housing First.
- ☐ Community has a data-driven approach to prioritizing highest need cases for housing assistance whether through analysis of lengths of stay in Homeless Management Information Systems, vulnerability indices, or data on utilization of crisis services.
- ☐ Policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing and to ensure that a range of affordable and supportive housing options and models are available to maximize housing choice among people experiencing homelessness.
- ☐ Policies and regulations related to permanent supportive housing, social and health services, benefit and entitlement programs, and other essential services support and do not inhibit the implementation of the Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or achievement of sobriety as a prerequisite.
- ☐ Every effort is made to offer a transfer to a tenant from one housing situation to another, if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.