DAVID Y. IGE
GOVERNOR

OFFICE OF THE GOVERNOR
STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

Agenda

Hawaii Interagency Council on Homelessness (HICH)
December 18, 2017
10:00 a.m. to 12:00 p.m.
Honolulu International Airport Conference Facilities
Interisland Terminal Conference Room 3 & 4
300 Rodgers Boulevard
Honolulu, HI 96819

I.   Call to Order, Taking of the Roll

II. Overview and Approval of Agenda **(Vote)**

III. Approval of Minutes **(Vote)**

   a. Regular Meeting Minutes, September 18, 2017

IV. Public Testimony (One minute per testifier)

   a. Public testimony on any agenda item shall be taken at this time.

V.   New Business

   a. Discussion regarding government efforts to address trespassing and other unauthorized activities on government lands, including efforts to connect people experiencing homelessness to shelters and other housing resources. Discussion will include an overview of the following:
      i. Presentation by various State agencies, including the Hawaii Department of Transportation, Department of Land & Natural Resources, Hawaii Community Development Authority, and the Department of Health.

   b. Discussion regarding recommendations of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5, and in accordance with House Bill 83, to discuss the issue of safe-zones for homelessness. **(Vote)**

Discussion will include an overview of the following:

    i. Draft report of the Safe Zones working group.
    ii. Act 205, Section 4, SLH 2012 – Report on the designation of safe facilities in various locations throughout the State for homeless persons for overnight stays.
    iii. U.S. Interagency Council on Homelessness – Report, Ending Homelessness for People Living in Encampments: Advancing the Dialogue.
    iv. Overview of past and current tent encampments or safe zones in Hawaii.
    v. Overview of tent encampments or safe zones in other parts of the country.

    c. Discussion regarding potential amendments to the ten-year strategic plan to end homelessness and the Hawaii State Framework to Address Homelessness. **(Vote)**

Discussion will include an overview of the following:

    i. Ten-year Plan to Address Homelessness (2012)
    ii. State Framework to Address Homelessness (2016)
    iii. 2017 Statewide Point in Time Count
    iv. Corporation for Supportive Housing Financial Modeling Projections

VI. Permitted Interaction Group

a. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review and recommend potential revisions to the ten-year strategic plan to end homelessness, and the Hawaii State Framework to Address Homelessness.

b. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5, and in accordance with House Concurrent Resolution 148, to address the issue of squatting in the State of Hawaii.

c. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5, and in accordance with House Bill 83, to discuss the issue of safe-zones for homelessness.

VII. General Announcements

A. Chairperson and Staff Reports: September/October/November 2017

- Accomplishments / Highlights
- Planned Activities

B. Written Reports from Council Members. The following written updates are provided for the Council's consideration and review (the full write-ups for each representative will be provided):

- *Department of Human Services (DHS)*

- *Department of Public Safety (PSD)*

- *Department of Health (DOH)*

- *Department of Hawaiian Home Lands (DHHL)*

- *Department of Defense (DOD)*

- *Department of Hawaiian Affairs (OHA)*

- *Department of Education (DOE)*

- *Hawaii Public Housing Authority (HPHA)*

- *City & County of Honolulu*

- *County of Hawaii*

- *County of Maui*

- *County of Kauai*

- *Partners in Care, Oahu's Continuum of Care*

- *Continuum of Care – Hawaii Island*

- *Continuum of Care – Maui County*

- *Continuum of Care – Kauai County*

- *U.S. Department of Veterans Affairs (V.A.)*

- *U.S. Department of Housing & Urban Development (HUD)*

- *Faith-based Community Representative*

VIII.   Executive Session

Pursuant to H.R.S. §92-7(a), the Council may, when deemed necessary, hold an Executive Session on any agenda item without the written public notice if the Executive Session was not anticipated in advance. Any such Executive Session shall be held pursuant to H.R.S. §92-4 and shall be limited to those items described in H.R.S. §92-5(a). Discussions held in Executive Session are closed to the public.

IX.   Topics for Upcoming Meetings

A. Open for Council Suggestion

X.   Meeting Schedule

The following Council meetings are proposed for the 2018 calendar year:

- March 19, 2018, 10:00 a.m. to 12:00 p.m.
- June 18, 2018, 10:00 a.m. to 12:00 p.m.
- September 17, 2018, 10:00 a.m. to 12:00 p.m.
- December 17, 2018, 10:00 a.m. to 12:00 p.m.

XI.   Adjourn **(Vote)**

Hawaii Interagency Council on Homelessness (HICH) Honolulu
International Airport Conference Rooms 3&4
September 18, 2017
10:00 am – 12:00 pm

<u>Council Attendees:</u>

Mr. Scott Morishige	Chair
Deputy Director Bridget Holthus for	Director of the Department of Human Services (DHS)
Deputy Director Lynn Fallin for	Director of the Department of Health (DOH)
Ms. Elaine Young for	Director of the Department of Labor & Industrial Relations (DLIR)
Deputy Director Renee Sonobe-Hong for	Director of the Department of Public Safety (PSD)
Mr. Jesse Souki for	Director of the Department of Business, Economic Development, and Tourism (DBEDT)
Mr. Kamanao Mills for	Director of the Department of Hawaiian Home Lands (DHHL)
General Arthur "Joe" Logan	Adjutant General of the Department of Defense (DOD)
Ms. Deja Ostrowski for	Chairperson of the Office of Hawaiian Affairs (OHA)
Ms. Melissa Lewis for	Attorney General
Ms. Tobi Portner for	Superintendent of the Department of Education (DOE)
Representative John Mizuno	Hawaii State House of Representatives
Senator Josh Green	Hawaii State Senate
Mr. Ben Park for	Executive Director of the Hawaii Public Housing Authority (HPHA)
Mr. Jay Parasco for	Mayor of the City & County of Honolulu
Mr. Lance Niimi for	Mayor of the County of Hawaii
Ms. Kanani Fu for	Mayor of the County of Kauai
Ms. Natalie Okeson	Continuum of Care for the City & County of Honolulu
Ms. Brandee Menino	Continuum of Care for the County of Hawaii
Ms. Debra Deluis	Continuum of Care for the County of Kauai
Ms. Maude Cumming	Continuum of Care for the County of Maui
Mr. Andrew Dahlburg	U.S. Department of Veterans Affairs (VA)
Mr. Brian Johnson	U.S. Department of Housing & Urban Development (HUD), Office of Community Planning & Development
Pastor Daniel Kaneshiro	Faith-Based Representative
Mr. Dave Rolf	Business Community Representative

<u>Absent:</u>	Representative from the Department of Human Services, Homeless Programs Office; Representative for the Mayor of the County of Maui
<u>Staff:</u>	Mr. Eric Lopez, Homelessness Assistant; Ms. Ipo Paia, Administrative Assistant on Homelessness; Ms. Monica Bailey, Practicum Student; Ms. Andrea Suzuki, Deputy Attorney General
<u>Special Guests:</u>	Ms. Katherine Keir, United Healthcare; Dr. Daniel Cheng, Queen's Medical Center; Lieutenant Mike Lambert, Honolulu Police Department

I. **Call to Order, Taking of the Roll.** Roll taken and there was a quorum established with 20 out of 27 members. The meeting was called to order at 10:03 a.m. by the Chair.

Chair Morishige welcomed everyone and noted that all material was sent out electronically. Councl members were asked to sign up at the registration desk if you they did not receive handouts in advance of the meeting. Members of the public were also asked to request a copy of materials from staff, and were advised that a sign-up list was available to receive a copy of the meeting packet and handouts by e-mail.

The Chair introduced Ms. Monica Bailey, practicum student with the Masters of Social Work (MSW) program at the University of Hawaii at Manoa. Ms. Bailey will be assisting the Chair on

Mondays and Fridays, and will be helping to support the work of the council.

The Chair provided a brief overview of the agenda for today's meeting, and acknowledged the continued progress that the council and other stakeholders are making in addressing homelessness statewide.

II.   **Overview and Approval of Agenda.** The Chair presented the agenda and asked for a motion to approve the agenda.

Motion to approve the agenda was made by Mr. Rolf and seconded by Mr. Mills. The Chair opened the floor for discussion, and seeing none the Chair called the question. The motion passed unanimously.

III.   **Approval of Minutes.** The Chair reminded members that the June 19, 2017 meeting minutes were e-mailed to members and that copies of the minutes were included in the members' packets. The Chair provided time for members to review the minutes, and asked if there were any additions/corrections. Noting none, the Chair asked for a motion to approve the minutes of the June 19, 2017, Hawaii Interagency Council on Homelessness meeting.

Motion to approve the minutes was made by Ms. Holthus and seconded by Mr. Rolf. The Chair called the question. The motion passed unanimously.

IV.   **Public testimony.** Chair Morishige opened the floor to public testimony. The public was asked to keep testimony limited to no more than one minute.

    a.   **Mr. Michael Peacock, Hawaii Vet to Vet.**
       Mr. Peacock thanked everyone for their support of the Hawaii Interagency Council on Homelessness. He expressed the need to continue conversation in regard to the Coordinated Entry system, and about coordination of communications on homeless issues. Mr. Peacock mentioned the need to keep Coordinated Entry as a top priority, and that he had been in contact with both Partners in Care and the City & County of Honolulu in regard to the need to include faith-based organizations as access points for Coordinated Entry.

    b.   **Mr. George Massengale, Kapiolani Community College**
       Mr. Massengale introduced himself and mentioned that he is formerly with Hawaii Habitat for Humanity, and is now working as the Health Apprenticeship Coordinator at Kapiolani Community College. Mr. Massengale wanted to inform council members and the public about the health apprenticeship program and the opportunity to serve as an apprentice community health worker. Mr. Massengale stated that the apprenticeships could provide a learning and career opportunity for homeless individuals, or for those who are interested in serving the homeless population. He encouraged council members and the public to contact him for more information.

During public testimony, five members of the council arrived.

At 10:20 a.m., Ms. Okeson arrived.

At 10:30 a.m., Ms. Young arrived.

At 10:33 a.m., Mr. Dahlburg arrived.

At 10:35 a.m., Pastor Kaneshiro arrived.

At 10:40 a.m., Mr. Souki arrived.

Quorum was revised to reflect 25 out of 27 members present.

V.   New Business

a. Discussion regarding current community efforts to address homelessness – including specific efforts to address the needs of homeless individuals who have frequent interaction with the criminal justice and healthcare systems.

The Chair provided background on this agenda item for the council. The Chair mentioned that the community, on all islands, continues to face the challenge of unsheltered individuals living out of doors. Many of these individuals have overlaying medical needs in addition to their lack of housing and economic challenges. In addition, many of these individuals have frequent interaction with the law enforcement and criminal justice system. Over the past several months, a number of new community initiatives have emerged to specifically address the needs of unsheltered individuals who engage with the healthcare and criminal justice systems. To inform council members of these new initiatives, the Chair has invited special guests from United Healthcare, Queen's Medical Center, and the Honolulu Police Department to provide presentations on the new initiatives emerging, and to answer questions.

Presentation by Ms. Katherine Keir (United Healthcare).
Ms. Keir introduced herself as the Hawaii State Director for myConnections. Ms. Keir provided a presentation on the Hawaii Accountable Health Communities (AHC) model, as funded by the Centers for Medicare and Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovation (CMMI). A copy of Ms. Keir's powerpoint presentation is attached.

Ms. Keir stated that United Healthcare was recently awarded a AHC grant from CMS and CMMI to address identified social needs for low-income individuals in Hawaii who frequently accessed emergency department services in two specific geographic target areas.

Ms. Keir informed the council that the grant period will be five years starting from May 1, 2017 to March 31, 2022. UnitedHealthcare currently anticipates that the program will go "live" in April 2018. The grant is funded in one-year increments, and subsequent years' awards are dependent on prior performance. The total financial investment over the five years is $4.5 million in CMMI grant funds, plus additional support from United Healthcare.

Ms. Keir stated that the two geographic areas targeted for the grant are Waianae and Honolulu. The three clinical delivery site partners for the grant are the Queen's Medical Center, Kalihi-Palama Health Center, and Waianae Coast Comprehensive Health Center. Patient navigators will be assigned at each of the three clinical sites to address identified social needs.

According to Ms. Keir, the grant will specifically address eight identified social needs: housing instability and quality; transportation gaps; employment and income needs; food insecurity; utility needs; family and social supports; educational gaps; and interpersonal violence. The AHC model establishes a bridge organization to create linkages between health delivery organizations and the delivery of social services. The pilot is intended to address the specific social needs identified above. Individuals who are identified as "high risk" with two or more emergency department visits in the past 12 months will receive navigation services from the pilot. Individuals who are identified as "lower risk" with less than two emergency department visits in the past 12 months will receive a summary of community referrals to address their needs.

Ms. Keir explained that a Hawaii Accountable Health Communities Advisory Board (HAAB) had been established to provide oversight for this project. The advisory board consists of local representatives from community partners, such as Aloha United Way, Catholic Charities Hawaii, Child & Family Service, the City & County of Honolulu, Goodwill Hawaii, Hawaiian Community Assets, the Institute for Human Services, Kalihi-Palama Health Center, Lanakila Pacific, Oahu Transit Services, Parents and Children Together, Papa Ola Lokahi, and PHOCUSED.

Ms. Keir informed the council that she was available to answer any questions about the project.

Presentation by Dr. Daniel Cheng (Queen's Medical Center).
Dr. Cheng introduced himself as the Assistant Chief & Medical Director of the Queen's Medical

Center, Punchbowl location. Dr. Cheng also serves as an Assistant Clinical Professor at the University of Hawaii, John A. Burns School of Medicine (JABSOM). Dr. Cheng provided a brief presentation on the Queen's Care Coalition effort to address the needs of super utilizers of emergency department services. A copy of Dr. Cheng's powerpoint presentation is attached.

Dr. Cheng began by providing a definition of "super utilizers." CMS defines a "super utilizer" as "beneficiaries with complex unaddressed health issues and a history of frequent encounters with health care providers." He clarified that Queen's Medical Center defines a "super utilizer" more specifically as individuals with three or more emergency department visits in one week, or three admissions in a month or 12 emergency department visits in a quarter. According to Dr. Cheng, the percentage of homeless individuals accessing emergency department services has significantly increased between 2013 and 2016. Dr. Cheng indicated that Queen's Medical Center is the hospital on Oahu that is most impacted by frequent emergency department utilization of homeless individuals, compared to other Oahu hospitals such as Straub, Kapiolani Hospital, and Castle Hospital. He presented information that the number of emergency medical services transports to Queen's Medical Center at Punchbowl for homeless individuals identified as "super utilizers" far exceeded the number of transports to other Oahu hospitals.

According to Dr. Cheng, 70 percent of "super utilizers" are individuals experiencing homelessness. Dr. Cheng presented a slide indicating that the top diagnosis of homeless individuals visiting Queen's Medical Center at Punchbowl was "psychiatry and substance abuse," followed by "infectious disease," general medicine" and "dermatology." Dr. Cheng estimated that homeless individuals represented only three percent of the population utilizing Medicaid services in Hawaii, but utilized over sixty percent of the state's overall Medicaid budget.

To address the needs of "super utilizers," Queen's Medical Center established the Queen's Care Coaltion, which is modeled after the Camden Coalition. Dr. Cheng informed the council that the Camden Coalition had decreased emergency department utilization by 46% and was resulted in $5 million in cost savings per year.

The Queen's Care Coalition is led by Dr. Cheng and Queen's Medical Center Vice President Kathy Morimoto. The Queen's Care Coalition management also includes an APRN-Rx and Social Work manager. The coalition leverages existing community resources and provides referrals to a network of partners, including the Institute for Human Services, Kalihi-Palama Health Center, Waikiki Health, Waianae Coast Community Health Center, Department of Human Services, Hawaii Foodbank, and the Hawaii Judiciary.

Dr. Cheng concluded his presentation by providing an example of a 58 year old female who presented with dialysis, homelessness, methamphetamine dependence, heart failure, and schizoaffective disorder. Prior to intervention, the female average 10 emergency department visits per month, and 13 hospital days per month at Queen's Medical Center. Post-intervention, which included foster care home placement and care coordination, the female has zero emergency department visits or hospital admissions for the past four months.

Dr. Cheng informed the council that he was available for any questions.

<u>Presentation by Lt. Mike Lambert (Honolulu Police Department).</u>
Lt. Lambert introduced himself, and explained that he is with the Honolulu Police Department (HPD) and currently serves in District 1, which covers the downtown Honolulu area from Liliha Street to Punahou Street, and from Round Top Drive to Ala Moana Beach, including Aloha Tower. Lt. Lambert provided a brief presentation to the council on the H.E.L.P. Honolulu initiative, whose mission is to responsibly facilitate resources through partnerships and unified strategies focused on providing improved services to Honolulu's at-risk homeless community. A copy of Lt. Lambert's powerpoint presentation is attached.

Lt. Lambert began by explaining that H.E.L.P. was an acronym that stood for Health, Efficiency, Long-term, Partnerships. According to Lt. Lambert, H.E.L.P. is designed to leverage existing resources and to better align these resources to assist the homeless community in urban Honolulu.

Lt. Lambert stated that prior to the establishment of H.E.L.P. Honolulu, social service providers

and law enforcement would work in silos. Although law enforcement and homeless outreach providers often encountered the same individuals, they would rarely – if ever – share information with each other and lacked knowledge about the resources and strengths the other brought to the table.

According to Lt. Lambert, H.E.L.P. has four goals: (1) Reduce instances of arrest or MH-1 by intervening with at-risk homeless individuals before extreme circumstances exist; (2) Reduce the number of homeless individuals by placing them into appropriate housing options; (3) Train new and existing officers on accurate referral strategies that are delivered in a manner that builds trust between the at-risk community and HPD; and (4) Improve on information sharing between various service providers in order to reduce redundancy, so that more people can be assisted at any point in time. HPD will utilized data to track the program's ability to meet these four goals.

Lt. Lambert explained that outreach providers and HPD officers currently conduct outreach four times a month in the Urban Honolulu and Chinatown areas. In addition, HPD recently partnered with the Governor's office and homeless service providers to conduct training for officers in District 1's fourth watch. The homeless service providers that currently partner with H.E.L.P. Honolulu include the Institute for Human Services, the Judiciary's Community Outreach Court, Kalihi-Palama Health Center, the CHOW Project, and ALEA Bridge.

Lt. Lambert informed the council that he was available for any questions.

Discussion and Questions.

Mr. Rolf asked Ms. Keir about the measurement of success for the Hawaii AHC grant and pilot.

Ms. Keir responded that the grant would specifically look at decreased utilization of emergency department services, and decrease in healthcare costs as a measurement of success.

Mr. Rolf asked Ms. Keir what processes were in place to ensure that navigators for the AHC grant and pilot were producing results. Specifically, Mr. Rolf was interested in what process would be used for formal evaluation of the navigators and partner organizations.

Ms. Keir responded that an advisory board has been established to provide oversight for the project. Staff is currently working together with the advisory board to develop a formal process for evaluation.

Chair Morishige shared with members that, while the three initiatives highlighted are focused on identifying homeless individuals and providing navigators, it is also important that these initiatives be linked to the coordinated entry system. Chair Morishige asked Ms. Okeson to provide more information to the council on the coordinated entry system and process.

Ms. Okeson explained that coordinated entry is being mandated by the U.S. Department of Housing & Urban Development (HUD), and that local Continua of Care (CoCs) must comply with this mandate by January 2018. Ms. Okeson explained that the organization PHOCUSED is the administrator for coordinated entry on Oahu for families, and that Aloha United Way is the administrator for coordinated entry for families.

Ms. Menino mentioned that coordinated entry is also being implemented in Hawaii, Maui, and Kauai Counties. In these three counties, the coordinated entry system is administered by county staff. Ms. Menino noted that Hawaii, Maui, and Kauai Counties were currently implementing coordinated entry for families only, but were in the process of launching coordinated entry for singles and couples.

Ms. Okeson further explained that the coordinated entry system is designed to connect homeless individuals to housing resources based on their level of need. The idea is to increase efficiency within the homeless service system, and to eliminate "side doors" to access resources, so that the most vulnerable homeless individuals are better able to access and utilize limited resources. Ms. Okeson stated that homeless individuals access the coordinated entry system when their name is placed on a by-name list, as a result of being contacted by a homeless service provider and being assessed with a common assessment tool.

Chair Morishige shared an observation that unsheltered homeless individuals he has encountered in encampments do not appear to be on the by-name list, and may be unable to access services from the coordinated entry system.

Ms. Menino responded to the Chair by explaining that in Hawaii County families are placed on the by-name list if they are identified as document ready. Ms. Menino stated that families are placed on the by-name list through access points, such as emergency shelter or a homeless outreach provider.

Ms. Cumming also responded to the Chair by explaining that recent State contracts for homeless outreach place an emphasis on placing homeless individuals into permanent housing. As a result of this new emphasis, Ms. Cumming stated that homeless outreach providers are focusing on individuals who express interest in housing and are identified as "housing ready." Ms. Cumming stated that she understands the Chair's concerns, and the State may want to consider revising performance metrics and expectations for State-contracted service providers.

Mr. Rolf asked a question about the percentage of unsheltered homeless individuals who decline services.

Chair Morishige responded that DOH has begun collecting information on the percentage of homeless individuals who decline services from an outreach provider. The Chair's understanding is that this number is about one-third.

Deputy Director Fallin responded to the Chair that the data collected by DOH has been revised, and that the revised numbers reflect that 51% of homeless individuals encountered by DOH homeless outreach providers have declined or refused services. Deputy Director Fallin stated that it is important that both DOH and DHS look at this data and better understand the numbers, and what are potential reasons for the refusal of services.

Chair Morishige agreed that the data needs to be further examined.

Chair Morishige asked a clarifying question of Dr. Cheng of when services began for the Queen's Care Coalition.

Dr. Cheng responded that services had begun in July 2017, and were continuing to ramp up.

The Chair asked if there was further discussion on this subject and if there were further questions for the presenters and, seeing none, moved the discussion to the next item on the agenda.

VI.   Permitted Interaction Group.

a.   **Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review and recommend potential revisions to the ten-year strategic plan to end homelessness, and the Hawaii State Framework to Address Homelessness.**

This permitted interaction group was established at the June 19, 2017 meeting of the council, and consists of six members – Chair Morishige; representatives from the Continua of Care for Hawaii County, Kauai County, and the City & County of Honolulu; a representative from DBEDT; and a representative from the faith-based community.

Chair Morishige mentioned that representatives from Hawaii have recently been invited to participate in a number of national conferences both to share information about Hawaii's progress and to learn about the progress of other communities. The Chair recently attended a U.S. Interagency Council on Homelessness convening with 17 other communities to discuss family homelessness, and Mr. Marc Alexander from the City & County of Honolulu is currently participating in a West Coast Mayors convening on homelessness. In addition, the Chair mentioned that the DHS Homeless Programs Office administrator Mr. Harold Brackeen is

currently attending an Administration for Children & Families (ACF) convening on the east coast. Following Mr. Alexander and Mr. Brackeen's return, they will share information and the permitted interaction group will convene and take the feedback and suggestions from other communities into consideration.

Homelessness Assistant Mr. Eric Lopez will be in touch with permitted interaction group members to schedule the next meeting of this group.

b. **Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5, and in accordance with House Concurrent Resolution 148, to review and address the issue of squatting in the State of Hawaii.**

This permitted interaction group was established at the June 19, 2017 meeting of the council, and consists of five members – Chair Morishige; a representative from the Department of the Attorney General; representatives from the Continua of Care for Hawaii County and the City & County of Honolulu; and a representative from DHS.

Due to scheduling conflicts, this permitted interaction group has not yet convened.

Homelessness Assistant Mr. Eric Lopez will be in touch with permitted interaction group members to schedule the next meeting of this group.

c. **Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review and provide support for the 2017 homeless point in time count.**

This permitted interaction group was established at the June 19, 2017 meeting of the council, and consists of five members – Chair Morishige; a representative from HUD; a representative from the faith-based community; a representative from PSD; and a representative from DHS. The permitted interaction group was also directed to work in alignment with a representative from the Department of Land & Natural Resources (DLNR).

Chair Morishige circulated a list of three vacant parcels in the Honolulu urban core that have been preliminarily identified by DLNR. The three parcels still need to be further vetted, as it appears that some of the parcels may have leases or encumbrances that did not appear during the initial review. The Chair mentioned that he has also requested DLNR to expand its review of vacant parcels to the entire island of Oahu, instead of limiting its search only to the Honolulu urban core.

The Chair noted he has also been in discussion with Hawaii County in regard to the county's sanctioned encampment Camp Kikaha in West Hawaii. The Chair is scheduled to meet with the Hawaii County Mayor and county staff on September 27, 2017, and also expects to visit Camp Kikaha. The Chair will share this information with permitted interaction group members, and a meeting of the group will be scheduled following the Chair's September 27th meeting.

Homelessness Assistant Mr. Eric Lopez will be in touch with permitted interaction group members to schedule the next meeting of this group.

VII.   General Announcements

A.   **Chairperson and staff reports: July/August/September 2017 Status Report.**

The Chair referred to a handout entitled "Highlights of Hawaii Interagency Council on Homelessness Staff Activities, Monthly Report for July to September 2017."

The Chair again noted that Hawaii has been invited to national convenings to share our experiences in addressing homelessness with other communities. In particular, the Chair noted

that he was recently one of 17 communities invited by the U.S. Interagency Council on Homelessness to participate in a meeting with thought leaders to address family homelessness.

The Chair also noted that in July 2017, the Hawaii Department of Transportation began a coordinated clean up and outreach effort prioritizing encampments along the H-1 and Nimitz Highway corridors on Oahu that posed an immediate health and safety risk.   As a result of coordinated outreach efforts, 50 individuals from these encampments were placed into shelter or housing, including two placed directly into permanent housing.

B.   Written reports from council members.
The Chair noted that written reports have been provided by members of the council.

VIII.   Executive session.
Chair Morishige determined there is no need to enter executive session at this time.

IX.   Topics for upcoming meetings.
The Chair asked members for suggestions on topics for upcoming meetings.   There was no further discussion.   Members were encouraged to contact the Chair's office prior to the next meeting with any suggestions or feedback.

X.   Meeting schedule.
Chair Morishige reminded members that the next meeting is scheduled for Monday, December 18, 2017. The meeting will be held from 10:00 a.m. to 12:00 p.m. at the Honolulu International Airport in the Interisland Terminal, Conference Rooms 3 & 4.

XI.   Adjourn.
Chair Morishige entertained a motion to adjourn. Motion was made by Mr. Dahlburg, and seconded by Ms. Okeson. The Chair called the question. The motion passed unanimously. The meeting was adjourned at 11:23 a.m.

MINUTES CERTIFICATION

Minutes prepared by:

_____   _____
Eric Lopez   Date
Homelessness Assistant

Approved by the Hawaii Interagency Council on Homelessness at their Regular Meeting on June 19, 2017: [   ]
As Presented   [   ] As Amended

_____   _____
Scott S. Morishige, MSW   Date
Chair

Coordinated Approach to Encampments on Public Lands

HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS

DECEMBER 18, 2017, 10:00 A.M. TO 12 NOON

Public Safety – One of the three pillars of the State's Framework to Address Homelessness
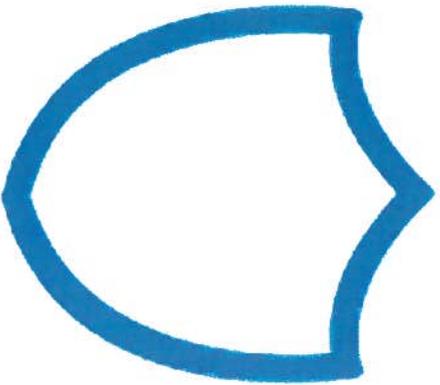
➤ Increased resources for State agencies.

➤ Put legal tools in place to address unsafe situations on public lands.

➤ Link public safety efforts to health and human services and to housing.

▼ Incre

USICH Suggested Action Steps to End Homelessness for People Living in Encampments (2015)
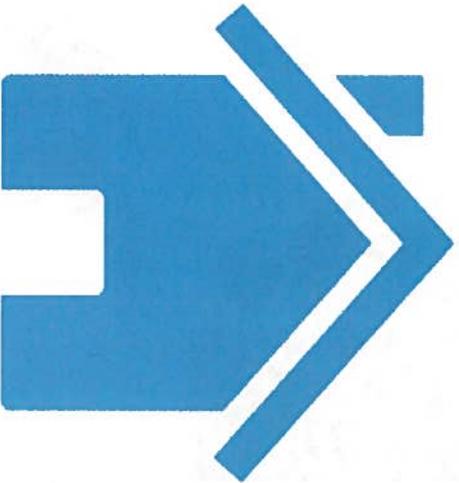
1. Preparation and Adequate Time for Planning and Implementation.
2. Collaboration across Sectors and Systems.
3. Performance of Intensive and Persistent Outreach and Engagement.
4. Provision of Low-Barrier Pathways to Permanent Housing.

EXAMPLE #1:
Department of Transportation

- H-1 and Nimitz Corridors – Health and safety concerns

- Since July 2017, at least 98 people placed into shelter or housing

- Cross-agency coordination for maintenance, law enforcement and housing placement

EXAMPLE #2:
Hawaii Community Development Authority
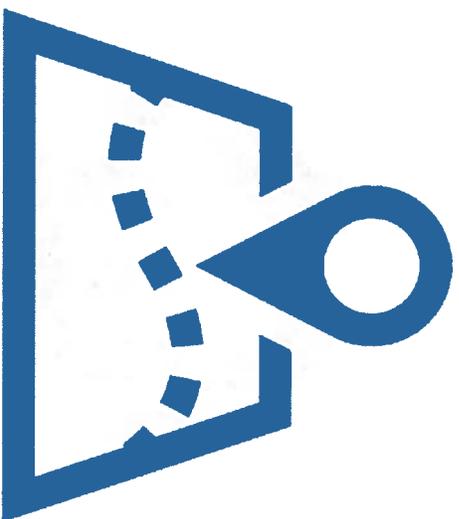
➢ Estimated 180 people living in the parks in October 2017

➢ New security contractor offers outreach and property storage

➢ Cross-agency coordination for maintenance and housing placement

Early Data Estimates

- **540** people encountered.

- At least **137** placed into shelter.

- **306** people provided names.

- Of the 306, **50** are on the Coordinated Entry By Name List (BNL)

Overview of Coordinated Efforts

STRENGTHS

Regular offer of services to people experiencing homelessness.

Creation of a By Name List of people in encampments.

Better ability to address areas that cross multiple jurisdictions.

CHALLENGES

Available shelter space is limited.

Existing laws are not designed to address current situations.

Lack of permanent housing resources (e.g. housing vouchers or site-based housing)

Looking Forward

- Expand coordinated efforts **statewide.**

- Provide law enforcement with effective tools for **social service referral** (e.g. LEAD, etc.).

- Link efforts to the **Coordinated Entry System (CES)** as an access point for services.

Report to the Thirtieth Hawaii State Legislature 2017

In Accordance with the Provisions of Section 1, Act 212, Session Laws of Hawaii 2017 on the Establishment of Safe Zones for Persons Experiencing Homelessness.

Department of Human Services
Hawaii Interagency Council on Homelessness
December ___, 2017

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REPORT ON THE ESTABLISHMENT OF SAFE ZONES, PURSUANT TO SECTION 1, ACT 212, SESSION LAWS OF HAWAII (SLH) 2017

Act 212, Section 1(C), SLH 2017, required the Hawaii Interagency Council on Homelessness (HICH), in conjunction with and with the advisement of the Department of Human Services (DHS) and the Departmetn of Land and Natural Resources (DLNR), to establish a working group to examine the issue of safe zones for persons experiencing homelessness and to submit a report with its findings and recommendations to the legislature no later than twenty days prior to the convening of the regular session of 2018.

Based on its review of the above, the working group has the following recommendations:

- There is a limited body of research relating to Safe Zones, and more information needs to be collected to evaluate their overall effectiveness in addressing unsheltered homeless persons.
- The Camp Kikaha pilot in Kona, Hawaii should be further evaluated and data should be gathered to determine the effectiveness of the safe zone specifically relating to:
    - Number of people served.
    - Demographics of target population (e.g. ethnicity, gender, age, etc.)
    - Average length of stay.
    - Monthly and annual operating cost.
    - The number of persons transitioned to longer-term shelter and permanent housing.
- Data gathered from the Camp Kikaha pilot should be shared with the Legislature and the four Counties to inform the development of longer-term policy.
- Vacant land parcels identified by the working group should be considered for housing projects for homeless individuals similar to the Hale Mauliola Navigation Center, Kakaako Family Assessment Center, and the Kahauiki Village project.
- The State should expand its search for vacant land to look beyond land under the direct jurisdiction of the Department of Land & Natural Resources (DLNR).

This report provides background regarding the purpose and membership of the working group, methodology used in determining the recommendations above, and a detailed explanation of the group's recommendation.

I.   **Overview of the Act 212, SLH 2017, Safe Zones Working Group.**

   A.   **Mission and Purpose.**

The purpose of the working group is to examine and develop recommendations related to the establishment of safe zones for persons experiencing homelessness.

Act 212, SLH 2017 directs that the group shall consider the following factors in its deliberations:

- The target population to be served by safe zones.
- Recommendations of potential sites to be designated as safe zones; provided that the sites shall be state lands designated within the urban district by the land use commission.
- The type of facilities or dwelling units permitted within a safe zone, including the use of modular structures.
- Strategies to transition inhanbitants of a safe zone to permanent housing that utilizes the housing first approach.
- The timeline necessary for planning and implementation of a pilot safe zone for persons experiencing homelessness.
- The estimated costs of planning and implementing a safe zone.

Act 212, SLH 2017, appropriates $25,000 for fiscal year 2017-2018 to support the activities of the working group.

   B.   **Working Group Membership and Quorum.**

The working group consists of five members:

- Scott Morishige, Governor's Coordinator on Homelessness (Chair)
- Harold Brackeen III, Homeless Programs Office Administrator, DHS
- Renee Sonobe Hong, Deputy Director for Law Enforcement, Department of Public Safety (PSD)
- Brian Johnson, United States Department of Housing and Urban Development (HUD)
- Pastor Daniel Kaneshiro, Faith-based representative to the HICH

All five members also serve as members of the HICH, and have been established as a permitted interaction group for the HICH to study and examine the issue of safe zones. A majority of members on the working group – 3 out of 4 members – constitute a quorum.

The working group works in conjunction with and with the advisement of the Department of Land & Natural Resources (DLNR) who is represented by the following advisory member:

- Pua Aiu, Cultural Resources Manager, DLNR

The advisory member is a non-voting member of the working group.

   C.   **Working Group Meetings**

HICH established the Act 212, SLH 2017, Safe Zones working group at its regular meeting on June 19, 2017. The working group convened a number of public meetings, received public testimony, reviewed

the current and past position of federal and state agencies regarding safe zones, and researched a number of authorized homeless encampments in Hawaii and other parts of the United States. A list of agendas and minutes for the working group meetings can be found on the DHS website.

II.   Public Input and Materials Reviewed by the Act 212, SLH 2017, Safe Zones Working Group.

A. Public testimony.

The working group held a number of public meetings and received public testimony from a range of individuals, including legislators, nonprofit organizations, advocates, community members, and persons experiencing homelessness.

The following were key points mentioned in public testimony to the working group:

- The number of unsheltered homeless individuals in Hawaii is increasing at the same time that the overall number of homeless individuals appears to be decreasing.
- Enforcement of criminal trespass and sit-lie laws may have an adverse impact on homeless individuals and, in some cases, break up well-established communities.
- It is beneficial to seek input from people experiencing homeless to inform potential solutions to homelessness.
- While some homeless camps have an established leadership structure, other camps are unsafe for individuals residing in them due to high levels of crime and drug use.
- If the State is to designate new areas or parcels as safe zone areas, the State should solicit feedback from the surrounding community, including homeless people in and around the area. Criteria should also be established for potential safe zones, such as existing homeless communities that have established leadership and internal organization.
- While outreach workers consistently offer emergency shelter as an alternative, persons experiencing homelessness are reluctant to utilize homeless shelters due to concerns about safety, lack of privacy, and a distrust of homeless service providers. These same factors may discourage homeless individuals from utilizing a safe zone administered by a service provider.
- A key contributing factor to homelessness is the lack of affordable housing, and more specifically the lack of affordable rental inventory.

The working group also received testimony from community members who were adversely impacted by homeless encampments on public lands. Specifically, the working group received testimony from multiple residents of an apartment building located in Iwilei on Oahu. The residents of the apartment building reported frustration about government being unable to respond to their concerns, despite multiple calls to 9-1-1 and various law enforcement agencies. The residents of the apartment building described situations that were unsafe both for the individuals in the encampment near their building, as well as for the general public – this included descriptions of individuals standing or lying in the roadway in the middle of oncoming traffic on a busy street.

Finally, the working group received public testimony from the Office of the Mayor for Hawaii County in regard to the Camp Kikaha encampment in Kona on Hawaii Island. The testimony from Hawaii County, including responses to questions from working group members, highlighted the number of people served

by Camp Kikaha and the operating costs to run the facility. Initially, Camp Kikaha served 30 individuals, and served about 22 individuals as of October 2017. According to Hawaii County staff, Camp Kikaha transitioned 8 individuals into emergency shelter at HOPE Services, and six of the 22 residents were employed. Hawaii County explained that Camp Kikaha provides portable toilets and an outdoor shower, but has no access to other utilities (e.g. electricity). The initial start-up cost for Camp Kikaha was $4,000.00 and ongoing monthly operating costs were $21,207. A breakdown of monthly operating costs is provided in the chart below:

The Monthly Cost of Running Camp Kikaha:	Monthly Cost
Homeless Specialist	$ 4,316
Security (Started with 1 security 24/7 = $15,372/ mo Hours were recently cut back by 11 hrs. per wk = $14,433/ mo	$14,433
Portable Toilets (2 at campsite) (cleaned out 2x a week.	$ 1,458
Trash Pick up was $400 / mo. Just arranged for P and R to pick up rubbish	0
Supplies and Food (much is donated)	$ 1,000
Total:	$21,207.00

Source: County of Hawaii County (October 12, 2017)

B. Review of the current and past positons of federal and state agencies regarding safe zones.

The working group reviewed written reports relating the positions of both the HICH and the United States Interagency Council on Homelessness (USICH) in regard to safe zones. This review included the following written documents:

- Act 105, Section 4, SLH 2012 – Report on the designation of safe facilities in various locations throughout the State for homeless persons for overnight stays
- U.S. Interagency Council on Homelessness – Report, Ending Homelessness for People Living in Encampments: Advancing the Dialogue

The working group also asked member Brian Johnson for the position of HUD in regard to safe zones. In response, HUD clarified that *"HUD generally does not support the creation of safe zones or more commonly referred to as tent cities."*

In 2012, when the HICH previously examined this issue, it recommended against establishing zones primarily for the following reasons:

- The establishment of safe zones is inconsistent with federal and state programs that emphasize permanent housing as the key to ending homelessness.

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- Resources to address homelessness are scarce, and the establishment of safe zones would divert these resources from permanent housing, and could encourage the continuance of homelessness and a nomadic lifestyle for people experiencing homelessness.
- Concerns regarding the safety and well-being of homeless individuals residing in safe zones, as well as safety for neighborhoods surrounding safe zones.

Similarly, in 2015, the USICH acknowledged that the formation of encampments does not represent an end to homelessness, and can *"serve to distract communities from focusing on what is most important – connecting people experiencing homelessness to safe, stable, permanent housing."* The USICH also acknowledged that there are costs associated with ensuring security for authorized encampments, and that this could result in funding being redirected from other programs that more directly address housing. The USICH report acknowledged the diversity of people living in encampments, and the need to consider a range of services – including permanent supportive housing, rapid rehousing, and mainstream affordable housing.

The USICH report recommended four specific actions address homeless encampments and connect individuals in encampments with long-term housing:

1. Preparation and adequate time for planning and implementation, including the identification of area land owners and development of meaningful housing options.
2. Collaboration across Sectors and Systems, including collaboration between a cross-section of public and private agencies, including the faith-based and philanthropic sector.
3. Performance of intensive and persistent outreach and engagement, including identifying leadership within the encampment.
4. Provision of low-barrier pathways to permanent housing, including a connection to the Coordinated Entry System (CES) and offers of interim housing (e.g. including shelter, bridge housing, or other temporary arrangements).

The USICH recommended that communities also plan to prevent encampments from being recreated. According to the USICH, these plans could include additional security and outreach measures, as well as plans for ongoing cleanup of the impacted area.

C. Review of legal homeless encampments in Hawaii and in other communities.

The working group examined the operations of four authorized homeless encampments that are currently in operation. Camp Kikaha in Hawaii County is currently the only authorized camp in Hawaii. The four authorized camps that the group examined are:

(1) Camp Kikaha (Kona, Hawaii)
(2) Opportunity Village (Eugene, Oregon)
(3) Nickelsville-Ballard (Seattle, Washington)
(4) Camp Hope (Las Cruces, New Mexico)

In general, the authorized camps had the following factors in common:

- **Small population size** – The number of individuals in the camps ranged from 25 to 50 individuals.

- **Self-organized governance structure** – All four camps utilize a leadership council of residents to make decisions regarding camp rules, and recommendations regarding individuals entering the camp.
- **No access to electricity** – None of the camps had access to electricity, although some had access to portable toilets and shared shower facilities.
- **Access to social services** – All four camps offered access to services, either through a direct contract with a nonprofit organization or through location near an existing service provider.

The ongoing operation costs of the four authorized camps varied widely. Annual operating costs ranged from a low of $8,000 (Camp Hope) to a high of $254,484 (Camp Kikaha). The costs were primarily for staffing, security, and access to water and toilet facilities. Camp Kikaha and Nickelsville-Ballard were primarily government funded, while Opportunity Village and Camp Hope both utilized a combination of rental income and donations for funding.

In addition to diversity in funding, a range of physical structures were used in the four authorized camps. Camp Kikaha and Camp Hope both utilized tent and tarp structures. Opportunity Village utilized 30 tiny houses that ranged from 60-80 square feet each. The Nickelsville-Ballard camp used a combination of tents and tiny houses. In all four camps, the land was provided by a City or County government agency.

More information regarding the four authorized camps is detailed in the chart below.

Comparison of Authorized Camps – Hawaii and U.S. Mainland

Name (Location)	Number of Residents	Monthly or Annual Cost	Type of Housing	Services Provided	Role of Government	Other Notes
Camp Kikaha (Kona)	25-30	• Monthly Cost: $21,207 • Annual Cost: $254,484 • Per person: $706 to $848 mo.	Tents	• None directly on site, but access to social services at Hope Services' homeless resource center	• County-owned land. • County funding 100% of operational costs.	
Opportunity Village (Eugene, Ore.)	30-35	• Monthly Cost: $3,750 • Annual Cost: $45,000 • Per person: $107 to $125 mo.	30 tiny houses (60-80 square feet each)	• None on site, but partnerships with existing service providers (human services, crisis management, domestic violence, food pantry, etc.)	• City-owned land leased to nonprofit for $1/year	• Self-governed community • 10 volunteer hours required per resident weekly
Nickelsville-Ballard (Seattle)	25-30	• Monthly Cost: $11,862 • Annual Cost: $142,351 • Per person: $395 to $474 mo.	12 tents, 5 tiny houses	• Nickelsville partners with Low Income Housing Institute (LIHI) to provide housing referral services • LIHI also provides on-site information and referral services, employment counseling, and assists residents in applying for housing and services	• In 2015, city passed an ordinance allowing creation of three tent or tiny house villages • Per agreement with city and neighborhoods, village can stay in one location for only up to 2 years	• Self-managed community (residents elect leadership and other positions) • 24-hour security Metrics • 34% exits to housing (26 out of 77 people) • 65% stayed longer than 60 days – with 20% staying longer than 180 days.
Camp Hope (Las Cruces, N.M.)	50 individuals (no families or children allowed)	• Monthly Cost: $666 • Annual Cost: $8,000 • Per person: $13 mo.	Tents (Zoning rules forbid structures without sprinklers)	• None on property, but Mesilla Valley Community of Hope provides restrooms, showers and social services nearby (health care, housing, financial solutions)	• Encampment is on city-owned property	• Self-governed community • No time limit on stays • Residents required to perform 6 hours of service weekly • Funding provided by the community.

Source: Governor's Coordinator on Homelessness (2017)

D. Vacant State lands identified by DLNR.

The DLNR liaision to the working group identified nine separate land parcels on Oahu that are currently vacant. Due to time limitations, the working group limited its search primarily to lands under the direct jurisdiction of DLNR. The land parcels are listed below:

List of Vacant Land Parcels Identified by the Department of Land & Natural Resources (DLNR)

Location	type	TMK	Issues		Neighbors	Map	Trust Status	Acres
Pupukea	Unencumbered	59031011		Ag lands	residential		5(b)	2.022
Waialee	vacant	58001053	EO To CCH	no infrastructure	resort/park lands		5(b)	20.629
Waialee	vacant	58001054	part of Wallace Beach Park		BWRE Hawaii LLC		5(b)	11.582
Kaimuki	vacant	32036010	in residential area	next to fire station, might be on hill	residential		5(a)	0.126
Mapunapuna		11064006	Flooding	small lot	industrial		5 e	0.25
Halawa		99012046	medical contamination		park lands		5(b)	0.315
Halawa		99012047	medical contamination		park lands		5(b)	0.275
Nimitz Viaduct area	vacant	12021035	no vehicular access	environmental	industrial		5(b)	0.351
Nimitz Viaduct area	vacant	11006003	medical contamination	environmental	industrial		5e	1.35

DLNR identified various concerns relating to the identified parcels, including:

- Location – Parcels may be located in a residential area, or on a hillside slope that would make residential use difficult. One parcel is located in a flood inundation zone.
- Lack of infrastructure – All nine parcels lack water and sewer access. In addition, some parcels lack vehicular access to the property.
- Size – Two of the identified parcels are less than 0.5 acres in size, and may not be large enough to support a residential use.
- Medical waste – Two of the identified parcels have previously been used to store medical waste materials, and may require substantial remediation prior to residential use.

The concerns related to the parcels will likely impact the upfront cost of developing a campsite or a longer-term use for housing.

While some parcels may not be large enough to support a campsite or longer-term housing project, smaller parcels could be used to site portable toilets, hygiene facilities, or locker space to address the needs of unsheltered individuals living in nearby encampments.

The working group also acknowledged that the State has identified parcels for a number of recent private and public projects to serve the homeless population, including: Hale Mauliola, the Kakaako Family Assessment Center, Kahauiki Village, and the Hawaii County planned homeless project at Village 9 in West Hawaii.

E. Other information considered.

The working group also considered the following information in its deliberations:

- Connection to the Coordinated Entry System (CES)
- Cost and capacity of recent housing navigation centers
- The financial impact of unauthorized homeless camps

Coordinated Entry and homeless encampments.

The CES is a requirement for organizations that receive federal funding from HUD, and local Continuum of Care (CoCs) must have CES policies and procedures in place by January 2018 to be compliant with HUD requirements. The CES will serve as a way to standardize referrals to shelter and housing programs. The intent of the CES is to increase the efficiency of referrals to shelter and housing, and ensure that homeless individuals are matched with the most appropriate resource based on their situation (e.g. length of homelessness, medical condictions, etc.).

Homeless outreach providers and emergency shelters currently serve as access points for CES on Oahu. Homeless individuals can be assessed using a common assessment tool through an access point, and are placed on a By Name List (BNL) from which referrals will be made to shelter and housing programs. Individuals on the BNL are prioritized into three main categories of need, with the highest level of need meeting the criteria for permanent supportive housing, the medium level meeting the criteria for rapid rehousing, and the lowest level meeting the criteria for transitional housing. Homeless individuals and families will not appear on the BNL if they have not provided consent to share their information on the

BNL, or if they have not yet been assessed by an access point (e.g. outreach or emergency shelter provider).

If the State were to officially authorize homeless camps or safe zones, it was discussed that the camps should be identified as an access point for CES so that homeless individuals utilizing the camps can be better connected to longer-term housing services.

Cost and capacity of recent housing navigation centers.

Within the past two years, two new facilities for homeless individuals and families have opened on Oahu. These facilities differ from a traditional emergency shelter, and have been labeled as housing navigation centers or assessment centers. The two facilities include:

- Hale Mauliola
- Kakaako Family Assessment Center

The working group specifically examined the target population, operating cost, and outcomes for the two housing navigation centers. The working group also noted that Hale Mauliola had initially been intended to be an authorized homeless camp with tarp and tent structures, similar to Camp Kikaha. However, after conducting a series of community meetings and receiving feedback from service providers, Hale Mauliola significantly changed its design to incorporate modular container structures and low-barrier policies for entry.

A chart comparing information for the two housing navigation centers is below:

Comparison of Costs for Two Local Assessment/Navigation Centers

Name (Location)	Number of Residents	Monthly or Annual Cost	Type of Housing	Services Provided	Role of Government	Other Notes
Family Assessment Center	30	• Monthly Cost: $56,416 • Annual Cost: $677,000 • Per person: $1,128 mo.	Warehouse – Cubicles	• Housing-focused case management • Partnership with other service providers (e.g. PID, KPHC, DOE, DOH, etc.)	• State-owned facility. • State funds 100% of operating costs.	• 93% placement rate (39 out of 42 households) • 79-day average length of stay (intake to exit) • 24-hour staffing, no security Total persons served: 160
Hale Mauliola	87	• Monthly Cost: $81,666 • Annual Cost: $980,000 • Per person: $938 mo.	25 refurbished shipping containers – divided into 39 individual units and 24 two-person units	• Housing-focused case management • Referrals provided to other social service programs	• State land, leased to City • City funds 100% of operating costs.	• 62% placement rate (96 out of 154 people) • 35% stayed longer than 60 days – with 4.5% staying longer than 180 days. • 24-hour security and staffing Total persons served: 154

Source: Governor's Coordinator on Homelessness (2017)

While the cost per person for the housing navigation centers are slightly higher than for an authorized camp, the housing navigation center cost also includes professional staff and the delivery of housing-focused case management. Both Hale Mauliola and the Family Assessment Center reported high rates of placement to long-term housing – a 93% placement rate for the Family Assessment Center, and a 62% placement rate for Hale Mauliola. In addition, both facilities reported relatively short lengths of stay for residents – with the Family Assessment Center averaging 79 days from intake to placement/exit.

<u>Financial impact of unauthorized homeless camps</u>

It was suggested through public testimony that the group examine the financial impact and composition of unauthorized camps in addition to looking only at authorized camps. Based on this suggestion, the working group examined two unauthorized encampments on Oahu:

- Kakaako Makai Homeless Camp
- Pu'uhonua O Waianae

The Kakaako Makai homeless camp has been in existence for over two years and, at its largest, was estimated to include nearly 300 individuals in August 2015. The Kakaako Makai camp population is currently estimated at between 55-65 individuals, and largely consists of single adults and couples. The Kakaako Makai camp has moved between various locations within the Kakaako area, Makai of Ala Moana Boulevard. The Hawaii Community Development Authority (HCDA), the State agency that has oversight of the Kakaako Makai area, recently estimated that individuals in the homeless camp had caused $500,000 in damages to the area parks. In addition, HCDA staff have estimated increased water and electric usage in the Kakaako park area that is associated with unauthorized use of utilities by the camp residents.

The Pu'uhonua O Waianae camp has also been in existence for over two years and its size has fluctuated from a high of 319 to a low of 170 people. The Waianae camp is located on land owned by DLNR, and DLNR staff regularly visit the camp to conduct a census of its population. There is a significant difference in the current estimated size of the Waianae camp, which is estimated at 210 individuals by DLNR and at 170 individuals by the camp residents. DLNR staff reported that the water bill for the neighboring Waianae Boat Harbor has significantly increased since 2013, and DLNR believes this increase is related to increased usage of water from the harbor by the camp residents. Accoridng to DLNR, the cost of the water bill for the Waianae Boat Harbor alone now exceeds the revenues generated by harbor fees that had been intended to cover utility costs. DLNR noted that in addition to the financial impact, the Waianae camp is believed to have negatively impacted environmental and cultural resources located on the DLNR property. In 2016, DLNR staff visited the property and found that a number of rock terraces that had previously been reported on the site, and were identified as cultural resources, were no longer in existence. Biologist with the Division of Aquatic Resources are concerned that the encampment is adversely affecting the rare anchialine shrimp that live in ponds on the property.

III.   Rationale for Working Group Recommendations

The working group carefully considered public testimony, written reports, and presentations from HICH staff and the community. Based on its review of this information, it is clear that there is support for the concept from homeless advocates and individuals experiencing homelessness. It is also clear that the federal government – both HUD and the USICH – have serious concerns regarding the implementation of safe zones, and the diversion of scarce public resources away from strategies that emphasize permanent housing.

The working group also noted that the USICH report, public testimony, and information from HCDA and DLNR highlighted the negative aspects of unauthorized homeless encampments. Specifically, unauthorized encampments were associated with damage to public facilities, and high increases in water and other utility costs. In addition, public testifiers noted that unauthorized encampments result in dangerous circumstances both for homeless individuals and the general public, as unauthorized camps are sometimes located near heavily trafficked roadways or other unsafe areas.

Because safe zones are an emerging practice – with Camp Kikaha in Hawaii County being the only authorized camp in Hawaii and being less than six months old – the working group recognizes there is a need to further examine the effectiveness of safe zones. The working group believes that the $25,000 appropriated through Act 212 can best be utilized to support the existing operations at Camp Kikaha, and to assist in collecting more detailed data regarding this local effort.

In the meantime, the working group is also attaching a list of the nine vacant parcels identified by DLNR, and suggests that this list be expanded to include vacant properties under the jurisdiction of other State and County agencies. While the identified parcles have various challenges associated with them – including location and lack of infrastructure – these challenges are not insurmountable, but will affect the overall cost of any future project. It is important to note that the State has supported a number of recent efforts to address homelessness through the identification of vacant lands, and that the lands identified by the working group may serve a similar purpose.

 A key theme in the public testimony, as well as in the USICH report on homeless encampments, is the need to focus efforts on the development of affordable housing and increasing pathways for homeless individuals to access permanent housing. It was also noted that the new housing navigation center model of shelter included a specific focus on permanent housing, and that both Hale Mauliola and the Family Assessment Center reported high rates of permanent housing placement. If the Legislature chooses to move forward with the implementation of safe zones, it is recommended that safe zones include the delivery of housing-focused services and should include practices incorporated by Hale Mauliola or the Kakaako Family Assessment Center.

If there are any further questions, please do not hesitate to contact the Governor's Coordiantor on Homelessness at (808) 586-0193 or by e-mail at gov.homelessness@hawaii.gov.

KEY TERMS AND DEFINITIONS

Affordable housing – In general, housing is considered "affordable" when the cost is less than 30 percent of a household's income. When housing costs exceed this amount, a household is considered to be housing-cost burdened. With an estimated 57.5% of renters paying more than one-third of their income to rent, Hawai'i has the second highest number of cost-burdened renters in the nation.[1] The households who face the most severe lack of affordable housing are the extremely low income, who earn less than 30% Area Median Income (AMI), or less than $28,750 per year for a household of four in Honolulu.

Authorized camp – A homeless encampment that is officially recognized and sanctioned by federal, state, or local government. Authorized camps are alternatively referred to as Safe Zones.

Coordinated entry system – Coordinated entry is a process to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. A coordinated entry system helps communities to prioritize housing and homeless assistance based on a homeless person's vulnerability and the severity of their needs, so that people who need assistance the most can receive it in a timely manner. Federal law requires that CoCs establish a coordinated entry system.

Emergency shelter – An emergency shelter generally is a facility with overnight sleeping accommodations that provides short-term, temporary shelter for homeless persons and does not require occupants to sign a lease or occupancy agreement.   Emergency shelters differ from transitional housings (also known as transitional housing) that typically allows a maximum stay of up to 24 months.

Hawai'i Interagency Council on Homelessness – The HICH was formally established in July 2011 through executive order by then-Governor Neil Abercrombie. Hawai'i was the first state in the nation to create a state interagency council patterned after the U.S> Interagency Council on Homelessness. In 2012, the HICH was established in statute through Act 105 by the state legislature. Composed of state department directors, federal agency representatives, and community leaders, the HICH is tasked with providing solutions to end homelessness and strengthen the continuity of efforts to end homelessness across future state administrations. Housed administratively within the Department of Human Services (DHS), the HICH is chaired by Scott Morishige, appointed in August 2015 to serve as the Governor's Coordinator on Homelessness.

Homeless outreach – The work of homeless outreach includes meeting homeless persons on streets or sidewalks, or in remote rural areas that includes beaches and valleys. Outreach providers assist with the completion of program applications, the determination of program eligibility, housing search and placement, and work with the person to obtain identification and other vital documents (e.g. birth certificate or social security card).

Housing First – Housing First is a philosophy that centers on providing homeless people with housing quickly and then providing services as needed. In a Housing First approach, there is an immediate and primary focus on accessing and sustaining permanent housing for all homeless populations. In addition to the Housing First philosophy, the term is used to refer to specific permanent supportive housing programs

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[1] Corporation for Enterprise Development. *Assets & Opportunity Score Card, Housing Cost Burden – Renters.* Available at: http://scorecard.assetsandopportunity.org/latest/measure/housing-cost-burden-renters. Accessed April 25, 2016.

operated by the state and the city and county of Honolulu. The state and city Housing First programs adopt the philosophy, but also specifically target chronically homeless households for services.

Permanent supportive housing (PSH) – PSH is a service delivery model that combines low-barrier affordable housing, health care, and supportive services to enable homeless persons to attain and maintain permanent housing. PSH programs typically target chronically homeless persons, or homeless persons who experience multiple barriers to housing and are unable to maintain housing stability without supportive services. PSH program have been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care. The state and city Housing First programs that target chronically homeless persons are both examples of a PSH program.

Rapid rehousing – Rapid rehousing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible. The duration of financial assistance provided in a rapid rehousing program can include either short-term (up to 3-months) or medium-term (6-months to 24-months) support. In general, the core components of rapid rehousing are housing identification, rent and move-in assistance, and case management.

Transitional housing – Transitional housing, also referred to as transitional housing, is designed to provide homeless persons and families with temporary stability and support, so that they are able to eventually move to and maintain permanent housing. Transitional housing is generally for a period of up to 24 months of housing with accompanying supportive services.

REPORT TO THE TWENTY-SEVENTH HAWAII STATE LEGISLATURE 2013

IN ACCORDANCE WITH THE PROVISIONS OF ACT 105, SECTION 4, SESSION LAWS OF HAWAII 2012

DEPARTMENT OF HUMAN SERVICES
AND
HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS
DECEMBER 2012

REPORT ON ACT 105, SECTION 4, SESSION LAWS OF HAWAII (SLH) 2012, RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS

Act 105, Section 4, SLH 2012 requires the Department of Human Services (DHS), in conjunction with and with the advisement of the Hawaii Interagency Council on Homelessness (HICH), to conduct a study on designating safe facilities located at camping areas or partially open or closed buildings that provide at least clean eating areas, showers, toilets, laundry facilities, and locker rooms in various locations throughout the State for homeless persons for overnight stays. The DHS and the HICH are required to report their findings and progress towards the establishment of designated safe facilities in various locations throughout the State for homeless persons for overnight stays pursuant to this Act.

The study is to consider the following:

(1) Establishing a minimum fee for use of the designated safe facility, provided that any fee collected shall be used to offset expenses associated with the establishment and maintenance of the designated safe facilities;

(2) Establishing rules and a code of conduct for individuals, couples, and families for overnight stays in a designated safe facility;

(3) Authorizing the DHS to take appropriate action should a homeless individual, couple, or family not comply with the rules or participate in any illegal activity while in a designated safe facility;

(4) Coordinating with state and county law enforcement officials to establish minimum security for the safety of individuals using the designated safe facilities;

(5) Establishing partnerships between the DHS and community and nonprofit organizations in good standing with the State to provide voluntary support services for homeless persons who use the designated safe facilities;

(6) Allowing users of a designated safe facility to enter the facility at sundown; provided that amenities provided at the designated safe facility may be used during daylight hours;

(7) Stipulating that persons not using the amenities be prohibited from the premises and requiring them to vacate the premises by eight in the morning to allow maintenance of the facility;

(8) Establishing a no loitering policy for daylight hours; and

(9) Identifying rules to be adopted pursuant to chapter 91, Hawaii Revised Statutes, necessary for the implementation of designated safe facilities.

A working group assembled and reviewed Act 105, Section 4 and the fundamental question concerning the advisability of establishing evening-only encampments on public facilities for homeless individuals. A set of materials were collected and reviewed by the members of the working group. A series of interviews were also conducted with key officials from the federal Department of Housing and Urban Development (HUD) and from the United States Interagency Council on Homelessness.

Findings

Creating camping areas for homeless individuals in our parks and in our public buildings during evenings only, as specified under the terms of Act 105, Section 4, is unworkable, is not advisable, and should not be pursued. These findings are consistent with and supported by the plan to end homelessness adopted by the Hawaii Interagency Council on Homelessness…"to rapidly return people experiencing homelessness to stable housing… and to create and preserve permanent supportive housing options for people who are homeless.." (HICH Plan, Goal 2, objective 5).

The rationale for the recommendation against establishing safe public campgrounds or facilities as proposed in Act 105, Section 4, is as follows:

- This proposal is inconsistent with existing federal and State programs to stabilize homeless families by creating safe emergency and transitional shelters to prepare them for moving into and living in permanent supportive housing. Permanent housing is the key to homelessness and that all efforts should be to prepare homeless individuals to assume their residency in permanent housing.

- This proposal diverts scarce resources away from creating a path to permanent housing for homeless individuals by condoning, if not encouraging homelessness and the continuance of a nomadic lifestyle.

- This proposal will be expensive to implement and will not be able to guarantee the safety and well being of the homeless individuals involved.

- This proposal will jeopardize the safety and well-being of the surrounding neighborhood as homeless individuals return to the streets in those areas during daylight hours.

- This proposal will not be able to provide necessary wrap around services to individuals as is presently available to them in State emergency and transitional shelters.

- This proposal will not be able to guarantee the safety of homeless individuals for the evening because of the drop-in nature of the overnight shelter, the inability of the State or any hired contractor to identify potentially harmful persons in the encampment, and the high cost of hiring on site security during the hours the public areas are used as makeshift shelters. The low security nature of these evening-only encampments will potentially expose the State to liability for the harm done to homeless residents or other individuals.

- This proposal will not be able to ensure that all individuals are removed from the public areas and the areas are cleaned and sanitized in time for these public areas to be used by the general public during normal business hours.

- This proposal will not be able to protect and secure the personal property of homeless individuals, or enable them access to these materials at a reasonable

cost during the normal daylight hours that the public is allowed access to these areas. It is not advisable for the State to create a bailment of personal property for homeless individuals because of the potential that the State will be held liable for the theft, destruction, or loss of these items once they are placed in the possession of the State official.

- This proposal cannot guarantee that the conversion of these public areas will be viewed as desirable by presently homeless individuals such that they will move off of the streets and into these areas for the evening hours only.

- This proposal cannot guarantee that the communities using the public areas under consideration for conversion to night- time homeless shelters under the provisions of Act 105 will support the use of these public facilities in this manner. At a minimum, procedures should be created to enable adjacent community members to comment upon and be heard on whether conversion of these facilities be allowed to occur.

At an official meeting of the HICH on December 13, 2012, the HICH unanimously adopted this report's findings and recommendations as the official position of the HICH.

Ending Homelessness for
People Living in Encampments

Advancing the Dialogue

August 2015

Background and Intent

To end homelessness for everyone, we must link people experiencing unsheltered homelessness, including people sleeping and living in encampments[1], with permanent housing opportunities matched with the right level of services to ensure that those housing opportunities are stable and successful. It is only through the provision of such opportunities that we can provide lasting solutions for individuals and communities. Across the country, many communities are wrestling with how to create effective solutions and provide such housing opportunities for people experiencing unsheltered homelessness. The presence of encampments often creates heightened awareness and concerns in communities and requires different approaches than working with individual people who are unsheltered.

It is important to acknowledge that there are many reasons that some people who are unsheltered may sleep and live in encampment settings, including that such settings offer some people a greater sense of community and safety. It is also important to acknowledge that there are many reasons that other community members may have concerns regarding the presence of encampments within their communities, including concerns related to health, sanitation, and safety. Fundamentally, the solution is not prioritizing one perspective over another; the focus on the goal of ending homelessness requires that communities implement strategies that will link all people experiencing homelessness to permanent housing opportunities.

The perspectives that USICH has brought to the preparation of this document include:

- The presence of encampments in our communities is an indicator of the critical need to create more effective and efficient local systems for responding to the crisis of homelessness.

- The formation of encampments does not represent an end to homelessness, and strategies that focus on making encampments an official part of the system for responding to homelessness can serve to distract communities from focusing on what is most important—connecting people experiencing homelessness to safe, stable, permanent housing.

- Authorizing encampments as an official part of the system for responding to homelessness creates costs to ensure the safety, security, and well-being of the people living within the encampments, which can prevent funding from being directed to supporting and creating permanent housing and service options for all who are unsheltered.

- People sleeping and living in encampments are diverse and the housing and services interventions provided must address a range of needs, challenges, and goals. Some people may be experiencing chronic homelessness and need access to permanent supportive housing, intensive services, and healthcare supports; other people may need rapid re-housing interventions with less intense services; and others may need to be linked to mainstream affordable housing opportunities.

- The forced dispersal of people from encampment settings is not an appropriate solution or strategy, accomplishes nothing toward the goal of linking people to permanent housing opportunities, and can make it more difficult to provide such lasting solutions to people who have been sleeping and living in the encampment.

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[1] USICH recognizes that different terms are used for such settings—such as "tent cities"—but has chosen to use "encampments" in this document, while encouraging communities to use whatever language works best locally.

- Providing lasting solutions and ending the homelessness of people living in encampments requires a thoughtful, coordinated, and collaborative plan and process to ensure that people can be linked to appropriate housing options and that the presence of encampments in the community can be resolved.

USICH has addressed related issues in our 2012 publication, _Searching out Solutions: Constructive Alternatives to the Criminalization of Homelessness_. More recently, our work with community partners has indicated that more specific and concrete guidance is needed to help organizations implement proactive, solutions-focused approaches to end homelessness for people sleeping and living in encampments and to address community concerns. This document is intended to offer such guidance and provides a framework for the development of local strategies so that communities can create and provide lasting housing solutions for people living in encampments.

The information and ideas contained within this document have been developed by USICH based upon conversations and problem-solving discussions with advocates, housing and services providers, and government officials across the country regarding what they have learned, and are still learning, about the most effective approaches and strategies. USICH believes that there is still more to be learned and explored, and this document is not intended as a final statement on the best practices for addressing the housing and services needs of people living in encampments. Rather, the intended purpose of this document is to advance community-level discussions that will strengthen practices and strategies. We welcome dialogue and input on the perspectives and information presented here.

Effective Strategies and Approaches

Communities seeking to provide lasting solutions to end homelessness for people living in encampments should first develop a local action plan that engages both residents of the encampment and an array of community partners.

The action plan should include four key elements, summarized here and described in more detail below. A planning checklist can be found on pages 11 and 12 of this document.

1. **Preparation and Adequate Time for Planning and Implementation**: Action plans for creating and providing housing solutions for people living in encampments should ensure that there is adequate time for strategizing, collaboration, outreach, engagement, and the identification of meaningful housing options. Adequate time is essential to achieve the primary objective of meeting the needs of each person and assisting them to end their homelessness.

2. **Collaboration across Sectors and Systems:** Action plans should include collaboration between a cross-section of public and private agencies, neighbors, business owners, and governmental entities, based upon on where the encampment is located. The action plan should feature strong communication among a broad range of community service providers and managers of the permanent housing resources that are being utilized in order to maximize efficiency, align resources, and address system gaps.

3. **Performance of Intensive and Persistent Outreach and Engagement:** Action plans should involve agencies that have strong outreach experience and demonstrated skills in engaging vulnerable and unsheltered people. Effective outreach is essential for effectively connecting people with coordinated assessment systems, resources, and housing options.

4. **Provision of Low-Barrier Pathways to Permanent Housing**: Action plans should focus on providing people with clear, low-barrier pathways for accessing and attaining permanent housing opportunities and should not focus on relocating people to other encampment settings.

1. Preparation and Adequate Time for Planning and Implementation

Providing adequate time to organize stakeholders and develop an action plan will increase the likelihood of success. There are times when swift action may be required; even in such circumstances, partners should develop a shared action plan that offers guidance on how to connect individuals and families with permanent, stable housing. Stakeholders should have a clear understanding of the strategies, interagency agreements, protocols, the roles they play, how interventions will be timed, and how people living in the encampment will be alerted to the plan.

Important elements to consider when developing an action plan include:

Shared Agreements and Decisions

- **Determine Timing:** Having adequate time to implement a comprehensive and effective strategy is preferable, but in some instances, property owners, safety officials, or others may require or enforce a strict timeline. It is always important to articulate the timeline, so that residents can determine their options and so that partners know the timeline for connecting people to housing options. Even when there is flexibility for determining the timeline, it is still important to act with a sense of urgency and establish an aggressive timetable, as encampment communities often experience crises that can include violence, criminal victimization, and health and safety risks. An emphasis should be placed on balancing the time it will take to develop the plan, recruit necessary partners, implement effective outreach, respond to the concerns of property owners, attend to safety needs, respond to public attention, address other urgent issues that may arise, and connect people to services and housing.

  Throughout the process, there should be sufficient feedback mechanisms among stakeholders to evaluate progress and, if needed, reevaluate the timeline to ensure that solutions are people-focused and that activities do not cause additional harm or trauma for people experiencing homelessness. Efforts that rush events or prematurely disperse people without connecting them to housing could cause relocation to a different encampment setting. There is also a risk that premature dispersal might threaten the partners' ability to build trusting relationships with residents, which is vital to successful housing outcomes. Whenever possible, activities should be tracked through the Homeless Management Information System (HMIS) to allow for efficient reporting and evaluation.

- **Create Shared Purpose and Intent:** While many of the partners will have encountered or worked with people experiencing homelessness, they will likely have differing approaches and assumptions. Action plans should communicate a shared purpose for all stakeholders involved, including encampment residents, should emphasize safety for all parties involved, and should focus on access to appropriate permanent housing.

- **Develop Shared Outcomes:** Action plans should identify expected outcomes for each stage of the intervention and build consensus regarding how successful outcomes are being defined. A focus on shared goals enhances collaborative efforts and the development of coordinated

strategies, as well as focusing partners on identifying the resources and activities necessary to achieve outcomes.

- **Develop Shared Protocols/MOU:** In order to minimize confusion and miscommunication, it is important that action plans clearly delineate the *who, what, when, where,* and *why* for each identified strategy and incorporate those details into protocols agreed to among stakeholders. A list of shared protocols may then be used to inform a Memorandum of Understanding (MOU), which is useful for formalizing the ongoing, collaborative response to encampments in the future.

- **Create a Communications Plan:** Action plans should incorporate a communications strategy that informs stakeholders how to interact with the media and respond to questions from community members. One entity should take the lead role as primary media contact so that communication is consistent and prompt.

Assess Needs and Available Resources:

- **Identify Land Owner(s):** One of the first steps to implementing the plan is to identify who owns the land where the people are living. Planning should consider the needs of the land owner and determine what role the land owner may need to play in the action plan. It is critical to include the land owner as soon as possible to ensure costly, harmful, and uncoordinated preemptive measures are avoided.

- **Assess Needs of People Living in the Encampment:** As soon as an encampment is identified, it is important to assess the unique needs of every individual living there and determine how much time and what resources are needed to connect individuals and families with appropriate housing and supportive services. Particular attention should be given to individuals who are highly vulnerable, people experiencing chronic homelessness, people with mental health issues, and people struggling with substance use. Additionally, specialized attention is needed for individuals who may be ineligible for some housing options, including undocumented immigrants, those with histories of involvement with the criminal justice system, and people who are subject to registration requirements as sex offenders.

- **Identify Adequate Staffing and Resources:** Based upon the projected needs, it is important to determine how existing housing and services resources can be aligned and targeted to connect people to permanent housing. This analysis of resources should also identify how gaps in resources may be filled and what staffing will be necessary to implement the plan. It is important to identify flexible funding that outreach teams can use to offer quick interim housing solutions for people who have already identified a more permanent housing option but need extra time to access that housing. For example, some people may need time to get approved for housing, need assistance gathering documentation, or need help with transportation or move-in costs.

Next Steps

- **Plan for Preventing Encampment from Being Recreated:** Action plans should include strategies for cleanup measures as well as how the space will be returned to its intended use. Additional security and outreach measures may be necessary to prevent future encampments from being formed at the same location.

- **Plan for Follow-up Contacts and Tracking Outcomes:** Action plans should include strategies for following up with people who have been assisted in order to track their outcomes and measure progress.

- **Standardize Future Responses:** It is important for communities to develop standardized approaches and align policies across programs and agencies, allowing for efficient and effective responses. A standardized response should include law enforcement policies and procedures, communication and coordination among outreach teams and service agencies, and agreements with housing providers to accept referrals from outreach workers and case managers. Since encampments are often transitory or cross jurisdictional boundaries, it is also helpful for neighboring cities to align local plans so that strategies are unified.

- **Integrate with the Community's Strategic Efforts to End Homelessness:** Finally, it is important to integrate these actions with the community's strategic efforts to end homelessness. Partners should debrief and identify lessons that can be learned from the implementation of the action plan in order to both inform future responses and improve the homelessness crisis response system as a whole.

2. Collaboration across Sectors and Systems

The most effective action plans involve early engagement with multiple public and private stakeholders including, but not limited to, local officials, city and county staff, Continuum of Care agencies, service providers, housing organizations, law enforcement, business leaders, strategic planning bodies, and people who have experienced homelessness. Collaborative efforts can better align available resources and more quickly connect people with housing, health care, and services.

When developing or expanding a collaborative partnership, consider engaging a broad array of stakeholders, including:

- **People Living in Encampments:** People living in encampments have a strong interest in planned efforts and outcomes, may regard the site as their home and community, and understandably expect that others will respect their privacy and personal property. Planning should assume that people are entitled to participate in decisions that will affect their lives and should seek ways to incorporate their input. Leaders in an encampment community are valuable partners and can offer information about the culture of the community and can help outreach workers and other providers connect with people and better understand their needs and goals.

- **Continuum of Care Agencies:** Agencies working with the local Continuum of Care (CoC) can provide leadership and guidance based on their expertise in implementing programs and coordinating system-level responses for people experiencing homelessness. The CoC should identify key agencies to participate within the action plan and should determine how coordination among those agencies will be managed. The U.S. Department of Housing and Urban Development (HUD) has an online resource where community leaders can find contact information for the CoC.

- **Other Social Service and Health Care Agencies:** Agencies that are not primarily focused on homelessness, but that serve people who are experiencing homelessness, such as behavioral and physical health care providers, affordable housing providers, or legal aid programs are also important partners and can offer access to data, resources, and expertise.

- **Community Outreach and Engagement Teams**: Outreach teams, case managers, and peer specialists often have relationships with people in encampments, can provide insight into the challenges and realities people are facing, and bring knowledge and experience with effective outreach and engagement strategies.

- **Law Enforcement Agencies**: Law enforcement agencies offer expertise on public safety and the protection of vulnerable individuals. Law enforcement agencies can also clarify policies that impact encampment settings and the charges that people can accrue if they are in violation of a municipal ordinance. In some communities, law enforcement personnel participate as core members of outreach teams, including helping to ensure the safety of outreach personnel. In other instances, law enforcement officials call upon outreach teams for assistance when they encounter people who are experiencing homelessness and are at-risk of arrest. Close coordination and communication between the outreach teams and law enforcement agencies is essential for assuring the safety of staff and of people experiencing homelessness.

- **Local Government Agencies and Officials:**

  - Elected Officials: Elected officials are important leaders in ending homelessness and have an interest in being responsive to citizen concerns about their neighborhoods. Elected officials can take a leadership role in convening stakeholders and can help direct attention and funding toward strategies that will connect people to housing.

  - Planning, Parks and Recreations, and Public Works: Encampments are often located under bridges, next to roads and highways, or on other public lands that a public entity is obligated to monitor and maintain. Staff from such agencies should have information about ownership of the land and security measures currently in place, may have useful information about the site and the people living there, and can offer expertise in sanitation and security once people have been assisted and the site is vacant.

  - Human or Social Services Departments: City and county human services offices likely manage resources and programs that can address homelessness, may have housing and service contracts with a variety of providers in the community, and can recommend nonprofit organizations to help with interventions. These departments may also be able to identify funding and resources to expand outreach efforts or to support the provision of services and housing options.

  - Public Health and Behavioral Health Care Departments: Public health and behavioral health care departments can both play key roles in outreach via public health nurses, doctors, and skilled clinicians. They can also provide education regarding sanitation, health and safety concerns, and available services. Such departments have critical roles to play in the provision of services to people as they access housing and other services, and after they are in permanent housing.

- **Business Leaders**: Businesses may be impacted by encampments, which can motivate them to support effective solutions. Business leaders can leverage their professional affiliations and relationships with the local Chamber of Commerce and other business associations to generate public support and provide resources for programs that are creating lasting solutions.

- **Philanthropic Organizations:** The involvement of private funds in planning efforts may help identify organizations with strong track records of ending homelessness. Some funders may also be interested in supporting expanded, outcomes-focused efforts to create solutions for the issue of people living in encampments within the community.

- **Faith-based Organizations:** Many faith-based organizations are interested in improving the lives of people experiencing homelessness and provide volunteer and financial support to assist the community response. While volunteer efforts, financial contributions, and in kind donations may currently focus on meeting individuals' daily subsistence needs, such organizations may also be seeking opportunities to partner with other organizations to support permanent solutions to homelessness.

- **Advocates:** Advocates can ensure that the voices of people in encampments are being heard, can use their positions to affirm the human need for housing, and can make the case for increased investments in affordable, safe, high-quality housing and services. Advocates can also help research and articulate the impact of counterproductive ordinances that criminalize homelessness.

3. Intensive and Persistent Outreach and Engagement

Outreach and engagement efforts are critical components of any successful plan that addresses the needs of people living in encampments and should be implemented throughout the process. The deployment of cross-disciplinary outreach teams is an important strategy for aiding people to move into permanent housing. Cross-disciplinary teams might include outreach workers, law enforcement, U.S. Department of Veterans Affairs staff, public health, city and county staff that can connect people to benefits, peer specialists, and other trained service providers and volunteers. To ensure success, outreach and engagement teams must have the ability to refer individuals directly to permanent housing opportunities and interim options that can be immediately available.

Key outreach and engagement strategies include:

- **Identify all Members of the Encampment by Name and Implement Ongoing Outreach:** It is important that outreach teams identify every single person living at the site, including collecting necessary demographic data and other relevant information. Information about how many people are living at the site allows the coordinating team to begin to identify the scale of resources that will be needed. By learning about people's histories through an iterative engagement process, outreach workers and case managers can better work with individuals and families to tailor interventions that will lead to the appropriate permanent housing solutions and the right services and supports.

- **Maintain a Consistent Presence in the Encampment:** Outreach workers should maintain a consistent presence at the site so that relationships of trust can be formed, allowing for clear and precise information about the plans and options available for people. This is especially important for engaging people who may not be responding to outreach or who have not accepted the options being offered by providers. Consistent and ongoing outreach and engagement efforts offer individuals multiple opportunities to connect with outreach workers on their own terms.

- **Maintain Honest and Transparent Communication:** Outreach workers and other members of the collaborative action plan should make sure that their communication with people is honest and forthcoming. It is important to be transparent about the process and timelines while at the same time making sure not to over-promise resources, options, or expected outcomes.

- **Identify Leadership from within the Encampment:** Many encampment communities have developed some type of a leadership structure. It is important to include these leaders in the process in order to better understand the needs and goals of people and to foster open and trustworthy relationships between people staying at the site and the agencies and organizations implementing the action plan.

- **Cross-train and Share Information:** Cross-training and sharing information among outreach teams increases the likelihood of success by enabling partners to develop shared responses to both crisis and non-crisis situations. It also provides insight into practices and policies of outreach teams, facilitates coordination of activities, and enhances sensitivity in working with people experiencing homelessness.

- **Link with Housing Search Services:** Outreach workers should partner with housing navigators, housing search specialists, and/or landlord liaisons to help people access appropriate housing opportunities.

4. Provide Low-Barrier Pathways to Permanent Housing

People experiencing unsheltered homelessness, including those who live in encampments, are not uniform in their housing and services needs. Some individuals may be experiencing chronic or long-term homelessness, while others may be encountering their first and only brief experience without housing.

Considerations for providing the range of housing solutions needed include:

- **Apply Housing First Strategies and Practices:** Implementing the proven practice of Housing First will remove unnecessary obstacles, requirements, and expectations so that people can access housing as quickly as possible. Removing as many barriers as possible will help prevent people from being "screened out" of the housing options that are available.

- **Align Activities with the Existing Homelessness Crisis Response and Coordinated Entry System:** Efforts to assist people living in encampments should not stand alone from the community's broader efforts to respond to the crisis of homelessness and effectively reach and serve other people who are unsheltered in the community. It is also important to ensure that living in an encampment does not become the only way to access necessary housing and services. Coordinated assessment, intake, and placement strategies help assure that people are prioritized for and linked to the housing and services interventions that are most appropriate to their needs and will most efficiently end their homelessness.

- **Offer Interim Housing Opportunities and a Clear Path to Permanent Housing:** Permanent housing opportunities cannot always be immediately accessed, so it is important to be able to provide an immediate, interim housing opportunity (which could include shelter, bridge housing, or other temporary arrangements) without barriers to entry while permanent housing and appropriate supports are being secured.

- **Identifying an Adequate Supply of Housing Options:** People will need access to a variety of permanent housing options, including permanent supportive housing, rapid re-housing, and mainstream affordable housing opportunities. People will also need assistance in identifying landlords from whom they can rent units. Public housing authorities and multi-family owners can be recruited and encouraged to establish preferences for people experiencing homelessness. Communities can create risk mitigation pools of funds to help address concerns landlords may have, and service providers can work with landlords to address concerns that may arise.

- **Engage State and Federal Partners:** State and Federal partners may have information and/or resources that can increase availability and access to permanent housing, and there may be opportunities to better align Federal, state, and local funding and programs to provide the pathways into permanent housing more efficiently and effectively.

Conclusion

We want to thank all of the communities that have participated in conversations and written dialogue about this topic and the challenges they face in their efforts to end homelessness for people experiencing unsheltered homelessness and living in encampment communities. It is our hope and intention that this document and the framework presented will advance community-level discussions that will strengthen practices and foster strategies for addressing those challenges. We look forward to continuing to work together to broaden our understanding and share solutions and lessons learned.

For more information, or to share your experiences and perspectives on these issues, please contact the USICH Regional Coordinator who works with communities within your state. You can also learn more about related topics on the USICH website.

Planning Checklist
Ending Homelessness for People Living in Encampments: Advancing the Dialogue

To end homelessness for everyone, we must link people experiencing unsheltered homelessness, including people sleeping and living in encampments[2], with permanent housing opportunities matched with the right level of services to ensure that those housing opportunities are stable and successful. It is only through the provision of such opportunities that we can provide lasting solutions for individuals and communities. Across the country, many communities are wrestling with how to create effective solutions and provide such housing opportunities for people experiencing unsheltered homelessness. This Planning Checklist is intended as an accompaniment to *Ending Homelessness for People Living in Encampments: Advancing the Dialogue*, a framework for developing local action plans in order to aid policy-makers, government officials, and practitioners in developing a thoughtful, coordinated, and collaborative plan to ensure that people living in encampments are linked to permanent housing. More detailed information regarding each of the actions identified here is provided within the full document.

Prepare with Adequate Time for Planning and Implementation

When developing an action plan:

- ☑ **Determine Timing.** Articulate an action plan timeline so residents can determine their options and partners know the timeline for connecting people to housing.
- ☑ **Create Shared Purpose, Intent, and Outcomes.** Develop a common purpose and intent for all stakeholders that enhances collaborative efforts and helps partners identify resources and activities to achieve shared outcomes.
- ☑ **Develop Shared Protocols/MOU.** Create a Memorandum of Understanding that formalizes relationships among stakeholders and delineates protocols.
- ☑ **Create a Communications Plan.** Incorporate a communications strategy on how to interact with the media and respond to questions from community members.
- ☑ **Identify the Land Owner(s).** Consider the needs of the land owner and determine his/her role.
- ☑ **Assess Needs of People Living in the Encampment.** Consistently assess the needs of every person.
- ☑ **Identify Adequate Staffing and Resources.** Based on the projected need, determine how existing housing and services resources can be aligned to connect people to permanent housing.
- ☑ **Plan for Preventing Encampments from Being Recreated.** Create strategies for cleanup measures as well as how the site will be used and/or secured in the future.
- ☑ **Plan for Follow-up Contacts and Tracking Outcomes.** Include strategies for following up with people who have been assisted in order to track outcomes.
- ☑ **Standardize Future Responses.** Develop standardized approaches that incorporate law enforcement policies and agreements with housing providers.
- ☑ **Integrate with the Community's Strategic Efforts to End Homelessness.** Identify lessons that can strengthen the community's overall homelessness crisis response system.

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[2] USICH recognizes that different terms are used for such settings—such as "tent cities"—but has chosen to use "encampments" in this document, while encouraging communities to use whatever language works best locally.

Collaborate Across Sectors and Systems

When developing or expanding a collaborative partnership, engage stakeholders, including:

- ☑ **People Living in Encampments.** To help understand the needs and goals of residents.
- ☑ **Continuum of Care Agencies.** To provide expertise in coordinating system-level responses.
- ☑ **Other Social Service and Healthcare Agencies.** To provide access to data, resources and expertise.
- ☑ **Community Outreach and Engagement Teams.** To help develop the best engagement strategies.
- ☑ **Law Enforcement Agencies.** To coordinate outreach and ensure the safety of all.
- ☑ **Local Government Agencies and Officials.** To help coordinate government resources and action, specifically:
    - ☑ Elected Officials
    - ☑ Planning, Parks and Recreation, and Public Works
    - ☑ Human or Social Services Departments
    - ☑ Public Health and Behavioral Health Care Departments
- ☑ **Business Leaders.** To leverage professional relationships to generate support and resources.
- ☑ **Philanthropic Organizations.** To involve private funders that have interest in ending homelessness.
- ☑ **Faith-based Organizations.** To provide volunteer and financial support.
- ☑ **Advocates.** To ensure that the voices of people in encampments are heard and raise other concerns.

Perform Intensive and Persistent Outreach and Engagement

Implement outreach and engagement efforts throughout the process, including:

- ☑ **Identifying All Members of the Encampment By Name and Implement Ongoing Outreach.** Having a full understanding of the population is important to scale resources and tailor interventions.
- ☑ **Maintaining a Consistent Presence in the Encampment.** Devote adequate time and resources to ensure trusting relationships are being developed with residents.
- ☑ **Maintaining Honest and Transparent Communication.** Transparency about the process and timelines ensures trusting relationships are formed.
- ☑ **Identifying Leadership from within the Encampment.** Include such leaders in the process in order to better understand the needs and goals of people and to strengthen relationships.
- ☑ **Cross-Training and Sharing Information.** Sharing information among outreach teams increases success by enabling partners to develop shared responses to both crisis and non-crisis situations.
- ☑ **Linking with Housing Search Services.** Outreach workers should partner with housing navigators, housing search specialists, and landlord liaisons to help people access housing.

Provide Low-Barrier Pathways to Permanent Housing

To provide a range of housing solutions, consider:

- ☑ **Applying Housing First Strategies and Practices.** Remove obstacles, requirements, and expectations so that people can access housing as quickly as possible.
- ☑ **Aligning Activities with the Existing Homeless Crisis Response and Coordinated Entry System.** Coordinated entry assures people are prioritized for and provided housing and services that meet their needs.
- ☑ **Offering Interim Housing Opportunities and a Clear Path to Permanent Housing.** It is important to provide immediate, interim housing without barriers to entry while permanent housing is being secured.
- ☑ **Identifying an Adequate Supply of Housing Options.** People will need access to a variety of housing options, including permanent supportive housing, rapid re-housing, and mainstream affordable housing.
- ☑ **Engaging State and Federal Partners.** Identify opportunities to align Federal, state, and local funding and programs to provide pathways to permanent housing.

ACT 212, SAFE ZONES WORKING GROUP

- Overview of Legal Tent Encampments
  - Camp Kikaha
  - Opportunity Village
  - Nickelsville
  - Camp Hope

- Overview of local Navigation / Assessment Centers
  - Family Assessment Center
  - Hale Mauliola

Name (Location)	Number of Residents	Monthly or Annual Cost	Type of Housing	Services Provided	Role of Government	Other Notes
Camp Kikaha (Kona)	25-30	• Monthly Cost: $21,207 • Annual Cost: $254,484 • Per person: $706 to $848 mo.	Tents	• None directly on site, but access to social services at Hope Services' homeless resource center	• County-owned land. • County funding 100% of operational costs.	
Opportunity Village (Eugene, Ore.)	30-35	• Monthly Cost: $3,750 • Annual Cost: $45,000 • Per person: $107 to $125 mo.	30 tiny houses (60-80 square feet each)	• None on site, but partnerships with existing service providers (human services, crisis management, domestic violence, food pantry, etc.)	• City-owned land leased to nonprofit for $1/year	• Self-governed community • 10 volunteer hours required per resident weekly
Nickelsville-Ballard (Seattle)	25-30	• Monthly Cost: $11,862 • Annual Cost: $142,351 • Per person: $395 to $474 mo.	12 tents, 5 tiny houses	• Nickelsville partners with Low Income Housing Institute (LIHI) to provide housing referral services • LIHI also provides on-site information and referral services, employment counseling, and assists residents in applying for housing and services	• In 2015, city passed an ordinance allowing creation of three tent or tiny house villages • Per agreement village can stay in one location for only up to 2 years	• Self-managed community (residents elect leadership and other positions) • 24-hour security <u>Metrics</u> • 34% exits to housing (26 out of 77 people) • 65% stayed longer than 60 days — with 20% staying longer than 180 days.
Camp Hope (Las Cruces, N.M.)	50 individuals (no families or children allowed)	• Monthly Cost: $666 • Annual Cost: $8,000 • Per person: $160 mo.	Tents (Zoning rules forbid structures without sprinklers)	• None on property, but Mesilla Valley Community of Hope provides restrooms, showers and social services nearby (health care, housing, financial solutions)	• Encampment is on city-owned property	• Self-governed community • No time limit on stays • Residents required to perform 6 hours of service weekly • Funding provided by the community.

CAMP KIKAHA
KONA, HAWAII (COUNTY OF HAWAII)

- 25-30 people
- $21,207 monthly operating cost ($706 to $848/person)
- Located on County property
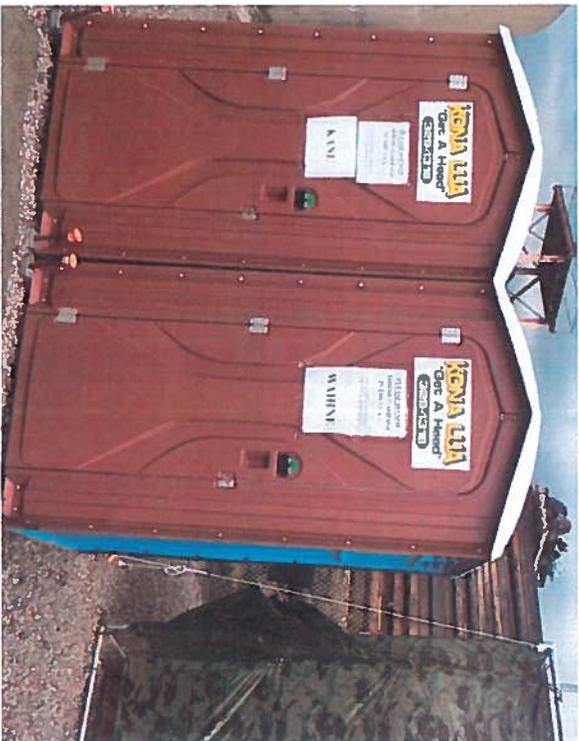
Sanitation Facilities

- Two portable toilets
- Outdoor Shower
- Sink
- Trash pick up is provided in-kind

Total Monthly Operating Cost – Camp Kikaha:

Item	Monthly Cost
Homeless Specialist	$ 4,316
Security (Started with 1 security 24/7 = $15,372/ mo Hours were recently cut back by 11 hrs. per wk = $14,433/ mo	$14,433
Portable Toilets (2 at campsite) (cleaned out 2x a week.	$ 1,458
Trash Pick up was $400 / mo. Just arranged for P and R to pick up rubbish	0
Supplies and Food (much is donated)	$ 1,000
Total:	$21,207.00

OPPORTUNITY VILLAGE

EUGENE, OREGON

- 30 people
- $750 monthly operating cost ($107 to $125/person)
- Located on City owned land ($1 per year lease)

NICKELSVILLE

SEATTLE, WASHINGTON

- 25-30 people
- $3,750 monthly operating cost ($107 to $125/person)
- Partnership with a nonprofit organization
- City passed ordinance allowing establishment of tent or tiny home villages for a limited period of time.

CAMP HOPE
LAS CRUCES, NEW MEXICO

- 50 people
- Partnership with a nonprofit organization
- Located on City-owned property
- Utilizes primarily tent structures

Comparison of Costs for Two Local Assessment/Navigation Centers

Name (Location)	Number of Residents	Monthly or Annual Cost	Type of Housing	Services Provided	Role of Government	Other Notes
Family Assessment Center	50	• Monthly Cost: $56,416 • Annual Cost: $677,000 • Per person: $1,128 mo.	Warehouse – Cubicles	• Housing-focused case management • Partnership with other service providers (e.g. PID, KPHC, DOE, DOH, etc.)	• State-owned facility. • State funds 100% of operating costs.	• 93% placement rate (39 out of 42 households) • 79-day average length of stay (intake to exit) • 24-hour staffing, no security Total persons served: 160
Hale Mauliola	87	• Monthly Cost: $81,666 • Annual Cost: $980,000 • Per person: $938 mo.	25 refurbished shipping containers – divided into 39 individual units and 24 two-person units	• Housing-focused case management • Referrals provided to other social service programs.	• State land, leased to City • City funds 100% of operating costs.	• 62% placement rate (96 out of 154 people) • 35% stayed longer than 60 days — with 4.5% staying longer than 180 days. • 24-hour security and staffing Total persons served: 154

Plan of the Hawaii Interagency Council on Homelessness

I. Goal 1: Retool the Homeless Crisis Response System
    a. Objective 1: Refocus homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing
        i. Strategy 1: Promote best practices for crisis response programs (e.g., transition in place, prevention of homelessness, and rapid re-housing)
        ii. Strategy 2: Use mainstream resources to provide housing stabilization assistance
        iii. Strategy 3: Develop implementation strategies for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that sustain best practices
        iv. Strategy 4: Increase number and diversity of community stakeholders
        v. Strategy 5: Review and develop strategies which assist homeless non-residents in accessing the most appropriate resources
        vi. Strategy 6: Continue to support the State-wide outreach network which engages and identifies unsheltered homeless persons (see Hawai'i's Homeless Assistance Act)
        vii. Strategy 7: Develop and implement a comprehensive plan of education and communications for the general public and organizations such as, Neighborhood Boards, to facilitate community understanding and engagement on homelessness
    b. Objective 2: Ensure that all critical services are prioritized for funding
        i. Strategy 1: Conduct fiscal mapping study for all services which address homelessness
        ii. Strategy 2: Based on the fiscal mapping study, develop a comprehensive revenue plan which includes federal, state, counties, service providers, business community, philanthropic organizations, and the faith community
    c. Objective 3: Ensure that all information systems are appropriately integrated to improve effectiveness and efficiency of service provision to those who are homeless and to better support providers who serve the homeless
        i. Strategy 1: Identify ways to track those who are homeless through various service systems to establish baseline cost utilization, e.g., improve linkages between HMIS and various data systems

  ii. Strategy 2: Track service effectiveness and cost savings resulting from coordination of outcome oriented interventions

II. Goal 2: Increase Access to Stable and Affordable Housing

 a. Objective 4: Create and preserve affordable housing for people at 50% and below of area median income

  i. Strategy 1: Support additional rental housing subsidies through federal, state, local, and private resources

  ii. Strategy 2: Expand the supply of affordable rental housing where they are most needed through federal, state, local and private efforts, and partnerships

 b. Objective 5: Create and preserve permanent supportive housing options for people who are homeless and have special needs, e.g., mentally ill, medically frail, physically disabled, elderly, released offenders and substance affected

  i. Strategy 1: Improve access to and use of supportive housing by encouraging prioritization and matching people with appropriate levels of support to prevent or escape homelessness

  ii. Strategy 2: Expand the supply of permanent supportive housing through federal, state, local, and private resources

 c. Objective 6: Improve access to government-funded affordable housing by eliminating barriers

  i. Strategy 1: Review government policies and practices in government funded affordable housing (including Hawaiʻi Public Housing Authority- HPHA) which impact eligibility and eviction

  ii. Strategy 2: Coordinate with HPHA to prepare new tenants for public housing and promote the transition of people in public housing to other forms of permanent housing in order to improve access for others in need

  iii. Strategy 3: Streamline administrative processes in order to place tenants into public housing as quickly as possible

III. Goal 3: Increase Economic Stability and Self-sufficiency

 a. Objective 7: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

  i. Strategy 1: Ensure that job development and training programs include opportunities for people who are experiencing or most at risk of homelessness

  ii. Strategy 2: Review government program policies, procedures, and regulations to identify and remove barriers and improve access to employment (e.g., criminal history barriers)

      iii. Strategy 3: Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce

      iv. Strategy 4: Improve coordination and integration of employment programs with homeless assistance programs, victim assistance programs, and housing and permanent supportive housing programs

      v. Strategy 5: Develop job opportunities appropriate for a range of homeless individuals

  b. Objective 8: Improve access to appropriate mainstream programs and services to reduce people's financial vulnerability to homelessness

      i. Strategy 1: Promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness

      ii. Strategy 2: Review state program policies, procedures, and regulations to identify and remove barriers and improve access to income support

      iii. Strategy 3: Coordinate with a variety of agencies - federal and state - to ensure that those who are homeless and those at risk of homelessness receive available and adequate services and/or benefits

      iv. Strategy 4: Coordinate with a variety of agencies, State and Federal, to promote employment among released offenders

IV. Goal 4: Improve Health and Stability

  a. Objective 9: Integrate primary and behavioral health care services with homeless assistance programs and housing

      i. Strategy 1: Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing

      ii. Strategy 2: Seek opportunities to establish medical respite programs (transition program for the medically fragile) to accommodate people being discharged from hospitals experiencing homelessness with complex health needs

      iii. Strategy 3: Increase availability of and accessibility to health services for special populations (e.g., co-occurring disorders including mental illness, substance abuse, developmental disability, and medical frailty)

       iv. Strategy 4: Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families

       v. Strategy 5: Increase accessibility and availability of health services in rural and underserved areas

      vi. Strategy 6: Identify more accessible resources for dental care and promote utilization.

     vii. Strategy 7: Create specialized service packages for community re-entry for populations such as families, veterans, disabled, youth aging out of systems, mentally ill offenders, and sex offenders so the individual does not revert back to harmful behaviors especially after successful discharge from substance abuse treatment

b. Objective 10: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

       i. Strategy 1: Establish arrangement to provide for reporting of Department of Human Services and Office of Youth Services efforts (youth aging out of foster care and youth aging out of juvenile justice system, respectively) to the HICH

      ii. Strategy 2: Have Hawai'i Continua of Care revisit Transition Age Youth (TAY) task force recommendations and prioritize actions

c. Objective 11: Advance health and stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system

       i. Strategy 1: Improve discharge planning from medical centers, emergency departments, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work support, and health coverage prior to discharge

      ii. Strategy 2: Promote targeted outreach strategies to identify the most vulnerable homeless people and connect them to the housing and support they need

     iii. Strategy 3: Increase the number of jail diversion programs that are linked to housing and support
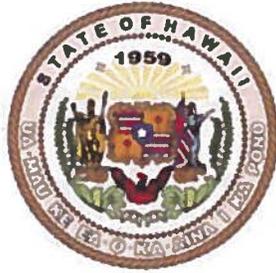
Pressing the Levers of Change:

Hawai'i State Framework to Address Homelessness
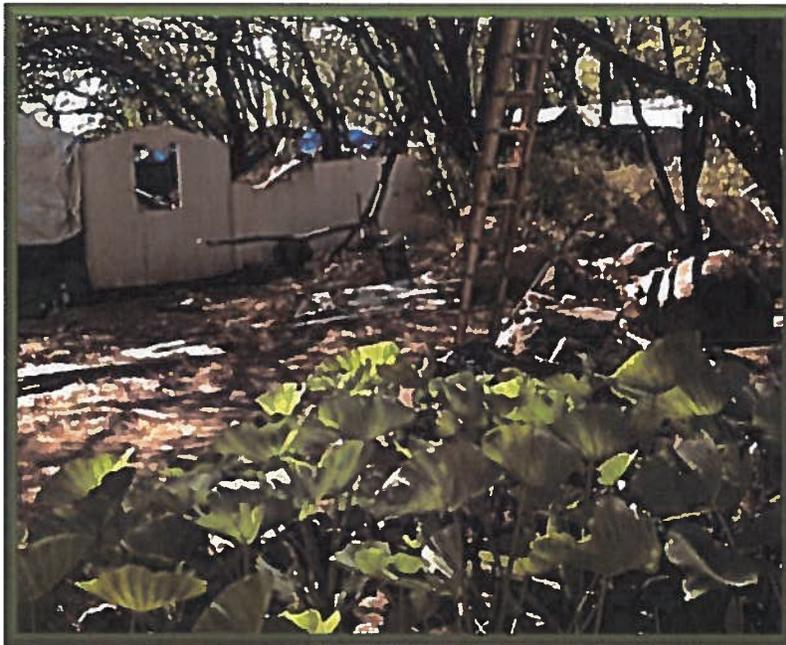
Executive Chambers
Hawai'i State Capitol
415 S. Beretania Street
Honolulu, HI 96813

GOVERNOR DAVID IGE'S PRIORITIES FOR HAWAI'I

OUR VISION

To have a state government that is honest, transparent and responsive to its citizens.

OUR MISSION

To change the trajectory of Hawai'i by restoring faith in government and establishing the Hawaiian Islands as a place future generations choose to call home.

Effective, Efficient, and Open Government: Restore the public's trust in government by committing to reforms that increase efficiency, reduce waste, and improve transparency and accountability.

Housing: Build homes that people can afford, including rentals, to address the needs of those entering the work force. Renovate the state's public housing facilities. On O'ahu, identify state lands near transit stations for housing, employment centers, daycare, senior centers, and community facilities.

CORE VALUES

Our core values are centered on collaboration and integrity, guiding the state's new trajectory.

Aloha: We treat everyone with dignity, respect and kindness, reflecting our belief that people are our greatest source of strength.

Kuleana: We uphold a standard of transparency, accountability and reliability, performing our work as a government that is worthy of the public's trust.

Laulima: We work collaboratively with business, labor and the community to fulfill our public purpose.

Kūlia: We do our very best to reflect our commitment to excellence.

Pono: We strive to do the right thing, the right way, for the right reasons to deliver results that are in the best interest of the public.

Lōkahi: We honor the diversity of our employees and our constituents through inclusiveness and respect for the different perspectives that each brings to the table.

Ho'okumu: We continually seek new and innovative ways to accomplish our work and commit to finding creative solutions to the critical issues facing this state.

TABLE OF CONTENTS

INTRODUCTION

The Hawaiʻi State framework to address homelessness is based upon 'Ohana Nui, a multigenerational approach that invests early and concurrently in children and families to improve health, education, employment, and other outcomes. Concurrently and in alignment with 'Ohana Nui, the State strategically presses on three levers to address homelessness: *Affordable Housing, Health & Human Services,* and *Public Safety.*

In 2015, Governor Ige established the Leadership Team on Homelessness to align efforts to address homelessness at all levels of government.

Scope of homelessness.

Hawaiʻi has the highest rate of homelessness among the 50 states with the number of homeless people in the islands increasing steadily over the past five years. According to the United States Department of Housing and Urban Development (HUD), the total point-in-time count of people experiencing homelessness in Hawaiʻi was 6,188 in 2011 and 7,620 in 2015, a 23% increase during that time period.[1] The increase is especially alarming for the neighbor islands, which saw a 39% increase during this same period. The increase in homelessness is not only reflected in numbers, but it is visible on the streets and sidewalks of Honolulu, where tent cities have become almost commonplace.

Building on past efforts.

Homelessness has long been an issue in our state. In 2012, the Hawaiʻi Interagency Council on Homelessness (HICH) adopted a Strategic Plan to End Homelessness, which was implemented over the past four years. The 2012 plan began to re-tool the crisis response system for homelessness in Hawaiʻi, and streamline the referral process through the adoption of a common assessment form by homeless service providers. Governor Ige and his administration are building upon the strong foundation of the 2012 HICH plan and other previous plans – both government and nongovernment in origin – to move Hawaiʻi forward in a way that is pono (Hawaiian for good, upright, righteous, correct, or proper).

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[1] U.S. Department of Housing and Urban Development. *CoC Homeless Populations and Subpopulations Reports.* Available at: https://www.hudexchange.info/manage-a-program/coc-homeless-populations-and-subpopulations-reports/. Accessed April 23, 2016.
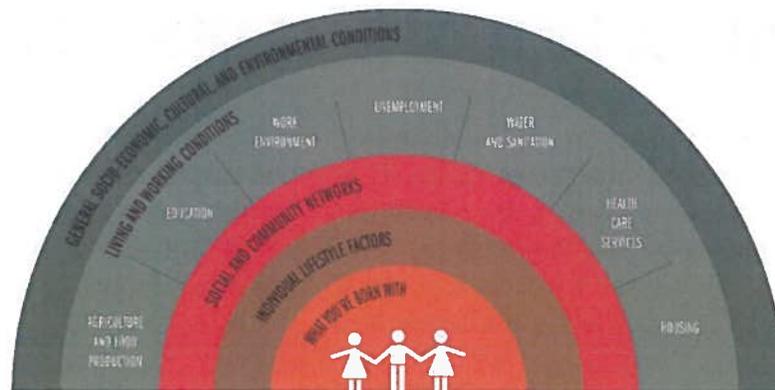
The social determinants of health represent the variety of different factors – including education, wrok environment, health care, and housing – that impact a family's well-being.

'Ohana Nui: Addressing the social determinants of health.

To address homelessness, we must address the root causes or social determinants of health (e.g. food, housing, employment, healthcare, education, safety, and living work/environments) to improve outcomes. When these root causes are addressed, the greatest return on investment is in children ages zero to five years because research shows that living in toxic stress situations impact early childhood brain development, and health throughout the lifespan. Integrating 'Ohana Nui into the State framework for homelessness addresses Governor Ige's priorities of investing in families; improving government efficiencies; ensuring that the community comes first; and bringing aloha to everything we do.

Identifying a Housing First system as our goal.

Across the country, **Housing First** has become a common goal. This refers to a systemic and evidence-based approach that addresses a homeless person's basic needs by placing them into permanent housing as quickly as possible and providing appropriate supports to maintain housing over time. The strategies outlined in this framework provide a roadmap to establishing a Housing First system over the next four years, and focuses on three critical lever points: *Affordable Housing, Health and Human Services, and Public Safety.* No lever by itself can resolve our current homeless crisis; but, by pressing on all three levers simultaneously, Hawai'i will focus attention on the root causes of homelessness and see measurable results.

Conclusion.

Over the next four years, the aim is to reverse the number of people teetering on the edge of homelessness, keep public spaces safe and open, and provide a clear path out of homelessness for those experiencing it. However, this framework is intended to be a living, breathing document with enough elasticity to allow for refinements and to incorporate continuous comment and feedback from the community.

THE GOAL: A HOUSING FIRST SYSTEM

By 2020, Hawai'i will transition to a **Housing First** system that connects people experiencing homelessness with the opportunity to move quickly into permanent housing. Following housing placement, supportive health and human service programs are offered to promote housing stability and well-being. Participation in these services is voluntary and not time limited. Research based experience shows that Housing First policies and practices are successful in reducing homelessness.

Benchmarks to achieving a Housing First system.

Today, Hawai'i does not have the capacity to house and assist the estimated **7,620** individuals without a home on a given night. Successful implementation of Housing First on a system-wide scale should result in significant progress. The goal is for Hawai'i to reach the point described as **functional zero**. Reaching functional zero does not mean there will be zero homelessness, but indicates that a community has an adequate supply of housing units and the appropriate types of interventions in place to rapidly respond to any person who is experiencing homelessness.

What is functional zero?

For the purposes of this plan, functional zero is defined as a point where:

- Hawai'i has **sufficient housing** for the number of homeless people; and

- Hawai'i has **appropriate services** to transition homeless people to permanent housing, regardless of their level of need.

Does achieving functional zero mean there will be no homelessness?

No. History tells us that additional people will fall into homelessness for a variety of reasons, from economic factors to mental illness, and family conflict. Achieving functional zero means that Hawai'i has the full capacity and resources needed to connect people to shelter or permanent housing.

What is a sufficient level of resources to address the need?

According to data from the U.S. Department of Housing and Urban Development (HUD) 2015 Point in Time Count and Housing Inventory Count, Hawai'i currently has an estimated **1,898** more homeless people than bed spaces available in our continua of care.[2] This means that we lack the resources to house nearly three out of every four

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[2] U.S. Department of Housing and Urban Development. *HUD 2015 Continuum of Care Housing Assistance Programs, Housing Inventory Count Report.* Available at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_HI_2015.pdf. Accessed April 22, 2016.

people (24.9%) that comprise the estimated homeless population. By 2020, we intend to close this gap.

<table>
<tr><td align="center"><u>Today (2016)</u></td><td align="center"><u>Future (2020)</u></td></tr>
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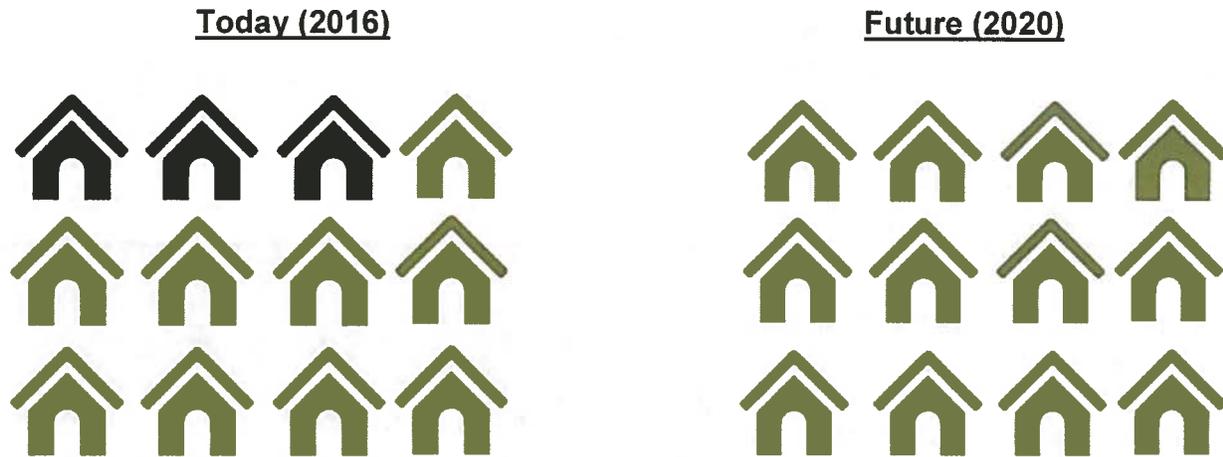
The darkened homes indicate a lack of available bed spaces for the estimated homeless population. Currently, our community lacks resources for nearly one-fourth of the population. By 2020, Hawaiʻi intends to address this resource gap by adding appropriate resources to our system.

More than adding beds: A system to place individuals on the right path.

Building capacity for Housing First is not simply about adding more beds in shelters or housing units to the inventory. For many homeless people, the current system is an overwhelming maze. We need navigators – outreach workers and case managers – to connect homeless people to appropriate resources that address individual, unique needs. Efficiency delivery of services by highly competent and compassionate people – from both government and private organizations – is an essential piece of the Housing First system.
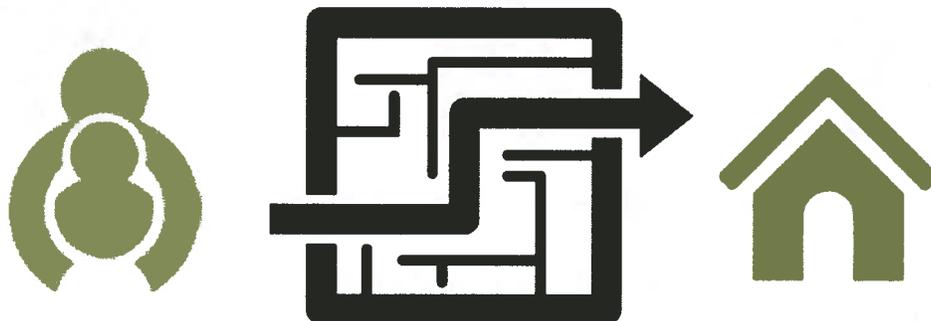
There are a wide range of resources to assist people experiencing homelessness, which can often feel overwhelming. By emphasizing housing navigation and outreach services, and targeting resources appropriately to address individualized needs, Hawaiʻi will streamline access to permanent housing to quickly transition homeless people from the streets to a home. The goal by 2020 is to connect people directly to the most appropriate resource, as reflected in the diagram above.

THREE LEVERS OF CHANGE

To move Hawai'i to a **Housing First** system by 2020, we have identified three levers of change – specific areas where a continued and focused effort will result in a transformation from today's current state of emergency.

The three levers, illustrated to the right, represent the essential building blocks that create capacity and effectively connect people who are experiencing homelessness to housing and services. They are:

- **Affordable Housing**
- **Health & Human Services**
- **Public Safety**

Affordable Housing
Build more permanent housing and maximize the use of rental subsidies and vouchers to better utilize existing inventory.

Health & Human Services
Implement data-driven and evidence-based services that emphasize permanent housing placement.

Public Safety
Coordinate law enforcement and human service efforts to quickly transition unsheltered persons in encampments to permanent housing.

Each lever consists of concrete, measurable actions that will be taken over the next four years.

Building a Housing First system for all of Hawai'i.

The following action steps are critical to implementing the three levers of change.

(1) Affordable Housing

Build new housing and increase access to existing housing.

(2) Health & Human Services

Provide appropriate supports to link homeless persons to homes.

(3) Public Safety

Maintain public safety, while keeping a focus on housing as the end goal.

Left to Right: Outreach workers conduct assessments at a local homeless encampment; A woman packs up her belongings in preparation to move to a homeless shelter; and staff at a homeless emergency shelter complete an intake with homeless families, which includes the development of a plan for permanent housing.

Three levers in action: Homeless in the morning, housed by evening.

While there is no silver bullet for breaking the cycle of homelessness, there is overwhelming evidence that the three levers of change work. The practical application of policies in three specific areas: affordable housing, health and human services, and public safety, changes lives.

"Roy" had been living in a makeshift encampment on Sand Island for many years.[3] His life changed following the coordinated actions of human service personnel, public safety officers and a housing provider. In March 2016, the state coordinated closely with outreach workers who entered the encampment to assess each person's situation and identify the most appropriate resource to connect them to housing. For several weeks, the outreach workers built trust and rapport with the people living in the camp, and it paid off. When the Department of Land and Natural Resources moved in to enforce no-camping rules, two men from the encampment accepted help from the outreach workers. One of those men was Roy. He was immediately sheltered at the nearby Hale Mauliola facility, provided support services, and is now on the path to permanent, stable housing.

Roy's family members had been looking for him for some time, and because he was stably sheltered at Hale Mauliola, he was able to reconnect with his family. Had it not been for the three levers of change: affordable housing, health and human services, and public safety, Roy and the other man who accepted help that day would still be unsheltered.

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[3] Roy is a pseudonym. He provided permission to share his story.

LEVER ONE: Affordable Housing

To fully implement a Housing First system, Hawai'i must build more affordable housing and maximize use of existing inventory. To achieve this, the full process of housing development – which typically lasts several years – has been closely examined. Key points have been identified where there are opportunities to accelerate productivity. In addition, the groundwork has been firmly established to engage landlords to rent to low-income and Section 8[4] renters to increase the use of alternative housing across the state.

Action steps to lever change.

In November 2015, a landlord summit brought together over 150 landlords to address the needs of homeless individuals.

+ **Engage landlords.**
  When it comes to homelessness, most people want to help, but don't know how. One key group that can help are landlords. Landlord summits – where landlords learn about the benefits of offering their properties to low-income renters – will be convened in every county in close partnership with service providers.

+ **Streamline rules and processes.**
  Getting eligible residents into permanent, stable housing can sometimes be needlessly delayed by red tape and duplicative processes. In recognition of this, State housing agencies (e.g. Hawai'i Housing Finance and Development Corporation, Hawai'i Public Housing Authority, etc.) will coordinate rule changes to improve continuity and consistency in eligibility criteria.

+ **Align State-County development efforts.**
  Partnerships between the state and counties can accelerate housing development to better meet the needs of our housing continuum. While the state can provide gap financing[5] for housing development, the counties can shape policy regarding urban planning and infrastructure development. In particular, Transit Oriented Development (TOD) on Oahu provides increased opportunities for public-private partnerships to develop rental inventory in Honolulu's urban corridor.

+ **Maximize financing opportunities for development.**
  Building housing requires significant financial resources, which will include a mixture of public and private funds. Housing agencies will work together to leverage funding from multiple streams, including the Low-Income Housing Tax Credits, Rental Housing Revolving Fund, and Dwelling Unit Revolving Fund.

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[4] Section 8 refers to the Housing Choice Voucher Program. More detail is provided in the Key Terms and Definitions section of this plan.
[5] Gap financing typically refers to various federal, state, and local subsidies that are intended to close the gap in financing for affordable housing development projects, which are not covered by a standard loan.

Monitoring progress.

There are clear and measurable objectives to track our progress, as Hawai'i addresses this lever of change:
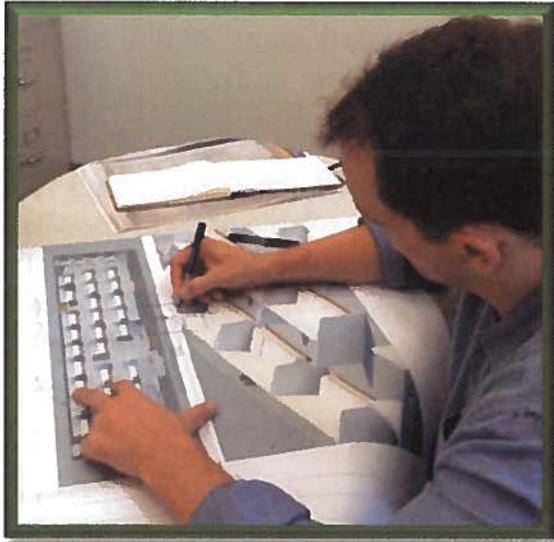
Volunteer Russell Wozniak lends his time and energy to assist with design for a new Family Assessment Center in Kakaako.

⬇ Short-term objective (Now).
A landlord summit will be convened in every county to increase the number of landlords working together to help solve homelessness.

⬇ Medium-term objective (2018).
State housing agencies will align rules and processes in order to streamline housing development, and to ease access to affordable housing inventory.

⬇ Long-term objective (2020).
A total of 10,000 new housing units will be developed by 2020.

Collaboration: A key to success.

An "all-of-the-above" approach is required to meet our goal of 10,000 new housing units by 2020. This requires all government departments working together with each other, as well as with private sector partners, to achieve success.

For example, Russell Wozniak, a local engineer and architect designer, lends his volunteer time and energy to assist with the design and construction of a Family Assessment Center in Kaka'ako, which will add capacity to house families with minor children in the Honolulu urban core. Mr. Wozniak is just one example of how private sector volunteers are engaged to move forward this important work.

State Departments and Agencies Addressing Lever One

- Hawai`i Housing Finance and Development Corporation

- Hawai`i Community Development Authority

- Hawai`i Public Housing Authority

- Department of Hawai'ian Home Lands

- Department of Human Services

- Office of Planning

The case for more housing.

As an island state, Hawai'i has a limited supply of housing, with a significantly small amount of affordable housing. Over the years, affordable housing has not grown in proportion to the population. According to an April 2015 study, the projected demand over the next decade (2015 to 2025) is approximately 64,700 to 66,000 housing units.[6] More immediately, it has been estimated that Hawai'i currently needs about 28,000 additional housing units, with low-income households making up two-thirds of that demand.[7] This leaves low-income residents with few, if any, choices.

For homeless persons, the housing shortage can be insurmountable. According to the HUD 2015 Housing Inventory Count, Hawai'i has only 5,722 available beds to specifically accommodate homeless persons, compared to an estimated homeless population of 7,620.[8] Not only is this number insufficient to meet the current number of homeless persons, but the majority of these beds are for emergency shelter or transitional housing, rather than permanent housing.

No. of Homeless Persons vs. Available Beds (2011 – 2015)

2015:
1,898 more homeless persons than beds

— No. of Homeless Persons
— No. of Shelter, Rapid Re-Housing, and Permanent Supportive Housing Beds
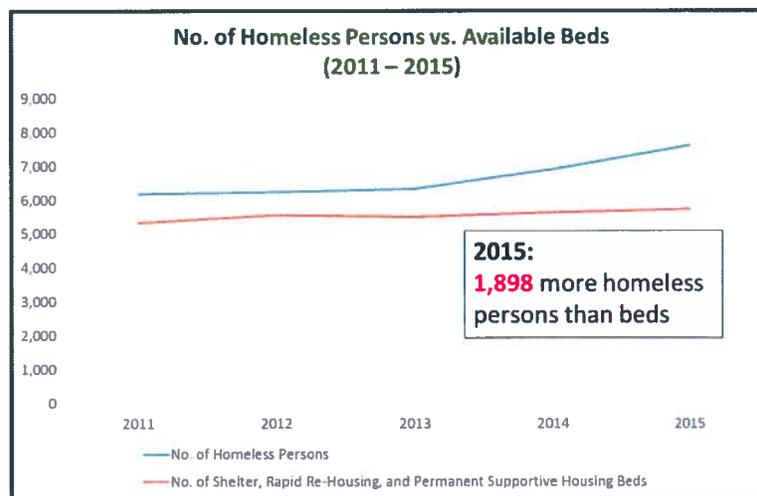
The chart above shows homeless population and bed count data for the past five years, which underscores the fact that homeless persons have far outpaced the number of available beds, and the gap is growing ever larger. To close this gap, Hawai'i will increase production of affordable housing inventory, and better maximize existing inventory through landlord recruitment efforts. Additionally, Hawai'i will focus on converting temporary shelter space into permanent housing in order to create long-term housing solutions for those most in need. This focus on permanent housing takes place with the knowledge that there will always be a need for emergency shelter in our continuum, and it is a critical part of the overall response to homelessness.

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[6] Hawai'i Department of Business, Economic Development, and Tourism. *Measuring Housing Demand in Hawai'i 2015-2025.* April 2015, p. 3.

[7] Dayton, K. "Three issues set to dominate coverage as year unfolds." *Honolulu Star-Advertiser,* January 1, 2016.

[8] U.S. Department of Housing and Urban Development. *HUD 2015 Continuum of Care Housing Assistance Programs, Housing Inventory Count Report.* Available at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_HIC_State_HI_2015.pdf. Accessed April 22,, 2016.

Projects underway to meet housing demand.

To begin to remedy Hawai'i's housing situation, Governor Ige has established a goal of building 10,000 new housing units over the next four years – of which **6,851 new housing units** are already under way.   This number includes 3,738 new rental units statewide, which will be completed with the assistance of state funding and support through the Rental Housing Revolving Fund and other financing tools.[9]

Maui
TOTAL: 46 new housing units

Kauai
TOTAL: 30 new housing units

Oahu
TOTAL: 6,313 new housing units

Hawaii Island
TOTAL: 462 new housing units
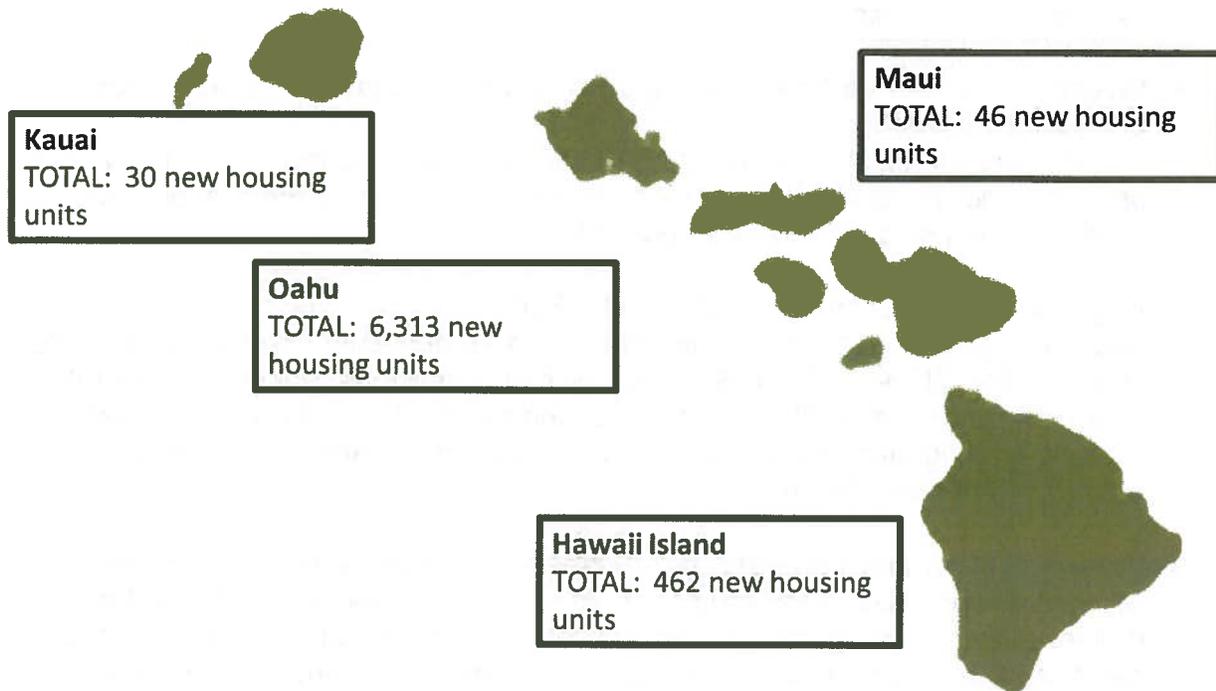
As another way to spur additional housing production specifically for homeless persons, Governor Ige issued an emergency proclamation in October 2015, which enabled a number of county-funded housing projects to come online more quickly.   In particular, a 32-unit permanent supportive housing project in West Hawai'i (Kona) is expected to be completed in the fall of 2016 – ahead of schedule. The proclamation also slashed the development time for three additional Oahu projects – bringing an additional 52 units, dedicated specifically for homeless persons, on the market up to a year ahead of schedule.

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[9] State housing agencies, including the Hawai'i Housing Finance and Development Corporation, Hawai'I Community Development Authority, Hawai'i Public Housing Authority, and the Office of Planning compiled a listing of projects that have either requested state funding or assistance, and does not include units financed by the private sector.

LEVER TWO: Health & Human Services

To address the root of homelessness, there must be support for vulnerable homeless persons and their families. Hawai'i is implementing best practice approaches for services that move homeless persons quickly into permanent housing, and monitoring the results of these services.

Action steps to lever change.

- **Invest in evidence-based programs that emphasize rapid entry into permanent housing.**
  Invest in programs, such as Housing First and rapid re-housing, which have been proven effective, and place a clear focus on moving homeless persons into permanent housing as quickly as possible.

- **Align contracts for Health and Human Services.**
  Align contracts and services of the Departments of Health and Human Services, including the Office of Youth Services, with similar efforts funded by Federal and local government, as well as privately funded efforts. This will enable leveraging of multiple funding streams, and ensure that government and private resources are utilized in an efficient manner.

- **Establish clear and consistent performance metrics across all contracts.**
  All existing contracts to service providers will be reviewed with clear performance metrics to monitor progress. Homeless service providers shall be required to input client and program information into the Homeless Management Information System (HMIS) database for a more visible, transparent way to track the success of various programs and their impact on the homeless population.

- **Leverage mainstream resources (e.g. Medicaid, TANF, SNAP, etc.) to provide support services for clients.**
  Make the necessary policy and rule changes to allow service providers to utilize mainstream resources and funding – such as Medicaid – for supportive services (e.g. case management, and move-in assistance). By better leveraging these funding streams, Hawai'i will bring permanent supportive housing programs, such as the state Housing First program, in alignment with the actual need.

- **Convert transitional housing to permanent housing.**
  Work together with homeless service providers to identify transitional housing facilities that can be converted to permanent housing, while allowing homeless households to transition in place. This will increase housing inventory in the community, result in increased cost-efficiencies, and reflect alignment with federal strategies emphasizing permanent housing services.

+ **Ensure that job development and training programs include opportunities for those who are experiencing or are most at risk of homelessness.**
Homeless services will include a focus on job development and training programs, which support economic self-sufficiency. The Department of Labor and Industrial Relations (DLIR), and the Department of Human Services (DHS), will work together to integrate job training and employment programs together with shelter, outreach, and other homeless services.

+ **Integrate primary and behavioral health care services with homeless services and housing.**
Health care and housing are intrinsically linked. Housing has been demonstrated to improve health outcomes for individuals with physical and behavioral health concerns. Homeless services will focus on housing, as well as supportive services, to address health-related concerns.

+ **Strengthen Coordinated Entry for services.**
Work together with homeless service providers to streamline referrals and access to housing services and support. As new programs and services are added to the Continuum of Care for homeless services, the coordinated entry system[10] should adapt to ease connection to these additional services.

State Departments and Agencies Addressing Lever Two

- Department of Human Services

- Department of Health

- Department of Labor and Industrial Relations

- Office of Youth Services

- Office of Community Services

- Department of Education

Monitoring progress.

These actions will achieve the following key objectives:

+ *Short-term objective (Now).*
Issue a new Request for Proposals for state homeless contracts, which are coordinated, performance-based, and focused on permanent housing.

+ *Medium-term objective (2018).*
Maximize efficiency by utilizing Medicaid and other funding streams for permanent supportive housing.

+ *Long-term objective (2020).*
Reduce the number of unsheltered homeless persons to Functional Zero by 2020 for specific sub-populations.

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[10] Provisions in the Continuum of Care program interim rule, 24 CFR 578.7(a)(8), require that CoCs establish a Coordinated Entry System, also referred to as a Centralized or Coordinated Assessment System. More detail is provided in the Key Terms and Definitions section of this plan.

The Coordinated Statewide Homeless Initiative: A new model of service delivery.

Homelessness is an issue that no single organization can solve alone. Employing an "all hands on deck" approach, the State recently entered into a unique public-private partnership with Aloha United Way (AUW).

The partnership, administered through the Department of Human Services, is focused on bringing resources and relief to those in need through short-term rental assistance, rapid re-housing, homeless intervention and prevention. The arrangement streamlines community access to a wide range of programs aimed to break the cycle of homelessness. The partnership includes the following components:

- *Rapid re-housing and homelessness prevention.*
  Over $4.6 million will be deployed to community agencies in every county through a contract with AUW.   The funding will be used to provide up to three months of financial assistance to rapidly re-house homeless individuals and families, as well as to prevent at-risk households from falling into homelessness.

- *Housing coordination center.*
  The partnership will also invest in the 2-1-1 hotline to quickly link those in need with appropriate housing and homeless services, and will better coordinate access to services for both the person in need and the agency providing service. Without this level of coordination, individuals must often call five or six agencies before being connected to the appropriate party.

- *Development of longer-term strategies.*
  While Rapid re-housing, Homelessness Prevention, and the Housing Coordination Center address the immediate crisis, the partnership also invests in longer-term strategies by contracting AUW to facilitate strategic planning sessions among service providers and other key stakeholders, and make specific recommendations for longer-term strategies.   AUW has been asked to recommend plans to address three especially vulnerable populations – unaccompanied homeless youth, individuals being discharged from jail or prison, and individuals being discharged from hospital settings.

The partnership not only brings together the public and private sectors, but also increases efficiency by contracting one master agency – AUW – to track overall performance and outcomes for the initiative.   At the same time, by sub-contracting community-based agencies to directly deliver rapid re-housing and prevention services, the partnership recognizes that these nonprofits are already embedded in their local communities and recognize the unique needs of their respective constituents.

Rapid re-housing:[11] Addressing the needs of the working homeless.

Many households become homeless because of a financial crisis that prevents them from paying the rent, or because of a conflict that results in a family suddenly leaving their home without any resources or a plan for housing. Households in these situations have previously lived in independent permanent housing, and can generally return to housing and remain stably housed with very limited assistance.

Rapid re-housing is one intervention that plays a critical role in our overall strategy to address homelessness. According to the U.S. Department of Housing and Urban Development, rapid re-housing is targeted at individuals and families who are experiencing homelessness and need temporary assistance to obtain housing and retain it. Through the Coordinated Statewide Homeless Initiative (CSHI), AUW and its community partners are implementing a pilot Rapid re-housing program that is intended to serve over 1,200 persons statewide.

In addition to the CSHI, rapid re-housing is currently funded in a limited scope through the federal Continuum of Care and Emergency Solutions Grants programs. By aligning state resources to bring rapid re-housing to scale, Governor Ige and his administration hope to lift thousands of local families out of homelessness and into permanent homes.

Partner Agencies for the Coordinated Statewide Homeless Initiative (CSHI)

To receive assistance from CSHI, individuals may contact AUW at 2-1-1 and will be referred to the community partners listed below for Rapid re-housing and Homelessness Prevention aid:

Oahu

- Alternative Structures International
- Catholic Charities Hawai'i
- Gregory House Programs
- Kalihi-Palama Health Center
- The Salvation Army
- U.S. Vets
- Waianae Coast Comprehensive Health Center
- Waimanalo Health Center

Maui

- Catholic Charities Hawai'i
- Family Life Center
- Ka Hale A Ke Ola
- Maui Economic Opportunity

Hawai'i Island

- Catholic Charities Hawai'i
- County of Hawai'i
- Hawai'i County Economic Opportunity Council
- Hope Services

Kauai

- Catholic Charities Hawai'i
- Kauai Economic Opportunity

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[11] Rapid re-housing is a specific homeless intervention, which is described in further detail in the Key Terms and Definitions section of this plan.

LEVER THREE: Public Safety

To truly have an impact, we must combine levers one and two – housing and human services – with public safety efforts in homeless encampments on public land. Hawaiʻi needs to coordinate law enforcement alongside homeless outreach services, so that homeless persons are not simply asked to vacate a specific area, but are approached with respect and given personalized options to quickly connect to appropriate services and permanent housing.

Action steps to lever change:

- **Develop uniform policy and procedures that ensure homeless persons are treated with dignity and compassion.**
  When law enforcement becomes necessary to clear public spaces, State departments and agencies will implement procedures that respect all parties involved. The right response to encampments will ensure access to housing and supportive services, and provide temporary storage for any property that may be encountered.

- **Ensure that outreach services are integrated with law enforcement activities, so that homeless persons are diverted from the criminal justice system.**
  Homeless outreach services will co-respond with law enforcement when addressing homeless persons who illegally remain on government property. Outreach workers will provide social service support, and assess homeless persons for appropriate housing resources.

- **Conduct trainings for law enforcement and other State employees regarding homeless services, and crisis response.**
  Provide training for law enforcement and State employees responding to homeless encampments to outline the available homeless services (e.g. shelter, Housing First, etc.) and equip individuals in crisis response procedures. The training of staff will ensure that law enforcement and employees respond appropriately.

- **Provide specialized discharge planning when releasing at-risk individuals into the community from hospitals or public safety settings.**
  Ensure discharge planning for individuals exiting hospitals or public safety settings – particularly those who are homeless or lack a stable place of residence – includes support services to prevent or break the cycle of homelessness. When possible, these discharge planning efforts should include direct input from housing and homeless service providers.
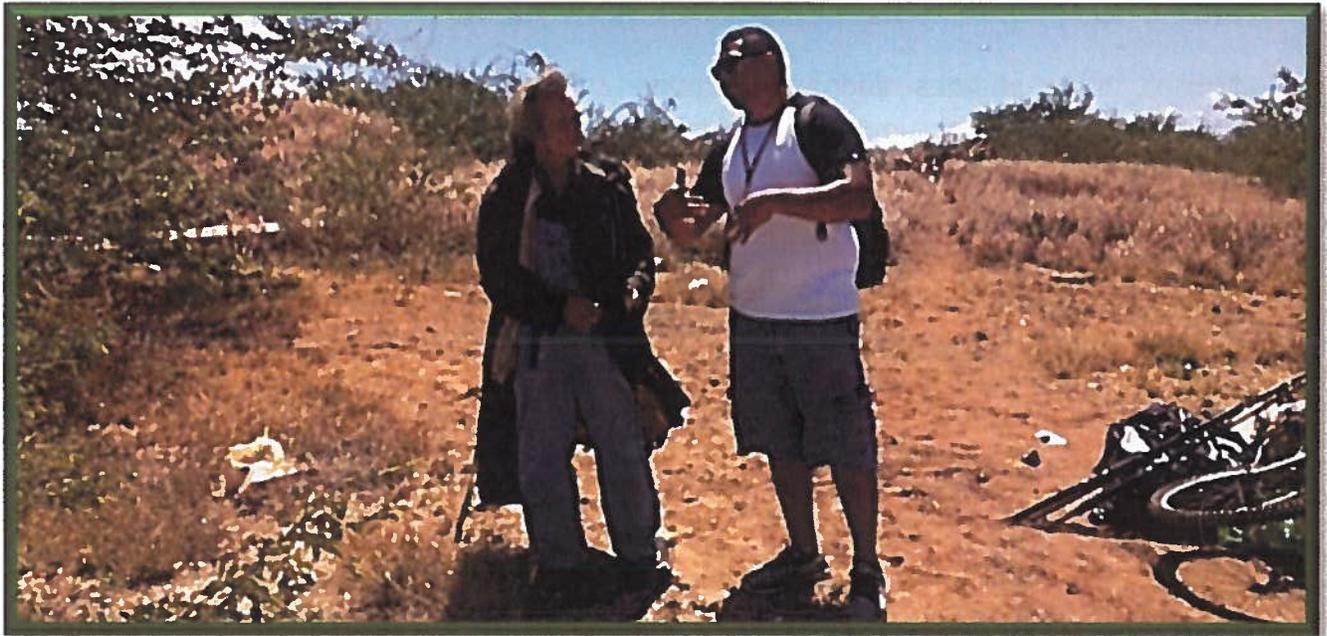
Monitoring progress.

There are clear and measurable benchmarks to track our progress, as Hawai'i addresses this lever of change:

- *Short-term objective (Now).*
  Implement a statewide policy, across all state departments and agencies, on how to respond to homeless encampments on public lands.

- *Medium-term objective (2018).*
  Effectively divert homeless persons from the criminal justice system through implementation of a pilot project.

- *Long-term objective (2020).*
  Reduce to functional zero the number of homeless encampments on public lands by 2020. This means that the community shall have sufficient resources to address the needs of homeless persons residing in these encampments.

State Departments and Agencies Addressing Lever Three

- Department of Public Safety

- Department of Transportation

- Department of Land and Natural Resources

- Department of the Attorney General

- Hawaii Community Development Authority

Flow Chart of Enforcement Process on Public Lands.

Multiple state statutes and administrative rules prohibit people from remaining on government lands; including, but not limited to, parks and other areas restricted to the general public. When these statutes and rules are enforced, they can result in the displacement of homeless persons. The flow chart below illustrates the process used by State departments and agencies in determining how to appropriately respond to homeless persons who, without permission, are remaining on government land.

What Constitutes a
Trespass on State
Property?

In Park During
Closure Hours

In State Buildings
During Closure Hours

On Restricted State
Land

Initiating Trespass Enforcement

Ensure Appropriate Signage
(Visible and Clear)

Establish and Review Procedures
(Including coordination with other entities, and procedures for property seizure and storage)

Pre-Enforcement
Notice & Outreach
(Includes checking for available shelter space)

Enforcement Action
(Includes on-site outreach, checking for available shelter space, and
transportation to shelter)

The Kaka'ako Phenomenon: Putting People First.

In July 2015, the homeless encampment in Kaka'ako Makai had grown to include nearly 300 persons. The residents of the camp represented a mix of local families with children, single adults, and homeless youth. Many in the encampment had resided in the area for nearly a decade.

To better provide services, the state and homeless outreach providers partnered together to survey and assess each individual in the camp – getting to know every person by name and building trust in the process. The assessments revealed that income levels in the camp were extremely low, with a family of four typically earning a little more than $500 per month.

Since August of 2015, outreach providers together with state and county staff – armed with data from the assessments – have systematically transitioned **280 people** out of the original encampment of 293 persons – from the streets and sidewalks of Kaka'ako into permanent, stable housing.

The approach utilized in Kaka'ako is a strategy that the State and its partners employ in every part of Hawai'i. At its core, this strategy relies heavily upon the skill and dedication of homeless outreach workers,[12] who serve as housing navigators.

Homeless Outreach Providers

The following agencies are contracted by the Department of Human Services and Department of Health to provide homeless outreach:

Oahu

- Alea Bridge
- The CHOW Project
- Care Hawaii
- Hope, Inc.
- Institute for Human Services
- Kalihi-Palama Health Center
- Kealahou West Oahu
- U.S. Veterans Initiative
- Waianae Community Mental Health Center
- Waikiki Health

Maui

- Family Life Center
- Mental Health Kokua

Hawai'i Island

- Hope Services

Kauai

- Kauai Economic Opportunity
- Mental Health Kokua

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[12] The outreach providers listed in the accompanying text box are contracted by the Department of Human Services, Homeless Programs Office. In addition to those listed here, the Department of Health, Adult Mental Health Division contracts additional organizations to provide homeless outreach specifically to individuals with serious and persistent mental illness. There are also a number of organizations that provide homeless outreach, but are funded through private dollars.

CONCLUSION

As we put forward this strategy – one that

requires coordination across all levels of

government – addressing homelessness will

require both time and resources.   It has also

become clear that progress will require a focus on

three levels that we know will impact change –

affordable housing, health and human services,

and public safety.
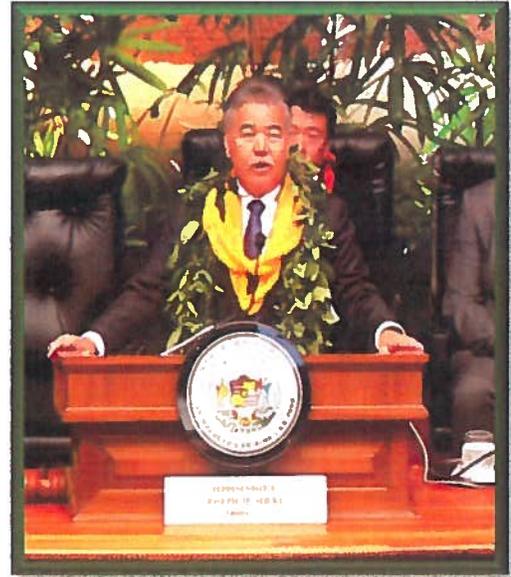
It is not enough just to build housing (lever one), without also investing in supportive services (lever two).   Conversely, it is not enough to invest in services alone, if there is not sufficient housing inventory.   Meanwhile, we cannot ignore the growing number of homeless encampments (lever three), especially when they're located in areas that are unsafe for inhabitants.   The three levers of change are interwoven and equally important.

To create change, it will take a concerted focus on permanent housing as the end goal. In addition, no one entity can lead this change alone.   Transformation of this magnitude requires collaboration across all state departments and agencies, as well as from the federal and county governments, and the private sector.

In this plan, you've read the account of Ray, a man who left homelessness behind and is building a better life for himself. His story is one of many that are diverse and unique, but one thing is common among those who share Ray's decision – it all comes down to the moment a person decides to accept help. This is how it's done. One person at a time quietly says, "enough" and moves forward into a new chapter in life.

It is not done in front of an audience or on live television, but that doesn't mean it's not happening. It regularly occurs in homeless encampments across the state when trained and compassionate outreach workers offer housing and human services – along with respect – to those in need. We've seen it work– and this is why we're so committed to the three levers of change: affordable housing, health and human services, and public safety.

For more information, contact the Office on Homelessness at **(808) 586-0193** or gov.homelessness@Hawaiʻi.gov.

KEY TERMS AND DEFINITIONS

Affordable Housing – In general, housing is considered "affordable" when the cost is less than 30 percent of a household's income. When housing costs exceed this amount, a household is considered to be housing-cost burdened. With an estimated 57.5% of renters paying more than one-third of their income to rent, Hawai'i has the second highest number of cost-burdened renters in the nation.[13] The households who face the most severe lack of affordable housing are the extremely low income, who earn less than 30% Area Median Income (AMI), or less than $28,750 per year for a household of four in Honolulu.

Bridging the Gap (BTG)– BTG is the Continuum of Care for the neighbor island counties, including Hawai'i County, Maui County, and Kauai County. Membership for BTG includes service providers, county government, the Department of Human Services, and community members from within each county. BTG serves as a planning, coordinating, and advocacy body that develops recommendations for programs and services related to homelessness.

Chronically Homeless – A person who is chronically homeless is a homeless person with a disability who has been homeless continuously for at least 12 months, or has been homeless on at least four separate occasions over the past three years.[14] A chronically homeless family is a family with an adult head of household who meets the definition for a chronically homeless person.

Continuum of Care (CoC) – A CoC is a regional or local planning body that coordinates housing and services funding from HUD for homeless families and individuals. In Hawai'i there are two CoCs – Partners in Care for the island of Oahu, and Bridging the Gap for the balance of the state. Each CoC includes membership from government agencies, homeless service providers, funders, and other interested members of the community. Each CoC is responsible for submitting an annual application for federal homeless assistance funds. The federal funding for homeless services are sometimes also referred to as "CoC funds." In addition to applying for funding, the CoC is also tasked with administering the annual Point in Time Count of the homeless population and the annual Housing Inventory Count. These counts provide an overview of the state of homelessness in a CoC.

Coordinated Entry System – Coordinated entry is a process to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. A coordinated entry system helps communities to prioritize housing and homeless assistance based on a homeless person's vulnerability and the severity of their

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[13] Corporation for Enterprise Development. *Assets & Opportunity Score Card, Housing Cost Burden – Renters.* Available at: http://scorecard.assetsandopportunity.org/latest/measure/housing-cost-burden-renters. Accessed April 25, 2016.

[14] Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless." 80 Fed. Reg. 75791. (December 4, 2015).

needs, so that people who need assistance the most can receive it in a timely manner. Federal law requires that CoCs establish a coordinated entry system.

Emergency Shelter – An emergency shelter generally is a facility with overnight sleeping accommodations that provides short-term, temporary shelter for homeless persons and does not require occupants to sign a lease or occupancy agreement. Emergency shelters differ from transitional shelters (also known as transitional housing) that typically allows a maximum stay of up to 24 months.

Functional Zero – This is a point where a community has both sufficient and appropriate housing resources to assist homeless persons encountered in their community. Functional zero does not mean that there is zero homelessness, but instead means that a community has the full capacity and resources needed to connect people to shelter or permanent housing.

Gap Financing – Many affordable rental housing projects are financed using the low-income housing tax credit (LIHTC), which provides either a 9 percent or 4 percent credit against federal income tax liability. The proceeds from the sale of the tax credits to investors provide equity for the project. For most projects, the combination of bank financing and tax credits still results in a "gap" in financing. Gap financing, intended to close the gap, generally comes in the form of subsidies from federal, state, and local government. Two of the most used federal programs for gap financing are the HOME Investment Partnerships (HOME) program and the Community Development Block Grant (CDBG). A primary state program for gap financing is the Rental Housing Revolving Fund (RHRF), which is administered by the Hawai'i Housing Finance and Development Corporation (HHFDC).

Hawai'i Interagency Council on Homelessness – The HICH was formally established in July 2011 through executive order by then-Governor Neil Abercrombie. Hawai'i was the first state in the nation to create a state interagency council patterned after the U.S> Interagency Council on Homelessness. In 2012, the HICH was established in statute through Act 105 by the state legislature. Composed of state department directors, federal agency representatives, and community leaders, the HICH is tasked with providing solutions to end homelessness and strengthen the continuity of efforts to end homelessness across future state administrations. Housed administratively within the Department of Human Services (DHS), the HICH is chaired by Scott Morishige, appointed in August 2015 to serve as the Governor's Coordinator on Homelessness.

Homeless Management Information System (HMIS) – The HMIS is a local information technology system used to collect client-level data, and data on the provision of housing and services to homeless persons and families, as well as persons at immediate risk of homelessness. The HMIS system is owned and administered by the Continua of Care – Partners in Care and Bridging the Gap.

Homeless Outreach – The work of homeless outreach includes meeting homeless persons on streets or sidewalks, or in remote rural areas that includes beaches and valleys. Outreach providers assist with the completion of program applications, the determination of program eligibility, housing search and placement, and work with the person to obtain identification and other vital documents (e.g. birth certificate or social security card).

Housing First – Housing First is a philosophy that centers on providing homeless people with housing quickly and then providing services as needed. In a Housing First approach, there is an immediate and primary focus on accessing and sustaining permanent housing for all homeless populations. In addition to the Housing First philosophy, the term is used to refer to specific permanent supportive housing programs operated by the state and the city and county of Honolulu. The state and city Housing First programs adopt the philosophy, but also specifically target chronically homeless households for services.

Housing Inventory Count (HIC) – The HIC is a point-in-time inventory of programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless. The HIC includes beds for emergency shelter and transitional housing, as well as permanent housing beds.

Landlord Summit – A landlord summit is a gathering of landlords, property managers, and members of the public to share information on various housing and social services programs available through the community and government. The primary purpose of a landlord summit is to provide and information, and to encourage increased utilization of housing and social service programs, such as Section 8 or the Housing First program.

Partners in Care (PIC) – PIC is the Continuum of Care for the City and County of Honolulu, which encompasses the island of Oahu. Membership for PIC includes more than 30 service providers, as well as local and state government agencies, and other community members. PIC serves as a planning, coordinating, and advocacy body that develops recommendations for programs and services related to homelessness.

Permanent Supportive Housing (PSH) – PSH is a service delivery model that combines low-barrier affordable housing, health care, and supportive services to enable homeless persons to attain and maintain permanent housing. PSH programs typically target chronically homeless persons, or homeless persons who experience multiple barriers to housing and are unable to maintain housing stability without supportive services. PSH program have been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care. The state and city Housing First programs that target chronically homeless persons are both examples of a PSH program.

Point-in-Time (PIT) Count – A PIT count is an unduplicated count on a single night of the people in a community who are experiencing homelessness, and includes both the sheltered and unsheltered populations. HUD requires that communities receiving federal

funds for homeless services conduct a PIT count at least every other year. During these counts, communities are required to identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under the age of 18. In addition, communities must identify if a person is chronically homeless.

Rapid re-housing – Rapid re-housing places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible. The duration of financial assistance provided in a rapid re-housing program can include either short-term (up to 3-months) or medium-term (6-months to 24-months) support. In general, the core components of rapid re-housing are housing identification, rent and move-in assistance, and case management.

Section 8 – "Section 8" refers to Section 8 of the Housing Act, which authorizes the payment of rental housing assistance to private landlords for low-income households. A common form of Section 8 assistance is the HUD Housing Choice Voucher Program, also known as a Section 8 voucher, which provides direct rental payment to the landlord. Typically, a Section 8 voucher recipient will pay one-third of their income towards rent, with the remaining balance of rent provided by the Section 8 voucher payment.

Transitional Housing – Transitional housing, also referred to as transitional shelter, is designed to provide homeless individuals and families with temporary stability and support, so that they can eventually move to and maintain permanent housing. Transitional housing is generally for a period of up to 24 months of housing with accompanying supportive services.

Hawaii State Framework to Address Homelessness (GCH, April 2017)

GOAL

To achieve 'Functional Zero' by 2020

(Translation: Building a housing-focused system that has sufficient resources to address need in the community so that homelessness is a rare, brief, and non-recurring experience.)

LEVERAGE POINTS	Affordable Housing	Health & Human Services	Public Safety
STRATEGY	Reorient targeted policies and maximize financing for infrastructure (e.g. sewer) to add new capacity. / Maximize existing inventory by increasing turnaround and cultivating LL relationships to increase homeless inventory.	Implement 'housing-focused' policies for public contracts (e.g. reduce barriers, adopt a 'Housing First' philosophy) / Focus on data and establish clear performance metrics, and align metrics among public and private funders.	Prioritize enforcement / clean-up of public lands where unsheltered homeless individuals congregate / Establish linkages and programmatic partnership between homeless and criminal justice systems
TACTICS	□ Align timeline for financing tools (e.g. LIHTC credits, etc.) □ Focus on T.O.D. in urban core. □ Small-scale development of PSH with existing resources. □ Use financial modelling data to lobby for increased resources for PSH and <30% AMI. □ Public housing special action team. □ Landlord and faith-based summits convened statewide. □ Embed targeted landlord outreach / housing navigation component in service contracts □ Centralized landlord hotline, and mitigation funds.	□ Provide training for providers. □ Re-orient shelter policies (e.g. small sizes, etc.) □ Target specific services (MH + SUD) □ Implement CES matching. □ 1115 Medicaid waiver amendment □ Homeless funders hui. □ Communications hui. □ Begin to dashboard progress/results. □ Share and match data with other systems. □ Use data/HMIS to better target and prioritize limited resources.	□ Develop standardized state enforcement guideline. □ Establish structure for coordination. □ Build relationship with City and other partners (e.g. Humane Society, CWS, etc.) □ Convene targeted Resource Fairs in specific enforcement areas. □ Implement Community Outreach court and LEAD. □ Integrate law enforcement and outreach services. □ Strengthen investment in MH and SUD services.
METRICS	□ No. of homeless people into permanent housing. □ No. of new units specifically for homeless. □ Turnaround time for public housing. □ No. of overall new housing units produced.	□ No. of homeless people into permanent housing. □ Reduction in healthcare costs for homeless services. □ Increased public understanding/awareness.	□ No. of homeless people into permanent housing. □ Increased City-State coordination for cleanup. □ Increased inter-agency coordination (within State govt.)

State of Hawaii
Homeless Point-in-Time Count
January, 22 2017

Bridging the Gap and Partners in Care

Table of Contents

Acknowledgements

A sincere thank you to the agencies and individuals who contributed time, expertise, and other resources to conduct the 2017 Point-in-Time (PIT) Count.

The state of Hawaii Department of Human Services Homeless Programs Office (HPO) and Bridging the Gap (BTG), the Continuum of Care (CoC) for the neighbor islands of Kauai, Hawaii, and Maui, also thank the following partners for their participation and assistance during the 2016 PIT:

Hawaii County Agencies:
- ❖ Catholic Charities Hawaii
- ❖ Child and Family Services
- ❖ County of Hawaii - Prosecutor's Office
- ❖ Dorian Carter, Community Member (Pahoa)
- ❖ Hastings and Pleadwell
- ❖ Hawaii Island Aids Foundation (HIAF)
- ❖ Hawaii Island Home for Recovery
- ❖ Hope Services Hawaii, Inc
- ❖ Main Street Pahoa
- ❖ Property Professionals
- ❖ Students of Hawaii Community College
- ❖ Students of the University of Hawaii at Hilo
- ❖ West Hawaii Community Health Center

Maui County Agencies:
- ❖ Catholic Charities Hawaii
- ❖ County of Maui
- ❖ Family Life Center
- ❖ Feed My Sheep
- ❖ Hale Kau Kau
- ❖ Ka Hale A Ke Ola
- ❖ Maui Economic Opportunity
- ❖ Mental Health Kokua
- ❖ Salvation Army
- ❖ Steadfast Housing Development Corp.

Kauai County Agencies:
- ❖ Catholic Charities Hawaii
- ❖ Kauai County Housing Agency
- ❖ Kauai Economic Opportunity, Incorporated
- ❖ Leyla Ramazan
- ❖ Mental Health Kokua
- ❖ Steadfast Housing Development Corp.
- ❖ Veterans Administration
- ❖ Women In Need
- ❖ YWCA

Executive Summary

Results from the 2017 Hawaii Statewide Homeless Point-In-Time Count conducted on January 22, 2017 revealed a 9 percent overall decrease in homelessness from 7,921 persons in 2016 to 7,220 persons in 2017. The statewide decrease was led by large overall decreases on Hawaii (32%), Maui (22%), and Kauai (7%). Oahu registered a very small (0.4%) overall increase.

The 2017 PIT overall decrease was the result of a 12 percent decrease in unsheltered homelessness to 3,800 persons compared to 4,308 in 2016. Unsheltered homelessness declined on all three rural counties led by Hawaii (40%), Maui (24%), and Kauai (15%). However, the number of homeless persons found to be unsheltered on Oahu increased by 7 percent or 151 persons.

The count of homeless persons living in emergency or transitional shelters decreased four percent from 3,613 to 3,420 persons with reductions on Oahu (5%) and Maui (18%), yet increased on Hawaii (<1%) and Kauai (26%).

A review of the type of households experiencing homelessness found that 4,535 single individuals represented % of the total one-day homelessness. Single individuals are defined by HUD as households (single or multiple adults) without the presence of dependent children under the age of 18.

A total of 2,685 individuals were counted as family members living in 666 households. This represents a 19 percent decrease in the total number of homeless family individuals compared to 2016. Within those families, a total of 299 children were found living unsheltered. Sheltered families totaled 539 households with 2,162 persons including 1,250 children (354 in emergency shelters and 896 in transitional housing); down compared to 2016.

A review of the Veteran homeless subpopulation indicates that the Statewide total number of sheltered and unsheltered homeless veterans decreased 8 percent to 615 veterans compared to the Statewide 2016 total of 670 veterans. While Oahu registered a 9 percent increase in homeless veterans from 413 to 449, the Neighbor Islands recorded a 35 percent decrease from 257 to 166. A total of 378 unsheltered veterans were encountered in the 2017 count, a 7 percent overall decrease compared to the 406 counted in 2016. 117 unsheltered chronically homeless veterans were tallied on Oahu and 69 on the Neighbor Islands for a statewide total of 186 chronic non-family vets, just over half of the total unsheltered homeless veterans without children.

A decline in the chronic homeless population was seen in the 2017 data which recorded 1,588 individuals and 212 persons in families for a Statewide total of 1,800 persons in chronically homeless households. This represents an 8 percent decrease from the 1,659 found in 2016. The overall decrease represented a 4 percent decrease in single chronic homeless individuals, and a 27 percent decrease in family individuals.

The report also tabulated data on two additional subpopulations of increasing significance – unaccompanied youth and parenting youth. Youth are defined as individuals 24 years or younger. The Statewide total reported 319 unaccompanied youth with 263 (82%) living unsheltered. 24 persons under the age of 18 were found living unsheltered without any accompanying adults. Oahu noted a total of 210 unaccompanied youth including 160 unsheltered and 50 in emergency or transitional shelters. The three Neighbor Island counties tallied 109 youth including 103 unsheltered and 6 sheltered. The 2017 total youth count is nearly identical to the 309 found in 2016. The total number of unaccompanied youth under the age of

18 remained low at 26 (24 on Oahu; 2 on Neighbor Islands), and was identically reported in the 2016 count.

Parenting youth is defined as a household containing persons 24 or younger with one or more dependent children and without any accompanying adults 25 or older. The Statewide total of parenting youth represented 42 households totaling 139 persons including 68 children. Over the one-year span parenting youth households decreased 20% from 35 to 28 on Oahu, while the Neighbor Islands decreased 33% from 21 to 14 households.

General Overview of the PIT Methodology

HUD's annual grant application for CoC homeless assistance funding requires the State of Hawaii to produce an unduplicated count of sheltered and unsheltered homeless on a one-day point in time during the last ten days of January.

The primary objective during 2017 was to obtain a reliable estimate of sheltered and unsheltered homeless individuals and families throughout Hawaii. The count assists in 1)assessing current levels of homelessness for various household types, 2) estimating the number of chronically homeless individuals and families, and 3) evaluating the extent of homelessness for veterans and youth. PIT data collection is an integral part of local and national planning and acts in support of policy and resource allocation

Hawaii's HMIS was utilized to extract the sheltered data needed for the reporting and as the repository for surveys collected during the unsheltered canvassing. The HMIS is a centralized database used to record services rendered to homeless individuals throughout the state of Hawaii. All service providers who receive federal, state, or county funding are required to participate in the HMIS. Some privately funded agencies voluntarily use the HMIS due to its reporting capacity.

To help ensure that client data was reliable, organizers contacted emergency and transitional shelter providers leading up to the count and asked them to confirm that all clients sleeping in their facilities on the night of the count had active HMIS intake records. Shelters not participating in the HMIS, such as domestic violence programs, were contacted individually and asked to provide the number of homeless individuals and families residing in their programs on the night of the count, in addition to providing specific subpopulation data.

For the unsheltered count, the state received HUD's permission to conduct a five-day physical count between Monday, January 23, 2017 and Friday, January 27, 2017. Field staff and volunteers asked all encountered unsheltered homeless individuals, "Where did you sleep this past Sunday, January 22nd?" in addition to other required survey questions.

The unsheltered survey is based on HUD-defined criteria and provider feedback. All surveys were entered into the PIT module of the HMIS, cleaned, unduplicated, and analyzed to obtain the data included in this report. A link to the 2017 unsheltered surveys is provided in appendix three. The following unsheltered surveys were not included in the final count:

- Clients who reported living in a sheltered situation on the night of 1/22/17
- Clients with duplicate surveys or records already counted in the sheltered component

Stakeholders, regional leaders, homeless service providers, and volunteers attended several planning meetings prior to January 22, 2017. The purpose of these meetings was to convey the count's methodology to all parties involved, to provide explicit instructions detailing objectives, and to obtain feedback on the surveys used during the unsheltered count.

Multiple trainings preceded the 2017 count. Trainees received an overview of the count and its methodology, safety tips, data quality topics, and key points to consider during the surveying based on previous years' results. Regional leaders provided ad hoc field training before and during the count to ensure that volunteers understood how to administer the survey. All documents provided before and during the trainings are provided in the appendices and are also up on the HawaiiHMIS.org website: http://www.hawaiihmis.org/news/2017-pit-count/.

PIT Teams

Field staff were composed of workers from service agencies that regularly perform outreach to the unsheltered homeless. Survey teams were assigned to familiar regions to ensure that many of the high-density areas frequented by unsheltered homeless were surveyed. Skilled outreach staff accustomed to specific areas and clients are more likely to obtain accurate information. Service-based locations, such as food pantries, were covered extensively during the count to reach additional unsheltered homeless.

Count Implementation Overview and Recommendations

The 2017 Point-In-Time Count represents the best available data to estimate one-day homeless prevalence for the State of Hawaii. The estimate adheres to the Federal definition of homelessness which includes individuals and families living in emergency homeless shelters, transitional homeless facilities, Safe Haven programs, and people identified as sleeping and living in an unsheltered location or place not meant for human habitation on the night of the count. The count is neither a measure of housing stability among people residing in housing nor a measure of the conditions of such housing and the general housing environment.

While the Point-In-Time count effort has been implemented by the two Hawaii Continuums in a similar manner over the past several years, the count continues to be impacted by varying degrees of implementation from year to year. Conclusions based on the report data generally need to be expressed together with the appropriate caveats impacting their validity. Below is a listing of the operational concerns associated with the general count implementation and the three major types of PIT data: 1) Sheltered data counts, 2) Unsheltered data counts, and 3) Demographic information (comprising both unsheltered or sheltered).

Count Implementation

Potential weaknesses in the count implementation include the following:

1)   Even with multiple regional trainings taking place prior to the unsheltered count, volunteers perform the count with a varying degree of understanding and competency in the count tasks, including the completion of survey responses.

2)   The degree to which surveys completed during the unsheltered canvassing are reviewed prior to entry into the HMIS PIT module is unclear. Many surveys continue to be entered with unknown or missing information.

3)   Large numbers of staff and volunteers without adequate training continuing to enter survey data. As resources allow, data entry should be limited to smaller numbers of skilled personnel.

4)   Improved planning and operations are needed to conduct an accurate count for unaccompanied homeless youth and parenting youth. These subpopulations typically look and act differently from most other homeless persons and require a different method of surveying and planning. On Oahu, special effort was made to partner with youth community stakeholders to locate "Hot Spots" for unaccompanied youth in the months leading up to the count.

Sheltered Data

The source of the data reported in the sheltered homeless counts is from the HMIS. Data are extracted for each program for the Point-in-Time count date (January 22, 2017). Sources of errors from the sheltered data include the following:

1) Discrepancies in the HMIS data compared to the actual census can be due to delays in HMIS data entry, failure to include all household persons including children in the HMIS household group, and general input errors in HMIS data entry. Sheltered lists could exclude persons who are residing at a shelter on the PIT count date noted above.

2) Although HMIS data quality continues to improve, missing and unknown client data continue to impact the accuracy of the reporting.

Unsheltered Data

The difficulties of completing an accurate unsheltered homeless count are well-documented. The following outline procedures that can help to improve the results.

1) Although more difficult, carry-out the canvassing efforts during the nighttime or early morning hours when it is believed that most sheltered homeless persons would no longer be staying outside in typical unsheltered locations. Counting persons through drop-in centers and events, although perhaps necessary to cover larger geographic areas, is not ideal since it limits the canvassers ability to collect or visually corroborate any evidence of residing unsheltered. However, it is important to note the trade-off between an accurate count and maintaining safety while canvassing, especially in rural areas. Future counts will expand surveying hours, if needed and can be done safely.

2) As much as possible, use skilled outreach workers or other experienced homeless service staff who are familiar with the consumers and area being canvassed and who can determine through unscripted questioning whether the person is currently homeless. When a sufficient number of experienced homeless staff is not available, carry out standardized training for volunteers who wish to participate.

3) Ensure that full name collection is maximized using experienced service staff. Full name data collection improved considerably in 2017. The omission of names or the provision of false names is a major threat to the validity of the data. Training and procedures should be implemented to reduce this number to as close as zero as possible.

4) Although there was great improvement this year, a major difficulty is the ability to carry out an accurate count in rural areas due to the remoteness and movement of rural homeless encampments. Executing an accurate count in these areas requires extensive planning with skilled outreach teams, community stakeholders, and local legislators.

5) Further explore the complications of survey data elements. Household and unaccompanied youth, specifically, need to be clearly defined for all possible cases and consistently applied in future counts.

6) Many unsheltered homeless persons refuse to take the PIT survey and do not have provide enough information to act as a valid survey. Further processes and training should be implemented to increase the percentage of successful surveys.

7) Individuals of multiple races make up a large amount of the Hawaiian homeless population. Based on community feedback, Partners In Care (PIC) took steps on Oahu to capture the different races for those surveyed in the unsheltered count. With special emphasis on our Native Hawaiian population, PIC will be providing a more specific breakout of the Oahu population at a later point in the year.

Methods to minimize the number of persons who are unsheltered but missed during the physical enumeration include the following:

1) Since the Hawaii HMIS maintains a very large unsheltered database, the database needs to be clean and updated in advance of the PIT count to ensure that those remaining active have a very high likelihood of remaining unsheltered and homeless. As recommended in prior years, the PIT count objective should be to locate and corroborate the homeless situation of these currently active clients during the count.

2) Allocate resources to sufficiently cover each area and review the canvassing results afterwards. Corroborate with key personnel during the PIT week to ensure that the expected results were achieved.

3) In large rural areas, plan ahead and locate the various homeless encampments in the weeks prior to the count. Collaborate with community stakeholders to ensure that all are covered in a safe manner.

4) While those that refused to be surveyed may not be physically missed, their data will not be available for the full PIT report unless proper steps are taken. For those that refuse to be surveyed, institute a common procedure for surveyors that initially make contact and skilled outreach personnel that will be following up.

Demographic Data

Client self-report data on medical information (substance abuse, mental illness, etc), lifestyle information (housing type, length of homelessness), and Veteran status is typically impacted by several types of errors:

1) Errors related to the inability for persons to accurately recall detailed historical information such as housing location over a long period of time.

2) Errors related to the inability of the person to fully understand the concept in question. Examples include questions related to mental illness status where the person may not fully understand what symptoms (e.g. feeling down, acute anxiety, chronic fatigue) may be evidence of having mental illness.

3) Errors related to purposeful false response due to socially unacceptable behaviors, illegality of behaviors, or notion of receiving extra benefits (e.g. involvement in the Armed Forces).

The table below gives a general assessment of the validity of responses collected during an outdoor canvassing attempt. A three-tier system (high, medium, and low) is utilized.

Age	High		Mental Illness	Medium
Race	High		Substance Abuse	Low
Ethnicity	High		HIV/AIDS	Low
Race	High		Disability	Medium
Homeless Status	High		Length of Homelessness	Medium
Number of Times Homeless	Low		Area of Location	High
Sleeping Location	High		Current Armed Forces	Medium
Veterans Status	Medium			

The suspected inaccuracy of key variables such as Disability and Length of Homelessness further impacts the validity of important measures such as chronic homelessness which depend on responses to these questions. The chronic homeless measure itself must also be interpreted with the understanding that it has low validity due to methodological problems of its component factors.

Statewide Summary

The following sections provide summary statistics for each of the four counties providing data for the 2017 PIT. Table 1 summarizes the sheltered, unsheltered, and statewide totals over the last five years. Each of the annual counts have been implemented with the same general methodology. Table 2 summarizes the total number of homeless individuals statewide for 2017.

Table 1: Statewide PIT Summary 2013-2017

	Sheltered		Unsheltered		State Total
	#	%	#	%	#
2017	3,420	47%	3,800	53%	7,220
2016	3,613	46%	4,308	54%	7,921
2015	3,777	50%	3,843	50%	7,620
2014	3,813	55%	3,105	45%	6,918
2013	3,745	59%	2,590	41%	6,335

Table 2: 2017 Statewide Households Summary

	Sheltered		Unsheltered		State Total
	#	%	#	%	#
Singles	1,258	28%	3,277	72%	4,535
Family Individuals	2,162	81%	523	19%	2,685
All Individuals	3,420	47%	3,800	53%	7,220
Family Households	539	81%	127	19%	666

Figures 1 and 2 present the sheltered household composition data for Oahu and the Neighbor Islands respectively. Shelter regions are identical to the unsheltered.

FIGURE 1 - OAHU SHELTERED COMPOSITION
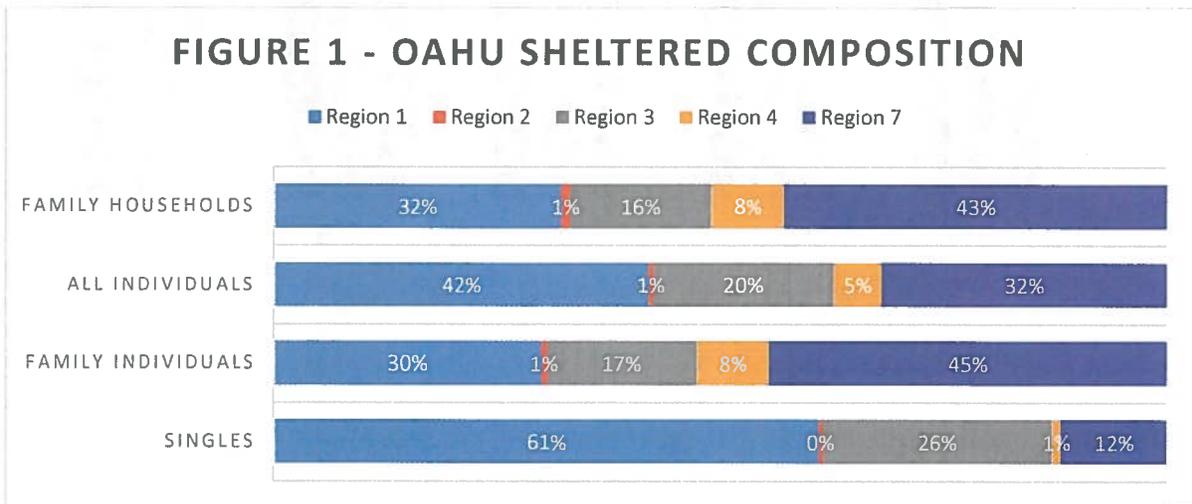
FIGURE 2 - NEIGHBOR ISLAND SHELTERED COMPOSITION

■ Hawaii ■ Kauai ■ Maui

	Hawaii	Kauai	Maui
FAMILY HOUSEHOLDS	29%	14%	57%
ALL INDIVIDUALS	35%	15%	50%
FAMILY INDIVIDUALS	34%	15%	51%
SINGLES	38%	13%	49%
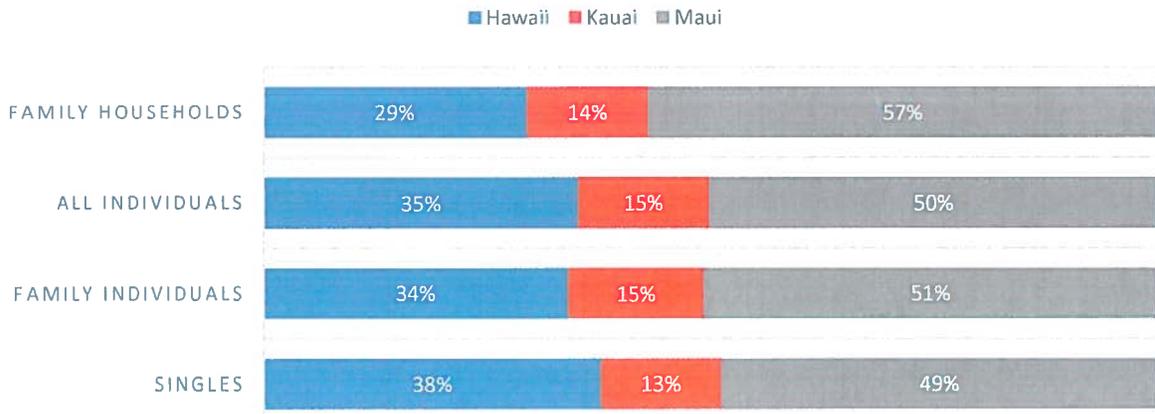
Figure 3 presents the information from Table 1 graphically.

Figure 3 - Statewide PIT Summary, 2013-2017

Year	Unsheltered	Sheltered	State Total
2013	2,590	3,745	6,335
2014	3,105	3,813	6,918
2015	3,843	3,777	7,620
2016	4,308	3,613	7,921
2017	3,800	3,420	7,220

■ Unsheltered ■ Sheltered ■ State Total
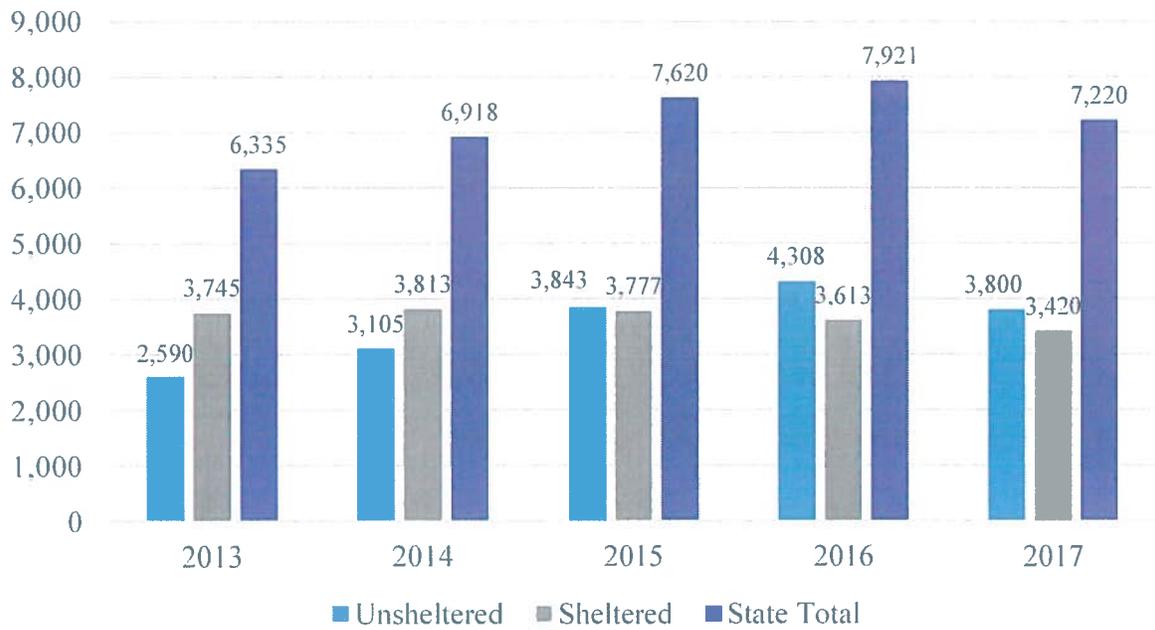
Oahu Summary

Table 3: Oahu Summary 2013-2017

	Sheltered		Unsheltered		Oahu Total
	#	%	#	%	#
2017	2,635	53%	2,324	47%	4,959
2016	2,767	56%	2,173	44%	4,940
2015	2,964	60%	1,939	40%	4,903
2014	3,079	65%	1,633	35%	4,712
2013	3,091	68%	1,465	32%	4,556

Figure 4 shows the five-year trend in sheltered, unsheltered, and total homelessness on Oahu. The last three years have remained relatively flat with regard to the change in total homelessness. More significant changes can be seen in the sheltered and unsheltered components. The unsheltered component increased 7% compared to 2016 and has continued to rise in each of the last five years. The sheltered component decreased 5% relative to 2016, and has declined in each of the last five years.

Figure 4 - Oahu PIT Summary, 2013-2017
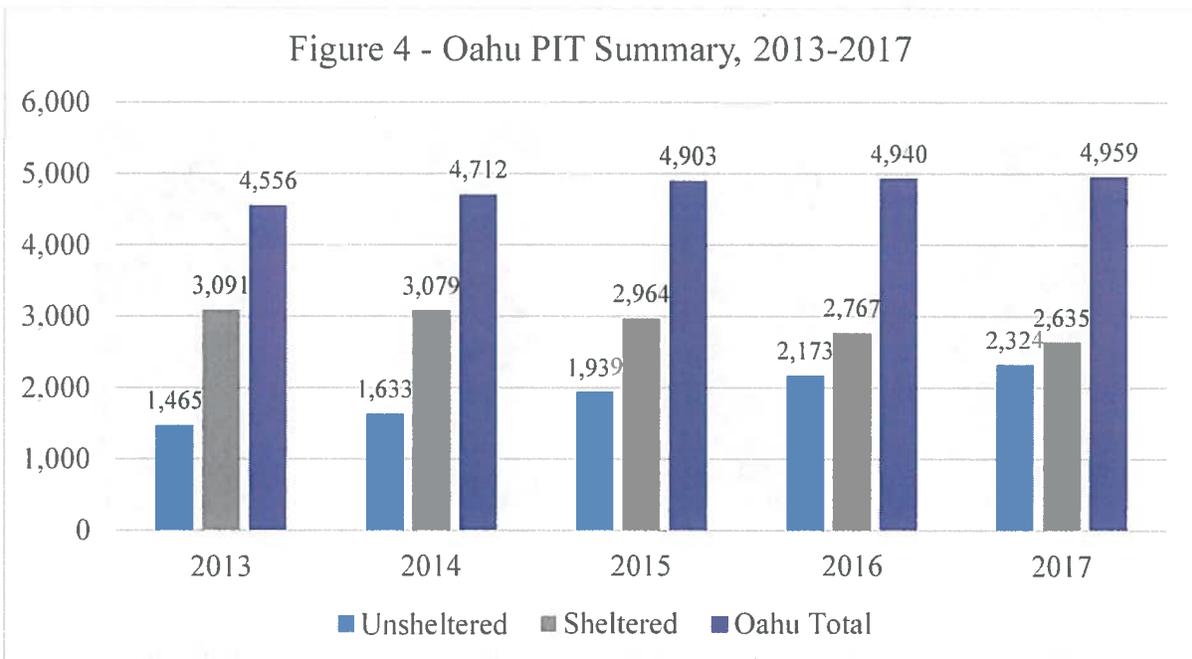
Table 4 shows that 53% of all homeless individuals and 87% of homeless families were sheltered. Of the 399 sheltered families, 284 (71%) resided in transitional housing facilities, while 115 (29%) resided in emergency shelters. Among the 2,324 unsheltered homeless, 2,099 (90%) were single individuals, four percentage points higher than in 2016. In 2017, 63% of all homeless were singles, while 37% were family individuals. 88% of all homeless family individuals were sheltered in either emergency or transitional facilities, which increased two percent over 2016.

Family individuals have been consistently defined as members of family households with at least one parent or guardian and one child under the age of 18. Singles are persons in all other household configurations.

Table 4: 2017 Oahu Households Summary

	Sheltered		Unsheltered		Oahu Total
	#	%	#	%	#
Singles	1,013	33%	2,099	67%	3,112
Family Individuals	1,622	88%	225	12%	1,847
All Individuals	2,635	53%	2,324	47%	4,959
Family Households	399	87%	59	13%	458

Figure 5 represents Table 4 graphically.

FIGURE 5 - OAHU HOUSEHOLDS SUMMARY
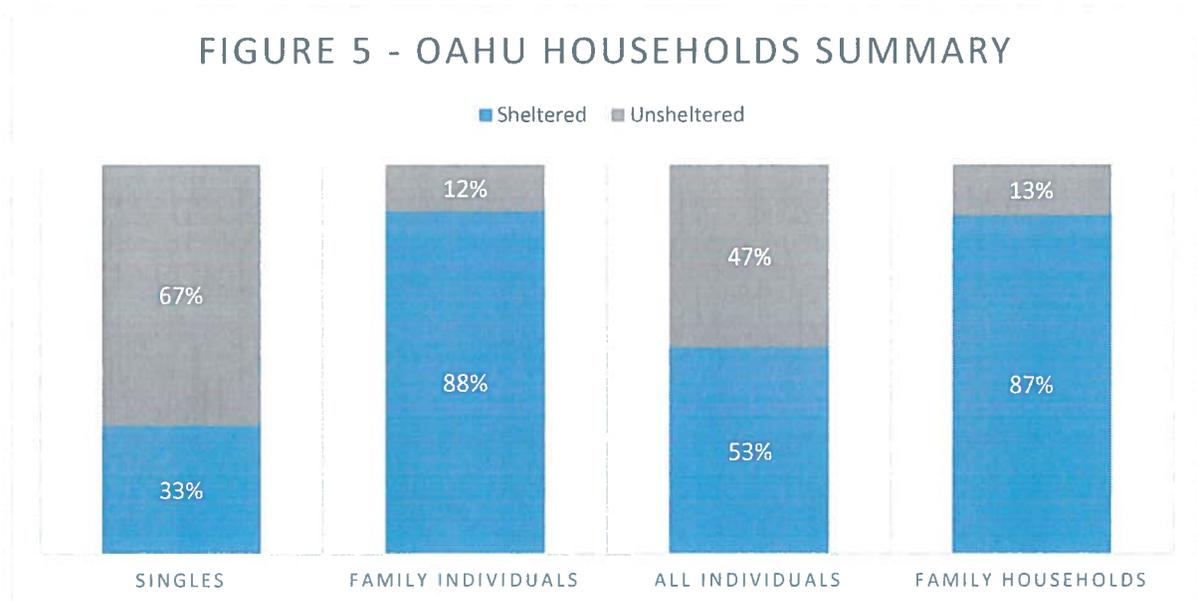
Tables 5 through 7 summarize the count results over the last five years. The singles total continues to rise, while the number of family individuals decreased markedly compared to 2016 and has continued to decline each of the last five years.

Table 5: Summary of Oahu Singles, 2013-2017

	Sheltered		Unsheltered		Oahu Total
	#	%	#	%	#
2017	1,013	33%	2,099	67%	3,112
2016	923	33%	1,874	67%	2,797
2015	909	35%	1,654	65%	2,563
2014	911	39%	1,445	61%	2,356
2013	901	41%	1,295	59%	2,196

Table 6: Summary of Oahu Family Individuals, 2013-2017

	Sheltered		Unsheltered		Oahu Total
	#	%	#	%	#
2017	1,622	88%	225	12%	1,847
2016	1,844	86%	299	14%	2,143
2015	2,055	88%	285	12%	2,340
2014	2,168	92%	188	8%	2,356
2013	2,190	93%	170	7%	2,360

Table 7: Summary of Oahu Family Households, 2013-2017

	Sheltered		Unsheltered		Oahu Total
	#	%	#	%	#
2017	399	87%	59	13%	458
2016	436	85%	77	15%	513
2015	485	87%	71	13%	556
2014	526	91%	52	9%	578
2013	525	92%	43	8%	568

Hawaii County Summary

Table 8: Hawaii Island Summary 2013-2017

	Sheltered		Unsheltered		Hawaii Total
	#	%	#	%	#
2017	275	29%	678	71%	953
2016	271	19%	1,123	81%	1,394
2015	220	18%	1,021	82%	1,241
2014	211	24%	658	76%	869
2013	160	29%	397	71%	557

Table 8 displays the five-year trend in sheltered, unsheltered, and total homelessness in Hawaii county. Figure 6 shows the Hawaii county data graphically. The figure shows a relatively constant sheltered total over 2016, with a dramatic drop in the total unsheltered enumerated as compared to last year.

Figure 6 - Hawaii PIT Summary, 2013-2017
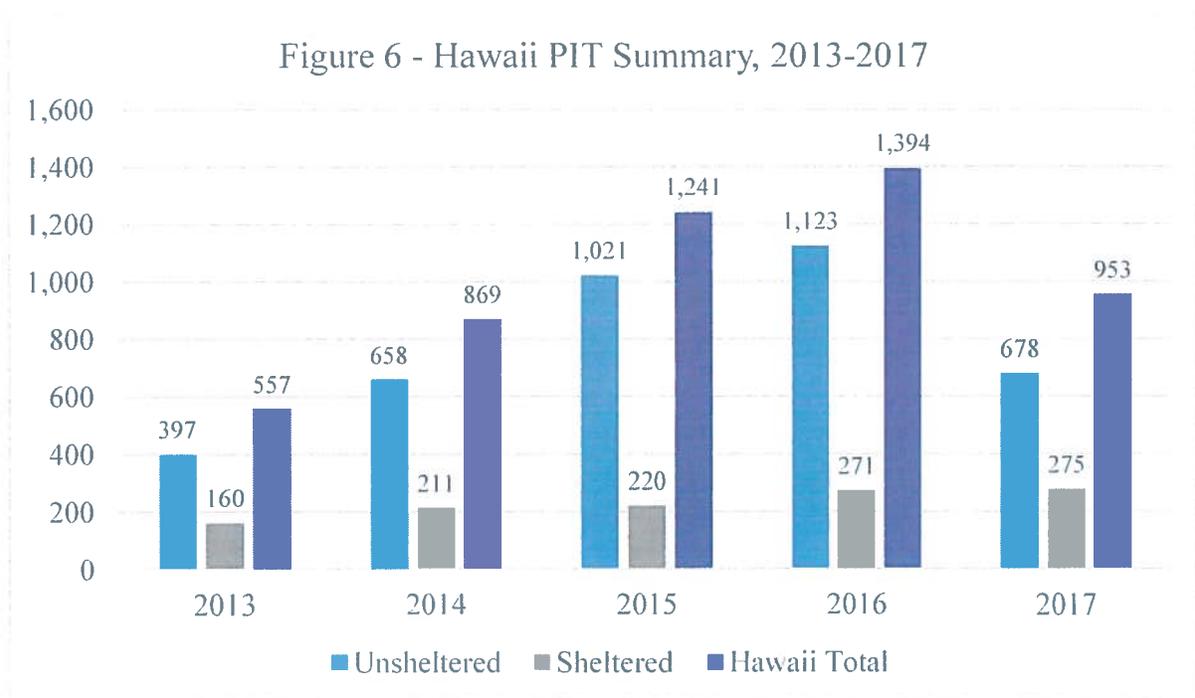
Table 9 presents various characteristics of the total homeless enumeration on Hawaii county.

Table 9: 2017 Hawaii Households Summary

	Sheltered		Unsheltered		Hawaii Total
	#	%	#	%	#
Singles	92	16%	482	84%	574
Family Individuals	183	48%	196	52%	379
All Individuals	275	29%	678	71%	953
Family Households	41	49%	42	51%	83

Figure 7 presents the information from Table 9 graphically.

FIGURE 7 - HAWAII COUNTY HOUSEHOLDS SUMMARY
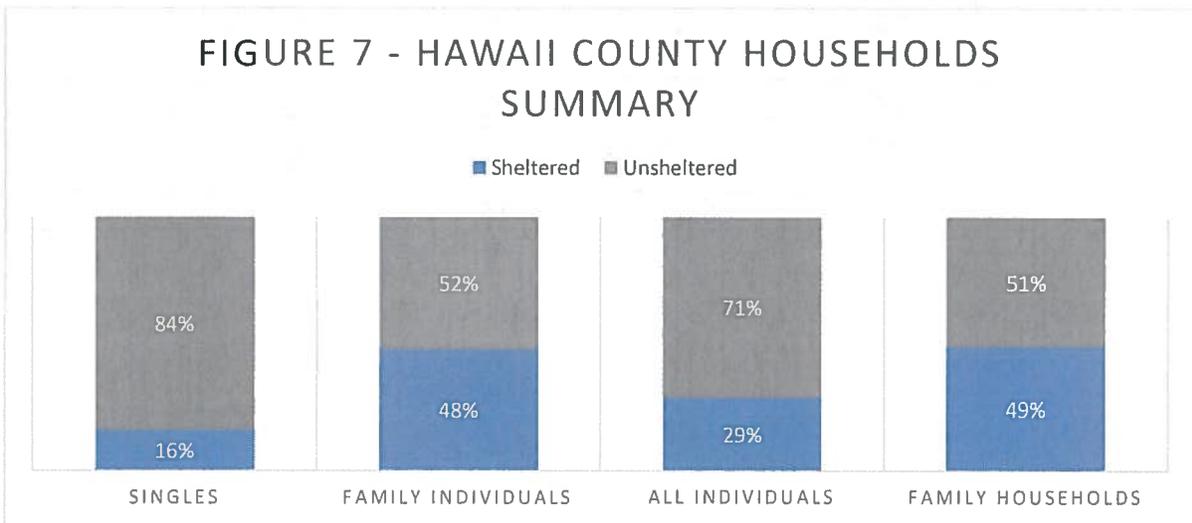
Tables 10 through 12 summarize the Hawaii county results over the last five years.

Table 10: Summary of Hawaii Island Singles, 2013-2017

	Sheltered		Unsheltered		Hawaii Total
	#	%	#	%	#
2017	92	16%	482	84%	574
2016	90	12%	663	88%	753
2015	94	12%	676	88%	770
2014	89	17%	438	83%	527
2013	66	17%	318	83%	384

Table 11: Summary of Hawaii Island Family Individuals, 2013-2017

	Sheltered		Unsheltered		Hawaii Total
	#	%	#	%	#
2017	183	48%	196	52%	379
2016	181	28%	460	72%	641
2015	126	27%	345	73%	471
2014	122	36%	220	64%	342
2013	94	54%	79	46%	173

Table 12: Summary of Hawaii Island Family Households, 2013-2017

	Sheltered		Unsheltered		Hawaii Total
	#	%	#	%	#
2017	41	49%	42	51%	83
2016	49	32%	104	68%	153
2015	33	30%	77	70%	110
2014	35	44%	45	56%	80
2013	27	63%	16	37%	43

Maui County Summary

Table 13: Maui County Summary 2013-2017

	Sheltered		Unsheltered		Maui Total
	#	%	#	%	#
2017	395	44%	501	56%	896
2016	484	42%	661	58%	1,145
2015	505	44%	632	56%	1,137
2014	445	46%	514	54%	959
2013	421	48%	455	52%	876

Table 13 and Figure 8 show the five-year trend in sheltered, unsheltered, and total homelessness on Maui. There was a large decline in total homelessness as compared to 2016, with large declines in both the sheltered and unsheltered components.

Figure 8 - Maui PIT Summary, 2013-2017
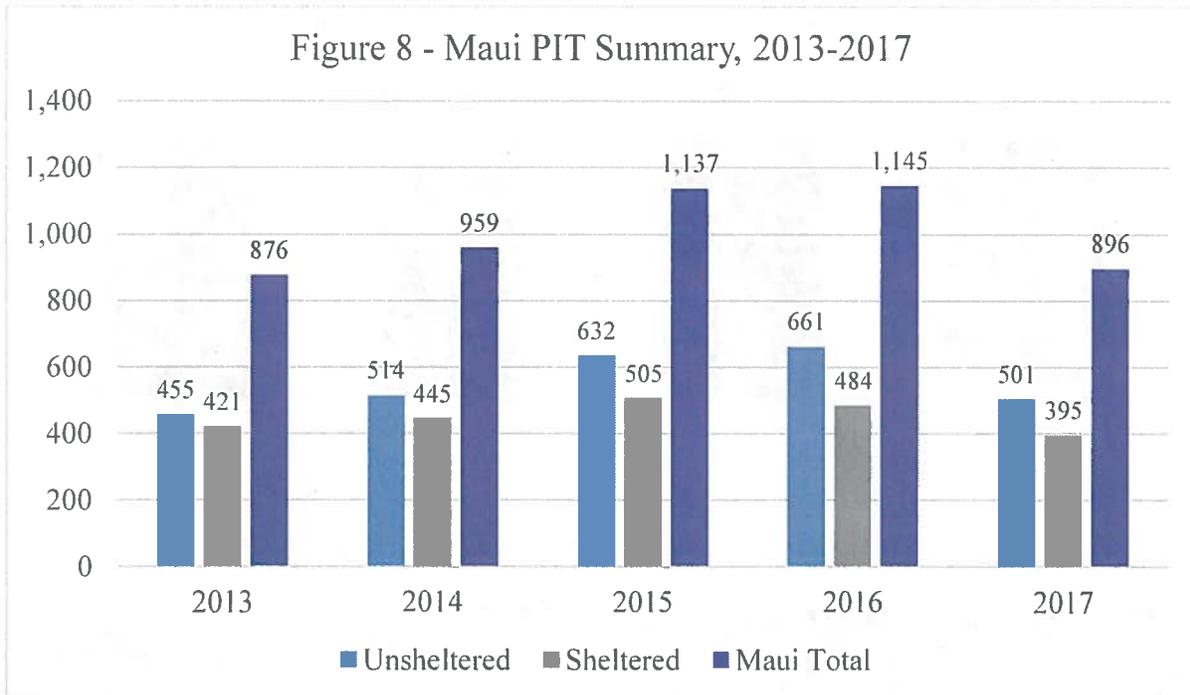
Table 14 presents various characteristics of the total homeless enumeration on Maui county.

Table 14: 2017 Maui County Households Summary

	Sheltered		Unsheltered		Maui Total
	#	%	#	%	#
Singles	120	20%	480	80%	600
Family Individuals	275	93%	21	7%	296
All Individuals	395	44%	501	56%	896
Family Households	80	92%	7	8%	87

Figure 9 illustrates the data in Table 14.

FIGURE 9 - MAUI COUNTY HOUSEHOLDS SUMMARY
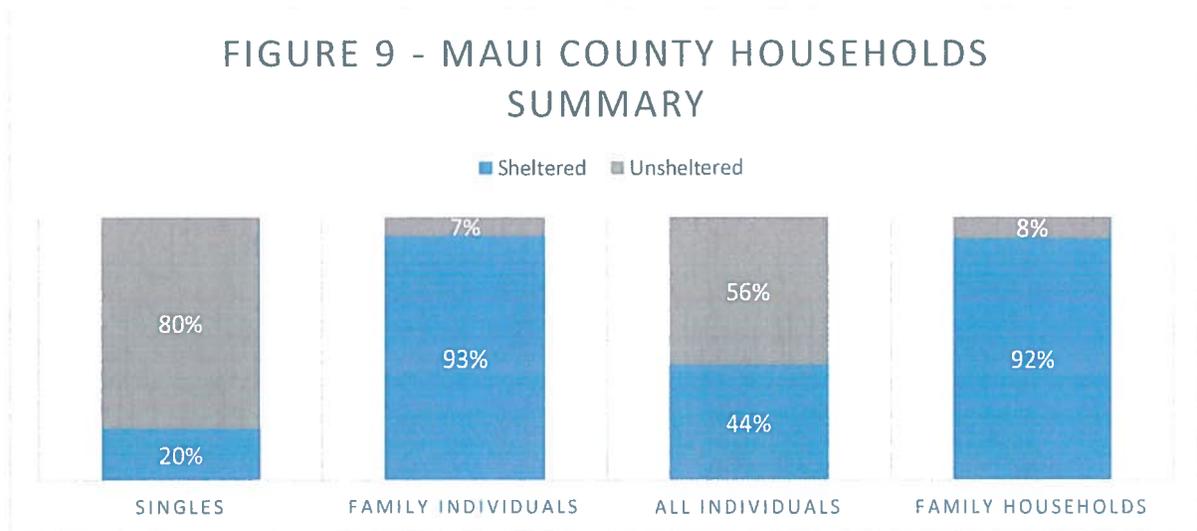
Tables 15 through 17 summarize the Maui county results over the last five years.

Table 15: Summary of Maui County Singles, 2013-2017

	Sheltered		Unsheltered		Maui Total
	#	%	#	%	#
2017	120	20%	480	80%	600
2016	242	32%	525	68%	767
2015	212	29%	530	71%	742
2014	144	24%	463	76%	607
2013	150	27%	405	73%	555

Table 16: Summary of Maui County Family Individuals, 2013-2017

	Sheltered		Unsheltered		Maui Total
	#	%	#	%	#
2017	275	93%	21	7%	296
2016	242	64%	136	36%	378
2015	293	74%	102	26%	395
2014	301	86%	51	14%	352
2013	271	84%	50	16%	321

Table 17: Summary of Maui County Family Households, 2013-2017

	Sheltered		Unsheltered		Maui Total
	#	%	#	%	#
2017	80	92%	7	8%	87
2016	66	66%	34	34%	100
2015	78	76%	25	24%	103
2014	87	87%	13	13%	100
2013	77	84%	15	16%	92

Kauai County Summary

Table 18: Kauai County Summary 2013-2017

	Sheltered		Unsheltered		Kauai Total
	#	%	#	%	#
2017	115	28%	297	72%	412
2016	91	21%	351	79%	442
2015	88	26%	251	74%	339
2014	78	21%	300	79%	378
2013	73	21%	273	79%	346

Table 18 and Figure 10 shows the five-year trend in sheltered, unsheltered, and total homelessness on Kauai. There was a 26% increase in the sheltered component, reflective of greater shelter capacity on the island. Kauai county also saw a decrease in unsheltered homeless.

Figure 10 - Kauai PIT Summary, 2013-2017
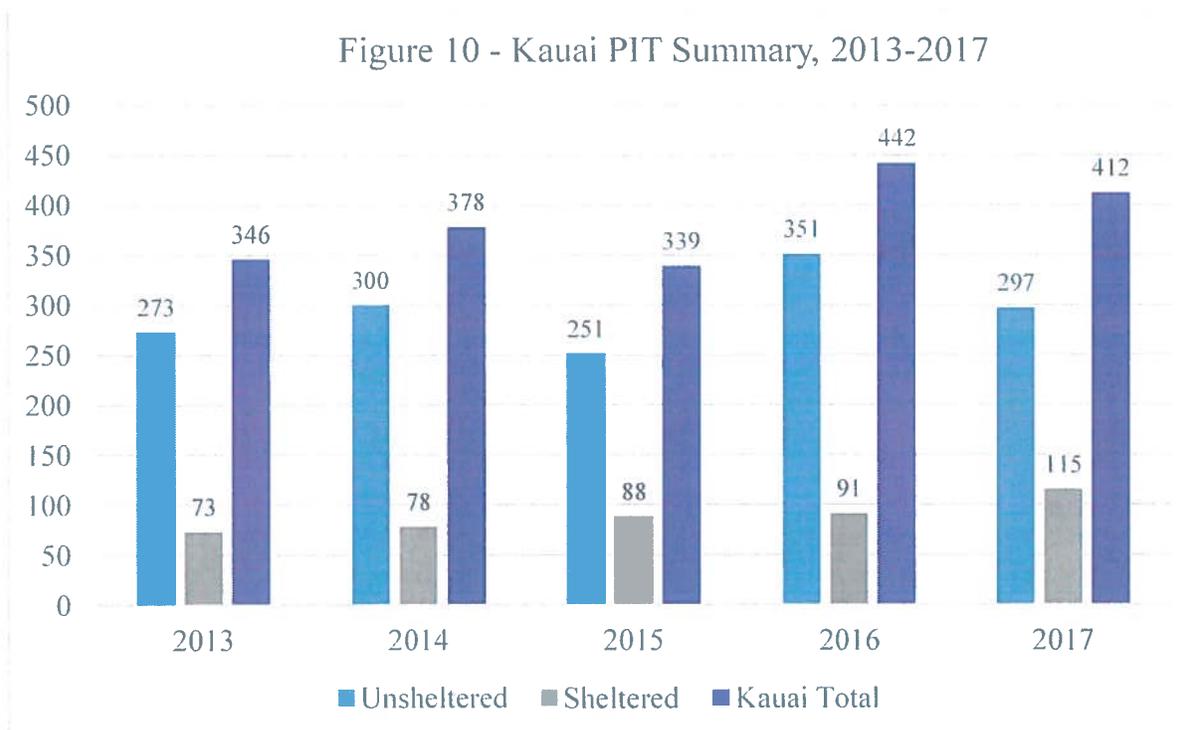
Table 19 presents various characteristics of the total homeless enumeration on Kauai county.

Table 19: 2016 Kauai County Households Summary

	Sheltered		Unsheltered		Kauai Total
	#	%	#	%	#
Singles	33	13%	216	87%	249
Family Individuals	82	50%	81	50%	163
All Individuals	115	28%	297	72%	412
Family Households	19	50%	19	50%	38

Figure 11 presents the data graphically

FIGURE 11 - KAUAI COUNTY HOUSEHOLDS SUMMARY
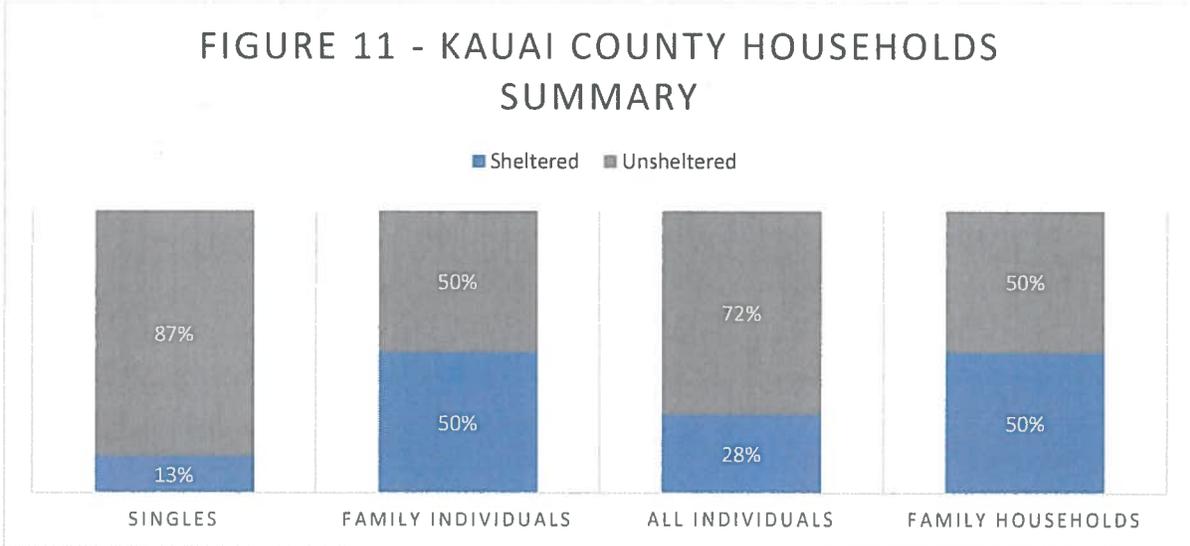
Tables 20 through 22 summarize the Kauai county results over the last five years.

Table 20: Summary of Kauai County Singles, 2013-2017

	Sheltered		Unsheltered		Kauai Total
	#	%	#	%	#
2017	33	13%	216	87%	249
2016	27	10%	246	90%	273
2015	28	12%	204	88%	232
2014	20	8%	240	92%	260
2013	25	11%	195	89%	220

Table 21: Summary of Kauai County Family Individuals, 2013-2017

	Sheltered		Unsheltered		Kauai Total
	#	%	#	%	#
2017	82	50%	81	50%	163
2016	64	38%	105	62%	169
2015	60	56%	47	44%	107
2014	58	49%	60	51%	118
2013	48	38%	78	62%	126

Table 22: Summary of Kauai County Family Households, 2013-2017

	Sheltered		Unsheltered		Kauai Total
	#	%	#	%	#
2017	19	50%	19	50%	38
2016	18	46%	21	54%	39
2015	17	59%	12	41%	29
2014	15	47%	17	53%	32
2013	14	42%	19	58%	33

Statewide Homeless Subpopulations Summary

In 2017 both Continuums were required to collect information on homeless subpopulations. These subpopulation data are outlined in Tables 23 through 30. The data collection presented in these tables follows HUD homeless specifications and guidance outlined in documentation relating to the 2017 PIT.

Neighbor Island Homeless Subpopulations:

Tables 23 to 26 outline the homeless subpopulation estimates for the neighbor islands. Table 23 details the number of chronically homeless in total. For the unsheltered data presented, 47% of all singles and 24% of families were chronically homeless. Historically, the singles rate has hovered very close to this estimate.

Table 23: Rural Counties – 2017 Chronically Homeless Subpopulations

	Sheltered		Unsheltered	Total
	Emergency	Safe Haven		
Chronically Homeless Individuals	27	n/a	524	551
Chronically Homeless Families	5	n/a	16	21
Persons in Chronically Homeless Families	25	n/a	65	90

Table 24 presents the homeless veteran data collected in 2017. As Table 25 shows, the total number of veterans dropped dramatically compared to 2016.

Table 24: Rural Counties – 2017 Homeless Veteran Populations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Homeless Veterans	11	12	n/a	143	166
CH Veteran Individuals	2	n/a	n/a	69	71
Homeless Vet Families	0	3	n/a	5	8
CH Veteran Families	0	n/a	n/a	2	2
Persons in CH Vet Families	0	n/a	n/a	8	8

Table 25: Summary of Rural County Veterans, 2013-2017

	Sheltered		Unsheltered		Rural Total
	#	%	#	%	#
2017	23	14%	143	86%	166
2016	40	16%	217	84%	257
2015	35	16%	190	84%	225
2014	33	16%	175	84%	208
2013	27	17%	133	83%	160

Table 26 shows self-reported subpopulation data for the neighbor islands.

Table 26: Rural Counties - Other Homeless Subpopulations

	Sheltered		Unsheltered	Total
	ES	TH		
Adults with a Serious Mental Illness	46	52	476	574
Adults with a Substance Use Disorder	26	57	373	456
Adults with HIV/AIDS	2	0	24	26
Victims of Domestic Violence	31	14	n/a	45

Oahu Homeless Subpopulations:

Tables 27 to 30 outline the homeless subpopulation estimates for Oahu. For the unsheltered data presented, an estimated 43% of all singles and 46% of families were chronically homeless. Traditionally the singles rate has hovered very close to this estimate.

Table 27: Oahu – 2017 Chronically Homeless Subpopulations

	Sheltered		Unsheltered	Total
	Emergency	Safe Haven		
Chronically Homeless Individuals	125	12	900	1,037
Chronically Homeless Families	4	n/a	27	31
Persons in Chronically Homeless Families	18	n/a	104	122

Table 28 presents the homeless veteran data collected in 2017 on Oahu.

Table 28: Oahu - Homeless Veteran Populations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Homeless Veterans	95	116	3	235	449
CH Vet Individuals	24	n/a	1	117	142
Homeless Vet Families	1	8	n/a	9	18
CH Veteran Families	0	n/a	n/a	5	5
Persons in CH Vet Families	0	n/a	n/a	19	19

Table 29 highlights the vet data from Oahu over the last five years. While the sheltered total fell by 10 veterans, the unsheltered count rose 24% compared to 2016.

Table 29: Summary of Oahu Veterans, 2013-2017

	Sheltered	Unsheltered	Oahu Total

	#	%	#	%	#
2017	214	48%	235	52%	449
2016	224	54%	189	46%	413
2015	240	51%	227	49%	467
2014	214	56%	171	44%	385
2013	207	52%	191	48%	398

Table 30 shows client self-reported subpopulation data for Oahu in 2017.

Table 30: Oahu - Other Homeless Subpopulations

	Sheltered			Unsheltered	Total
	ES	**TH**	**SH**		
Adults with a Serious Mental Illness	220	145	25	698	1,088
Adults with a Substance Use Disorder	135	128	15	655	933
Adults with HIV/AIDS	6	18	0	27	51
Victims of Domestic Violence	45	49	0	n/a	94

Statewide Unsheltered Summary

The total number of unsheltered homeless individuals statewide was estimated to be 3,800. Tables 31 through 34 present 2017 data by cohort and region for each of the four counties. All percentages in the tables use the cohort total as the denominator. The four tables below can be used to assess rates of homelessness for the different household configuration types. The tables can also be used to supplement information provided in the tables above.

Table 31: Summary of Oahu Regional Unsheltered Homeless, 2017

Region	Singles #	Singles %	Family Individuals #	Family Individuals %	All Individuals #	All Individuals %	Family Households #	Family Households %
1: Downtown Honolulu	605	29%	34	15%	639	27%	10	17%
2: East Honolulu	298	14%	11	5%	309	13%	4	7%
3: Ewa	205	10%	26	12%	231	10%	5	8%
4: Kaneohe to Waimanalo	235	11%	18	8%	253	11%	5	8%
5: Wahiawa to North Shore	363	17%	22	10%	385	17%	7	12%
6: Upper Windward	122	6%	27	12%	149	6%	7	12%
7: Waianae Coast	271	13%	87	39%	358	15%	21	36%
TOTAL	**2,099**	**100%**	**225**	**100%**	**2,324**	**100%**	**59**	**100%**

Figure 12 displays the data in Table 31.

FIGURE 12 - OAHU UNSHELTERED COMPOSITION

Region 1   Region 2   Region 3   Region 4   Region 5   Region 6   Region 7

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
FAMILY HOUSEHOLDS	17%	7%	8%	8%	12%	12%	36%
ALL INDIVIDUALS	27%	13%	10%	11%	17%	6%	15%
FAMILY INDIVIDUALS	15%	5%	12%	8%	10%	12%	39%
SINGLES	29%	14%	10%	11%	17%	6%	13%
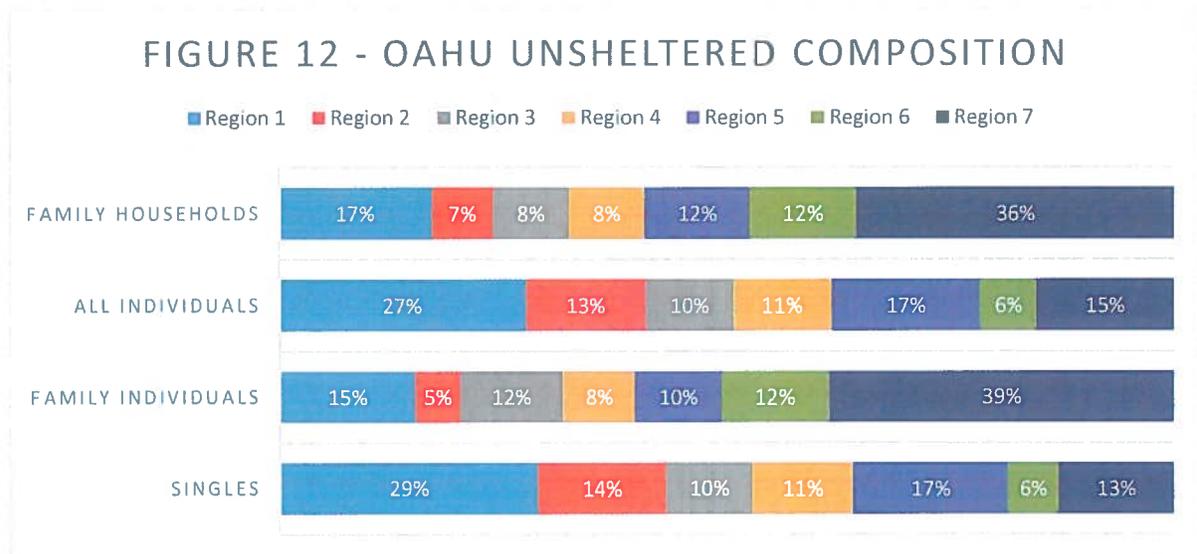
Table 32: Summary of Hawaii County Regional Unsheltered Homeless, 2017

Region	Singles #	Singles %	Family Individuals #	Family Individuals %	All Individuals #	All Individuals %	Family Households #	Family Households %
1: Kohala	3	1%	2	1%	5	1%	1	2%
2: Honokaa	16	3%	7	4%	23	3%	2	5%
3: Laupahoehoe	6	1%	0	0%	6	1%	0	0%
4: Hilo	154	32%	23	12%	177	26%	4	10%
5: Waiakea	35	7%	0	0%	35	5%	0	0%
6: Keaau	41	9%	31	16%	72	11%	8	19%
7: Pahoa	66	14%	21	11%	87	13%	4	10%
8: Kau	40	8%	96	49%	136	20%	20	48%
9: Konawaena	7	1%	0	0%	7	1%	0	0%
10: Kealakehe	114	24%	16	8%	130	19%	3	7%
TOTAL	**482**	**100%**	**196**	**100%**	**678**	**100%**	**42**	**100%**

Table 33: Summary of Maui County Regional Unsheltered Homeless, 2017

Region	Singles #	Singles %	Family Individuals #	Family Individuals %	All Individuals #	All Individuals %	Family Households #	Family Households %
1: Central Maui	211	44%	4	19%	215	43%	1	14%
2: Lower Waiehu	4	1%	0	0%	4	1%	0	0%
3: Up Country	48	10%	0	0%	48	10%	0	0%
4: Lahaina	89	19%	15	71%	104	21%	5	71%
5: Kihei	127	26%	2	10%	129	26%	1	14%
6: Hana	1	0%	0	0%	1	0%	0	0%
TOTAL	**480**	**100%**	**21**	**100%**	**501**	**100%**	**7**	**100%**

Table 34: Summary of Kauai County Regional Unsheltered Homeless, 2017

Region	Singles #	Singles %	Family Individuals #	Family Individuals %	All Individuals #	All Individuals %	Family Households #	Family Households %
1: West	36	17%	36	44%	72	24%	8	42%
2: South	9	4%	0	0%	9	3%	0	0%
3: South Central	83	38%	26	32%	109	37%	6	32%
4: East	54	25%	4	5%	58	20%	1	5%
5: North	34	16%	15	19%	49	16%	4	21%
TOTAL	**216**	**100%**	**81**	**100%**	**297**	**100%**	**19**	**100%**

Demographic characteristics for the unsheltered populations are detailed in appendices one and two. These tables present subpopulation information for unsheltered homeless individuals as well as summaries of youth and veteran homelessness. Youth and veteran homelessness characteristics are subsets of the data presented in Tables 1 to 3 of aforementioned appendices. The following links to prior PIT count reports for comparison: http://www.hawaiihmis.org/publications/pit-counts/.

Figure 13 presents the data from Tables 32 through 34 in aggregate.

FIGURE 13 - NEIGHBOR ISLAND UNSHELTERED COMPOSITION

■ Hawaii ■ Kauai ■ Maui

Category	Hawaii	Kauai	Maui
FAMILY HOUSEHOLDS	62%	28%	10%
ALL INDIVIDUALS	46%	20%	34%
FAMILY INDIVIDUALS	66%	27%	7%
SINGLES	41%	18%	41%
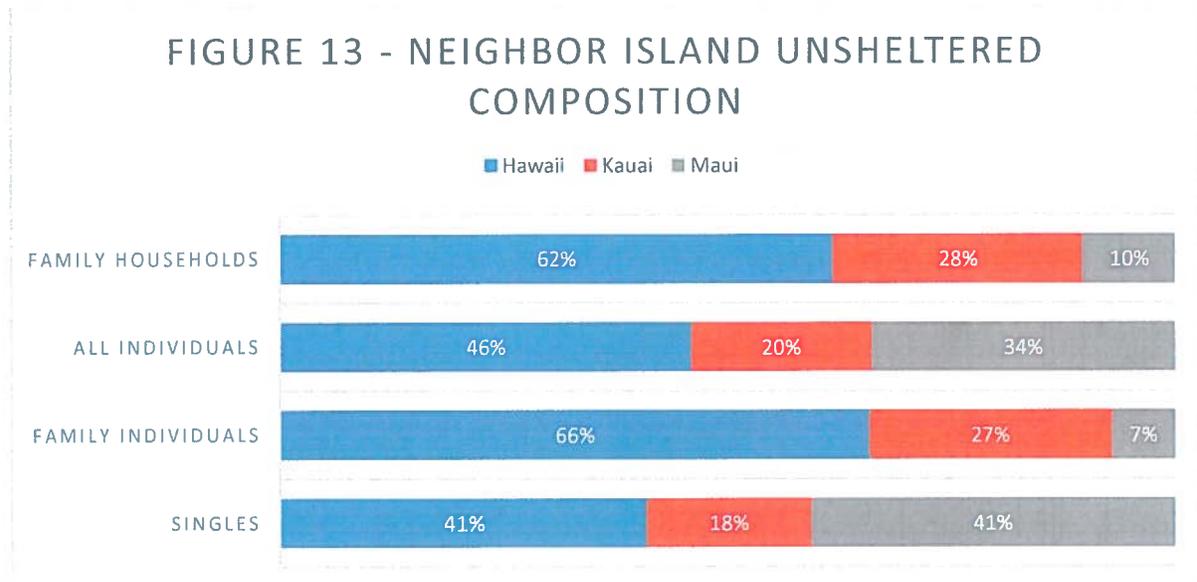
Appendix 1: 2017 Oahu HUD HDX Tables

HUD HDX Table 1 - Oahu
HI-501 Homeless Populations
Households with at least one Adult & one Child

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	115	284	59	458
Total # of Persons (Adults & Children)	429	1193	225	1,847
# of Persons (under age 18)	245	680	130	1,055
# of Persons (18-24)	29	89	14	132
# of Persons (over age 24)	155	424	81	660

Gender (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	234	646	112	992
Male	195	547	113	855
Transgender	0	0	0	0
Don't identify as male, female or transgender	0	0	0	0

Ethnicity (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	411	1,005	197	1,613
Hispanic/Latino	18	188	28	234

Race (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	20	49	7	76
Black or African-American	6	18	5	29
Asian	8	28	9	45
American Indian or Alaska Native	0	9	0	9
Native Hawaiian or Other Pacific Islander	302	683	137	1,122
Multiple Races	93	406	67	566

Chronically Homeless

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	4	n/a	27	31

Total # of Persons	18	n/a	104	122

HUD HDX Table 2 - Oahu
HI-501 Homeless Populations
Households with only Children

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	1	0	0	23	24
Total # of children (< 18)	1	0	0	23	24

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	4	4
Male	1	0	0	19	20
Transgender	0	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0	0

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	1	0	0	19	20
Hispanic/Latino	0	0	0	4	4

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	0	0	0	4	4
Black or African-American	0	0	0	0	0
Asian	0	0	0	1	1
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	11	11
Multiple Races	1	0	0	7	8

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	0	n/a	0	4	4

HUD HDX Table 3 - Oahu
HI-501 Homeless Populations
Households without Children

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	600	347	25	2,003	2,975
Total # of Persons (Adults)	628	359	25	2,076	3,088
# of Persons (age 18-24)	39	17	0	143	199
# of Persons (over age 24)	589	342	25	1,933	2,889

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	199	122	10	672	1,003
Male	424	233	15	1,390	2,062
Transgender	5	4	0	10	19
Don't identify as male, female, or transgender	0	0	0	4	4

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	567	310	24	1,759	2,660
Hispanic/Latino	61	49	1	317	428

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	203	104	5	432	744
Black or African-American	42	40	3	70	155
Asian	86	57	5	325	473
American Indian or Alaska Native	5	3	0	33	41
Native Hawaiian or Other Pacific Islander	124	76	3	731	934
Multiple Races	168	79	9	485	741

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	125	n/a	12	896	1,033

HUD HDX Table 4 - Oahu
HI-501 Homeless Subpopulations
Additional Homeless Subpopulations

Additional Homeless Subpopulations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	220	145	25	698	1,088
Adults with a Substance Use Disorder	135	128	15	655	933
Adults with HIV/AIDS	6	18	0	27	51
Victims of Domestic Violence (optional)	45	49	0	0	94

HUD HDX Table 5 - Oahu

HI-501 Youth Populations
Unaccompanied Youth Households

Unaccompanied Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of unaccompanied youth households	33	16	0	159	208
Total # of unaccompanied youth	34	16	0	160	210
# of unaccompanied children (under age 18)	1	0	0	23	24
# of unaccompanied young adults (ages 18 to24)	33	16	0	137	186

Gender (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	13	8	0	65	86
Male	20	8	0	92	120
Transgender	1	0	0	2	3
Don't identify as male, female, or transgender	0	0	0	1	1

Ethnicity (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	29	11	0	139	179
Hispanic/Latino	5	5	0	21	31

Race (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	3	2	0	20	25
Black or African-American	2	1	0	7	10
Asian	4	1	0	13	18
American Indian or Alaska Native	1	0	0	0	1
Native Hawaiian or Other Pacific Islander	11	3	0	73	87
Multiple Races	13	9	0	47	69

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	5	n/a	0	33	38

HUD HDX Table 6 - Oahu
HI-501 Youth Populations
Parenting Youth Households

Parenting Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of parenting youth households	5	18	n/a	5	28
Total # of persons in parenting youth households	16	64	n/a	14	94
# of parenting youth (youth parents only)	8	32	n/a	8	48
# of parenting youth (under age 18)	0	0	n/a	0	0
# of parenting youth (18 to 24)	8	32	n/a	8	48
# of children with parenting youth (children under age 18 with parents under age 25)	8	32	n/a	6	46

Gender (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	5	18	n/a	5	28
Male	3	14	n/a	3	20
Transgender	0	0	n/a	0	0
Don't identify as male, female, or transgender	0	0	n/a	0	0

Ethnicity (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	6	28	n/a	6	40
Hispanic/Latino	2	4	n/a	2	8

Race (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	1	3	n/a	1	5
Black or African-American	0	0	n/a	1	1
Asian	0	0	n/a	0	0

American Indian or Alaska Native	0	0	n/a	0	0
Native Hawaiian or Other Pacific Islander	6	17	n/a	5	28
Multiple Races	1	12	n/a	1	14

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	0	n/a	n/a	3	3
Total # of persons	0	n/a	n/a	8	8

HUD HDX Table 7 - Oahu
HI-501 Veteran Populations
Veteran Households with at least one Adult & one Child

Persons in Households with at least one Adult & one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of Households	1	8	9	18
Total # of Persons	6	40	31	77
Total # of Veterans	1	8	9	18

Gender (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	1	3	2	6
Male	0	5	7	12
Transgender	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0

Ethnicity (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	1	8	7	16
Hispanic/Latino	0	0	2	2

Race (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	0	1	1	2
Black or African-American	0	1	2	3
Asian	0	1	1	2
American Indian or Alaska Native	0	0	0	0
Native Hawaiian or Other Pacific Islander	1	5	3	9
Multiple Races	0	0	2	2

Chronically Homeless

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	0	n/a	5	5
Total # of Persons	0	n/a	19	19

HUD HDX Table 8 - Oahu
HI-501 Veteran Populations
Veteran Households without Children

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of Households	94	108	3	226	431
Total # of Persons	99	109	3	236	447
Total # of Veterans	94	108	3	226	431

Gender (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	10	8	1	21	40
Male	84	99	2	204	389
Transgender	0	1	0	1	2
Don't identify as male, female, or transgender	0	0	0	0	0

Ethnicity (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	85	96	3	200	384
Hispanic/Latino	9	12	0	26	47

Race (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	38	44	1	63	146
Black or African-American	14	28	0	19	61
Asian	13	14	0	33	60
American Indian or Alaska Native	1	0	0	5	6
Native Hawaiian or Other Pacific Islander	9	7	0	68	84
Multiple Races	19	15	2	38	74

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	24	n/a	1	117	142

Appendix 2: 2017 Neighbor Islands HUD HDX Tables

HUD HDX Table 1 – Neighbor Islands
HI-500 Homeless Populations
Households with at least one Adult & one Child

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	44	96	68	208
Total # of Persons (Adults & Children)	166	374	298	838
# of Persons (under age 18)	109	216	169	494
# of Persons (18-24)	8	28	11	47
# of Persons (over age 24)	49	130	118	297

Gender (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	104	216	160	480
Male	62	158	137	357
Transgender	0	0	1	1
Don't identify as male, female or transgender	0	0	0	0

Ethnicity (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	128	329	260	717
Hispanic/Latino	38	45	38	121

Race (adults and children)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	30	32	34	96
Black or African-American	8	8	5	21
Asian	11	13	18	42
American Indian or Alaska Native	1	0	16	17
Native Hawaiian or Other Pacific Islander	64	207	196	467
Multiple Races	52	114	29	195

Chronically Homeless

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	5	n/a	16	21

Total # of Persons	25	n/a	65	90

HUD HDX Table 2 - Neighbor Islands

HI-500 Homeless Populations
Households with only Children

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	0	1	0	1	2
Total # of children (< 18)	0	1	0	1	2

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	0	0
Male	0	1	0	1	2
Transgender	0	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0	0

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	0	0	0	1	1
Hispanic/Latino	0	1	0	0	1

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	0	0	0	0	0
Black or African-American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	1	0	1	2
Multiple Races	0	0	0	0	0

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	0	n/a	0	0	0

HUD HDX Table 3 - Neighbor Islands
HI-500 Homeless Populations
Households without Children

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	116	121	0	1,100	1,337
Total # of Persons (Adults)	117	127	0	1,177	1,421
# of Persons (age 18-24)	3	3	0	113	119
# of Persons (over age 24)	114	124	0	1,064	1,302

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	58	55	0	359	472
Male	59	71	0	815	945
Transgender	0	1	0	2	3
Don't identify as male, female, or transgender	0	0	0	1	1

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	103	109	0	1,032	1,244
Hispanic/Latino	14	18	0	145	177

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	57	52	0	565	674
Black or African-American	5	11	0	34	50
Asian	6	6	0	83	95
American Indian or Alaska Native	1	2	0	36	39
Native Hawaiian or Other Pacific Islander	20	28	0	317	365
Multiple Races	28	28	0	142	198

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	27	n/a	0	524	551

HUD HDX Table 4 - Neighbor Islands
HI-500 Homeless Subpopulations
Additional Homeless Subpopulations

Additional Homeless Subpopulations

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Adults with a Serious Mental Illness	46	52	0	476	574
Adults with a Substance Use Disorder	26	57	0	373	456
Adults with HIV/AIDS	2	0	0	24	26
Victims of Domestic Violence (optional)	31	14	0	0	45

HUD HDX Table 5 - Neighbor Islands
HI-500 Youth Populations
Unaccompanied Youth Households

Unaccompanied Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of unaccompanied youth households	3	3	0	100	106
Total # of unaccompanied youth	3	3	0	103	109
# of unaccompanied children (under age 18)	0	1	0	1	2
# of unaccompanied young adults (ages 18 to24)	3	2	0	102	107

Gender (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	1	2	0	38	41
Male	2	1	0	64	67
Transgender	0	0	0	1	1
Don't identify as male, female, or transgender	0	0	0	0	0

Ethnicity (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	2	3	0	89	94
Hispanic/Latino	1	0	0	14	15

Race (unaccompanied youth)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	1	0	0	51	52
Black or African-American	1	0	0	3	4
Asian	0	0	0	6	6
American Indian or Alaska Native	0	0	0	2	2
Native Hawaiian or Other Pacific Islander	0	3	0	26	29
Multiple Races	1	0	0	15	16

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	0	n/a	0	28	28

HUD HDX Table 6 – Neighbor Islands

HI-500 Youth Populations
Parenting Youth Households

Parenting Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of parenting youth households	3	9	n/a	2	14
Total # of persons in parenting youth households	9	27	n/a	9	45
# of parenting youth (youth parents only)	5	15	n/a	3	23
# of parenting youth (under age 18)	0	0	n/a	0	0
# of parenting youth (18 to 24)	5	15	n/a	3	23
# of children with parenting youth (children under age 18 with parents under age 25)	4	12	n/a	6	22

Gender (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	3	9	n/a	2	14
Male	2	6	n/a	1	9
Transgender	0	0	n/a	0	0
Don't identify as male, female, or transgender	0	0	n/a	0	0

Ethnicity (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	5	14	n/a	3	22
Hispanic/Latino	0	1	n/a	0	1

Race (youth parents only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	0	2	n/a	0	2
Black or African-American	0	0	n/a	0	0
Asian	1	1	n/a	0	2

American Indian or Alaska Native	0	0	n/a	0	0
Native Hawaiian or Other Pacific Islander	2	11	n/a	3	16
Multiple Races	2	1	n/a	0	3

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of households	0	n/a	n/a	0	0
Total # of persons	0	n/a	n/a	0	0

HUD HDX Table 7 - Neighbor Islands

HI-500 Veteran Populations

Veteran Households with at least one Adult & one Child

Persons in Households with at least one Adult & one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of Households	0	3	5	8
Total # of Persons	0	13	19	32
Total # of Veterans	0	3	5	8

Gender (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	0	1	0	1
Male	0	2	5	7
Transgender	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0

Ethnicity (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	0	3	3	6
Hispanic/Latino	0	0	2	2

Race (veterans only)

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	0	0	2	2
Black or African-American	0	0	0	0
Asian	0	0	1	1
American Indian or Alaska Native	0	0	1	1
Native Hawaiian or Other Pacific Islander	0	2	1	3
Multiple Races	0	1	0	1

Chronically Homeless

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total # of households	0	n/a	2	2
Total # of Persons	0	n/a	8	8

HUD HDX Table 8 - Neighbor Islands
HI-500 Veteran Populations
Veteran Households without Children

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of Households	11	9	0	138	158
Total # of Persons	11	9	0	149	169
Total # of Veterans	11	9	0	138	158

Gender (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	3	0	0	7	10
Male	8	9	0	131	148
Transgender	0	0	0	0	0
Don't identify as male, female, or transgender	0	0	0	0	0

Ethnicity (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	10	6	0	126	142
Hispanic/Latino	1	3	0	12	16

Race (veterans only)

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	6	6	0	77	89
Black or African-American	1	1	0	5	7
Asian	0	0	0	10	10
American Indian or Alaska Native	0	0	0	3	3
Native Hawaiian or Other Pacific Islander	1	0	0	28	29
Multiple Races	3	2	0	15	20

Chronically Homeless

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total # of persons	2	n/a	0	69	71

Appendix 3: Unsheltered Oahu and Neighbor Island Survey Forms

The final versions of the Oahu and Neighbor Islands Unsheltered Survey forms can be found at the following link under the Survey Forms header:

http://www.hawaiihmis.org/news/2017-pit-count/

Appendix 4: 2017 Non-HMIS Sheltered PIT Survey

Brief Instructions for this Non-HMIS Survey Form

- The information in this document is intended for shelters *not* entering data into the HMIS for the sheltered PIT count night of Sunday, 1/22/17 (e.g. DV shelters). The below instructions should be read prior to filling out the tables.

- Please complete this form for the night of Sunday, January 22, 2017.

- For providers with more than one shelter, please use a separate form for each shelter.

- Email completed forms to carlos@cperaroconsulting.com. Questions may also be directed to this address.

- Tables 1, 2, and 3 of Section 1 (pp. 4-5) are mutually exclusive. Each person sleeping in your program on the night of the count should be counted in only one of the tables.

- Table 1 counts information on households with at least one adult and one child under age 18 (families).

- Table 2 counts information on single adults, adult couples with no children, and groups of adults.

- Table 3 counts information on persons under age 18; which can include children in one-child households, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

- Table 4 is required by HUD and captures subpopulation information for the adults counted in Tables 1-3. Subpopulation data should be limited to adults.

- HUD requires that all veterans counted in Tables 1-3, be broken out in Section 2, Tables 5 and 6. The persons counted in these tables are subsets of the counts in Tables 1-3, follow the same rationale noted above, but are strictly for veteran households where at least one of the adults is a veteran.

- HUD requires that all youth counted in Tables 1-3, be broken out in Section 3, Tables 7 and 8. The persons counted in these tables are subsets of the counts in Tables 1-3, follow the same rationale noted above, but are strictly for youth households where all members of the household are less than 25 years of age. Parenting youth and unaccompanied youth definitions are presented below Tables 7 and 8 for reference.

- Regarding Chronically Homeless households. Key Chronic Homeless terms for the various tables are outlined in Appendix A. For households of more than one person, when one household member qualifies as chronically homeless, all members of that household should be counted as chronically homeless.

- Please fill out the next page for identification purposes.

<u>Please fill out the below Shelter and Contact Information:</u>

Organization Name:

Program Name:

Program Type (e.g. emergency, transitional):

Name of Person Completing Survey:

Email:

Phone #:

Section 1: Population & Subpopulation Requirements for All Households

	Table 1: Households with at Least One Adult and One Minor Child	TOTAL
1.	Total number of households	
2.	Total number of persons in those households	
	Number of children (under age 18)	
	Number of young adults (age 18-24)	
	Number of adults (over age 24)	
3.	Gender (adults and children)	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
4.	Ethnicity (adults and children)	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
5.	Race (adults and children) – *Please identify only one per person*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
6.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

	Table 2: Adult Households without Minor Children	TOTAL
1.	Total number of households	
2.	Total number of persons in those households	
	Number of young adults (age 18-24)	
	Number of adults (over age 24)	
3.	Gender of adults	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
4.	Ethnicity of adults	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
5.	Race of adults – *Please identify only one per adult*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
6.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

	Table 3: Households with only children (under age 18)	TOTAL
1.	Total number of households	
2.	Total number of children (under age 18)	
3.	Gender of children	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
4.	Ethnicity of children	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
5.	Race of children – *Please identify only one per child*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
6.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

	Table 4: Subpopulation Data for the Adults in Tables 1-3	TOTAL
1.	Total number of adults with a Serious Mental Illness	
2.	Total number of adults with a Substance Use Disorder	
3.	Total number of adults with HIV/AIDS	
4.	Total number of adults that are Victims of Domestic Violence	

Section 2: Population Requirements for Veteran Households

	Table 5: Veteran Households with at Least One Adult and One Minor Child	TOTAL
1.	Total number of households	
2.	Total number of persons in the above households	
3.	Total number of veterans	
4.	Gender (veterans only)	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
5.	Ethnicity (veterans only)	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
6.	Race (veterans only) – *Please identify only one per veteran*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
7.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

	Table 6: Veteran Households without Minor Children	TOTAL
1.	Total number of households	
2.	Total number of persons in the above households	
3.	Total number of veterans	
4.	Gender (veterans only)	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
5.	Ethnicity (veterans only)	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
6.	Race (veterans only) – *Please identify only one per veteran*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
7.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

Section 3: Population Requirements for Youth Households (all household members < 25 years old)

	Table 7: Unaccompanied Youth Households	TOTAL
1.	Total number of unaccompanied youth households*	
2.	Total number of unaccompanied youth	
	Number of unaccompanied youth (under age 18)	
	Number of unaccompanied youth (age 18 to 24)	
3.	Gender (unaccompanied youth)	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
4.	Ethnicity (unaccompanied youth)	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
5.	Race (unaccompanied youth) – *Please identify only one per unaccompanied youth*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
6.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

*Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren).

Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.

	Table 8: Parenting Youth Households	TOTAL
1.	Total number of parenting youth households**	
2.	Total number of persons in parenting youth households	
	Number of parenting youth (youth parents only)	
	Number of parenting youth (under age 18)	
	Number of parenting youth (age 18 to 24)	
	Number of children with parenting youth (children under 18 w/ parents under 25)	
3.	Gender (youth parents only)	
	Female	
	Male	
	Transgender	
	Don't identify as male, female, or transgender	
4.	Ethnicity (youth parents only)	
	Non-Hispanic/Non-Latino	
	Hispanic/Latino	
5.	Race (youth parents only) – *Please identify only one per youth parent*	
	White	
	Black or African-American	
	Asian	
	American Indian or Alaska Native	
	Native Hawaiian or Other Pacific Islander	
	Multiple Races (at least two of the above races)	
6.	Chronically Homeless	
	Total number of households	
	Total number of persons in those households	

**Parenting youth are youth who identify as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household

Appendix A: Key Chronic Homeless Terms

These terms do not directly correspond to the program requirements of HUD funding streams and must only be used for the purposes of the PIT.

Chronically Homeless Person – A person who:

A. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and,

B. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months; and,

C. Has a disability.

Disability – An individual with one or more of the following conditions:

A. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:

(1) Is expected to be long-continuing or of indefinite duration;

(2) Substantially impedes the individual's ability to live independently; and

(3) Could be improved by the provision of more suitable housing conditions.

B. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or

C. HIV/AIDS

Chronically Homeless Family with Children– A family with children with at least one adult or minor head of household who is identified as CH. When on household member qualifies as CH, all members of that household should be counted as CH.

Appendix 5: 2017 PIT Count Overview

2017 Key PIT Dates:

- ***Sheltered date for the count is _Sunday, January 22, 2017_.*** Individuals and families staying in a shelter on this night will be counted. All sheltered intakes for clients residing in ES, TH, or Safe Haven (SH) programs should be entered into the HMIS by Friday, February 10, 2017. All Non-HMIS summary surveys for providers not participating in the HMIS (e.g. DV shelters) should be completed for clients residing on the night of January 22, 2017 and submitted to carlos@cperaroconsulting.com by Tuesday, January 31, 2017. The non-HMIS survey will be available by Friday, January 13, 2017.

- ***Unsheltered dates for the 2017 count are _Monday, January 22, 2017 to Friday January 26, 2017._*** ONLY people who responded that they DID NOT stay indoors on Sunday, January 22, 2017 should be surveyed. If a person responds by stating that they were sheltered or stayed indoors on the night of the 24th, discontinue the survey and ***do not enter*** it into the PIT module of the HMIS. Ideally, surveying should be done at a variety of times including very early in the morning and late at night. Technically surveying can begin late Sunday night once shelters have closed, however, this is not recommended due to some of the danger it poses to staff or volunteers. Outreach staff may want to consider surveying late Sunday night and into early Monday morning if they are accustomed to this workflow. Service-based counts should also be utilized for surveying. Service-based locations can include soup kitchens, day shelters, libraries, and other community locations. All unsheltered surveys collected by PIT staff and volunteers during the date range above must be entered into the PIT module of the HMIS by ***Friday, February 17, 2017.***

- **Unsheltered PIT Kickoff is _Monday, January 23rd_** for a concentrated outreach effort in each of the regions, which will continue until **_Friday, January 27th._** Coordinators leading each of the regions (page 3 of this document) will be responsible for determining where and when to start each day. Lead coordinators should be contacted to determine starting times and locations during the unsheltered dates above. It is the hope that outreach staff and volunteers can be utilized as much as possible during the work-week.

Volunteers: Any assistance by students or volunteers during the week of the count is welcomed. ***All volunteers must register prior to the count with their affiliated organization for their particular region.*** Lead coordinators and contact information for Oahu Regions 1-7 have been established on page 3 of this document so that volunteers wishing to canvass particular regions or areas can reference as needed. Volunteers can be referred or reach out directly to lead coordinators to assist with the count; however, individual organizations are also encouraged to recruit volunteers to assist with their efforts. Regional lead coordinators and partnering organizations must make sure that all volunteers working in their areas are adequately trained, documented via the Volunteer Sign-Up Form, and have signed the 2017 PIT Contact and Confidentiality form. The training schedule for outreach personnel and volunteers is outlined below. Regional coordinators and individual organizations are urged to conduct volunteer trainings in addition to the below training schedule in the week leading up to the count.

Survey Instruments: The survey instruments for 2017 have been slightly modified to accommodate HUD's changes and to capture information that will be helpful to the CoC. A copy of the household (accompanied) and single (unaccompanied) surveys will be provided in the coming week. It is recommended that the survey form for single clients be printed on

white paper due to the fact that the vast majority of unsheltered clients will be unaccompanied; with the survey instrument for households printed on colored paper. The household form contains one survey page for the head of household and one survey form that should be used for all other adults within the household. Each adult in the household should complete their own survey. There is a slight caveat for youth households that will be covered during the trainings. The training dates below will review the survey instruments, canvassing procedures, and aspects of data quality in much further detail.

Survey Data Entry: Please ensure that proper channels are established so that all surveys completed by volunteers and agency staff are routed to regional lead coordinators responsible for the survey data entry. Before entering survey data, regional coordinators should follow data quality protocols established prior to the count. The trainings above and power points will outline key data quality fundamentals.

Surveys must be cleaned before being entered into the HMIS. Volunteers can assist with cleaning the data. However, it is imperative that only skilled HMIS staff are involved in HMIS data entry. Data quality is an extremely important aspect of the PIT. Steps for updating client records, and cleaning and entering survey data into the HMIS will be provided before the 2017 PIT Count takes place.

Appendix 6: 2017 Contact & Confidentiality Form

Contact Information and Confidentiality Form**
2017 HOMELESS POINT-IN-TIME COUNT (PIT)

Name:_____Phone #:_____

Position:_____Agency:_____

E-mail: _____

Emergency Name and Contact #: _____

_____

Preferred Geographic Region: _____

2017 Point-In-Time Count Statement of Confidentiality
MUST BE SIGNED BY ALL SURVEYORS

All agency/outreach staff and volunteers associated with the collection of homeless population data during the 2017 Unsheltered Point in Time Count are subject to certain confidentiality guidelines.

These guidelines apply to all data collected during the five-day period from January 23rd to January 27th and to any data that may subsequently be entered into the HMIS from this period. The State of Hawaii's HMIS contains an appreciable amount of client information that must be confidentially maintained. There are several guidelines that the State of Hawaii would like to address regarding the collection and entry of client data into the HMIS for agency staff or volunteers.

- All client information gathered during the PIT will be held strictly confidential.
- All completed surveys will be kept out of public view.
- Personal HMIS user identifications and passwords will be kept secure and will not be shared.
- Client information viewed from within the HMIS is to remain confidential, regardless of whether an employee's job is terminated or concludes for any reason.
- Falsifying information about any client is strictly prohibited.

Your signature below indicates your agreement to comply with this statement of confidentiality.

*Agency, if Applicable:*_____

*Print Name:*_____

*Signature:*_____*Date*_____

**Please gather and send all completed forms to the lead coordinator for your region. The lead coordinator will be responsible for collecting all consent forms.

Appendix 7: PIT Agency Instructions

AGENCY INSTRUCTIONS
UNSHELTERED HOMELESS SURVEYOR INSTRUCTIONS
JANUARY 23rd to 27th, 2017 - HOMELESS POINT-IN-TIME COUNT

- Unsheltered canvassing begins Monday, January 23rd and ends Friday, January 27th. The official night of the count is Sunday, January 22nd.

- Please survey all unsheltered individuals and households that are normally outreached as well as individuals that are randomly encountered during the PIT Count week.

- If you have staff and/or volunteers assisting in the Monday Kickoff or doing outreach during the week, please make sure that it is coordinated with the agency or person who is the lead coordinator for that area. Volunteers should be under the oversight of trained outreach personnel and trained prior to the canvassing week.

- Confirm that staff and volunteers helping with the surveying have filled out and signed the Contact and Confidentiality form. All of these forms should be collected and turned into your County lead.

- Ensure that proper channels are established so that all surveys completed by volunteers and agency staff are routed to the regional coordinators. Before entering survey data, regional coordinators should follow data quality protocols established prior to the count.

- Surveys must be cleaned before being entered into the HMIS. Volunteers can assist with cleaning the data. However, it is imperative that only skilled HMIS staff are involved in HMIS data entry. Data quality is an extremely important aspect of the PIT. Steps for updating client records, and cleaning and entering survey data into the HMIS will be provided before the 2017 PIT Count takes place.

- Ensure that staff/volunteers have been properly trained by personnel that has attended the PIT training and reviewed the surveyor instructions handout. Training materials will be delivered several weeks prior to the unsheltered canvassing.

- If you have any questions regarding the PIT, please contact your County lead coordinator:
  - **Maui:** Maude Cumming by email: Maude@flcmaui.org
  - **Kauai:** Stephanie Fernandes at (808)245-4077 or by email: sfernandes@keoinc.org
  - **Hawaii:** Brandee Menino at (808)933-6013 or by email: bmenino@hopeserviceshawaii.org
  - **Oahu:** Jen Stasch at jstasch@auw.org

Safety Tips for Surveyors
- Never survey alone – work in pairs and always stay within eyesight of others.
- Never survey in an isolated area.
- If there is an area that you do not feel comfortable surveying, do not survey and let the coordinator know that the area was not surveyed.
- It is recommended that surveyors wear white or brighter colors to be easily visible. Wear comfortable clothes and shoes. Limit the accessories worn, e.g. earrings, watches, chains, etc.
- Look for any suspicious or dangerous activities when arriving at a site and avoid these areas.
- Be observant of people around you and look up often while administering the survey.
- Stay out of enclosed or tight spaces.
- Do not pressure anyone to participate in the survey.
- In case of an emergency, immediately call or have another person call 911.

Appendix 8: Additional 2017 PIT Count Instructions

The below provides clarification on several of the survey fields for the 2017 PIT Count. Surveyors and volunteers should review the below before the week of the unsheltered count.

Single Survey Key Points
- Interviewer's name, Agency/Group, Site of Interview, and Date fields — These fields should all have 0% missing data rates. Coordinating agencies responsible for the collection of surveys should review survey forms daily to ensure that this information has been filled in correctly. Staff or volunteers responsible for data entry should ensure that these fields have been filled in on the hardcopy forms prior to entry into the PIT HMIS module
- Date field — As a data quality check, all dates should be in the range 1/23/17 to 1/27/17
- Site of Interview (*Actual Location*) - If this is an office location please denote as such Example: U.S.VETS (Office), FLC (Office), CAV (Office). This will allow distinction between interviews completed "on the streets" versus office settings.
- Clients indicating that they were sheltered on the night of 1/22/17 should not be surveyed. **If clients indicate that they were sheltered, STOP, and don't continue the survey.**
- Prior to entry into the PIT HMIS module, survey records should be reviewed and checked against shelter census counts and sheltered locations to ensure that these records are not entered into the HMIS. Each year there are hundreds of inaccurately entered surveys that are ultimately weeded out of the dataset. A quick review can save time.
- **First/Last Name fields (1) – VERY IMPORTANT TO COMPLETE. These fields are incredibly important to link PIT to HMIS data.** The rate of missing information can be improved as skilled outreach personnel interact with clients that they serve regularly. This is also why 1) volunteers should be paired with skilled outreach staff, 2) outreach staff are asked as much as possible to use the whole PIT week, and 3) volunteers should let outreach personnel know if clients refuse to be surveyed so that they are not missed.
  Collection of first name and last initial is NOT a good substitute for collecting full last name and full first name. Example "John S." – CANNOT be linked to HMIS records.
- When entering surveys into the PIT module of the HMIS after they have been cleaned, searching effectively per the guidance outlined on pp. 7-8 of Hawaii's Data Quality Plan (DQP) can increase the rate of clients with a Client ID existing in the HMIS. The ID acts as a bridge between datasets for more detailed analysis.
- Surveys should be cleaned prior to entry by volunteers or agency staff to ensure that duplicate surveys are weeded out. After identifying duplicates, one survey should be entered based on a collection of the information on the duplicate surveys.
- DOB field — If client refuses to answer, estimate based on perception — this is better than unknown/missing data. DQ missing/unknown rates should be very low ~ 0%
- Gender - If client refuses to answer, estimate based on perception — this is better than unknown/missing data. DQ missing/unknown rates should be very low ~ 0%

Household (HH) Survey Key Points

In addition to the above, the following will improve household data collection during the PIT Count week and the accuracy of the PIT reporting.

- Number of adults in HH field– This number should equal the number of hardcopy HoH and Other Adult surveys collected for the Household. Examples where the HH survey would be used include families, couples, and groups of adults. Data quality checks should ensure that these equate prior to entry into the PIT HMIS module.
- It is recommended that household forms are printed on colored paper for easy identification and so that HH surveys are not accidentally entered as singles.
- Number of children under 18 – this number should match the actual number of children accounted for during the survey and the number entered for this field should match the sum of the responses in each of the children's demographic fields.

NOTE: Only children staying unsheltered the night of the count should be counted. If children were sheltered on the night of 1/22/17 – these children should not be counted.

- Children's demographic information on HH survey form –the total number of children when summed for each should equal the total number of children reported.

Specific Issues from Last Year to Eliminate or Minimize in 2017

1) Sheltered individuals inputted as unsheltered persons.

2) Unsheltered Persons active in HMIS programs. In the weeks leading up to the count, programs should review their open cases in the HMIS and exit if necessary. Active listings as of the PIT date can be used as checklists to improve the accuracy of the count.

3) Shelter programs (ES/TH) should ensure all exits and intakes are entered so that clients on internal census counts are also active in the HMIS.

Analysis of Oahu and Rural Counties PIT 2016 Names Collection Rates

Table 1: Prevalence of Full Name Collection in the 2016 Oahu PIT Count

Region	Total Adults	# with Full Names	Missing Names	% with Full Names
1 - Downtown Honolulu	576	502	74	87%
2 - East Honolulu/Waikiki	427	337	90	79%
3 - Ewa	170	149	21	88%
4 - Kaneohe to Waimanalo	176	153	23	87%
5 - Wahiawa to North Shore	206	193	13	94%
6 - Upper Windward	57	46	11	81%
7 - Waianae	386	383	3	99%
Unknown	7	5	2	71%
Total	**2,005**	**1,768**	**237**	**88%**

GOAL for Oahu 2017 PIT: 95%

Table 2: Prevalence of Full Name Collection in the 2016 Rural Counties PIT Count

Island	Total Adults	# with Full Names	Missing Names	% with Full Names
Maui	583	546	37	97%
Kauai	285	276	9	97%
Hawaii	863	840	23	97%
Total	**1,731**	**1,662**	**69**	**96%**

GOAL for Rural Counties 2017 PIT: 98%

Appendix 9: PIC and BTG Preparation for the 2017 PIT Count
Background:

Analysis of recent PIT count data revealed discrepancies between individuals active in the unsheltered HMIS and actual canvassing efforts. PIC and BTG are asking outreach programs to utilize the steps in this document to help prepare for the 2017 count to produce the most accurate count possible. Recently the HMIS showed the following counts of clients active in Outreach Programs.

Program	CoC	Active Count	# Veterans
FLC Homeless Outreach Program	HI-500	459	43
HNP- Hale Na'au Pono AMHD Street Outreach	HI-501	46	4
HOPE - Homeless Outreach Program	HI-500	837	56
HOPE - PATH Street Outreach Program	HI-501	96	10
IHS-AMHD Street Outreach Program	HI-501	107	14
IHS-Urban Honolulu Homeless Outreach	HI-501	395	40
IHS-Waikiki Homeless Outreach	HI-501	185	20
KEO - Homeless Outreach Program	HI-500	454	33
KPHC - DHS Homeless Outreach	HI-501	1,108	32
KPHC - PATH Street Outreach	HI-501	934	21
KWO - Homeless Outreach/Drop-In	HI-501	622	18
SARMY- Maui Homeless Outreach	HI-500	997	85
USVETS - Islandwide Homeless Outreach	HI-501	18	18
WCCHC - Homeless Outreach	HI-501	873	46
WHC - Homeless Outreach	HI-501	984	81
BOS Continuum Total	HI-500	2,747	217
Oahu Continuum Total	HI-501	5,368	304
TOTAL		8,115	521

To reduce the disparity between the number of active unsheltered persons in the HMIS and the number canvassed in the PIT count, all non-active clients should be exited leading up to and during the PIT count – if they are not found during the canvassing effort.

Using the Active Outreach lists

A key strategy to reduce this problem is for *Outreach agencies to use their HMIS active lists as the basis for clients they should be finding and enumerating during the canvassing period.* The steps below will help in this preparation. For the PIT count to improve, outreach agencies must set higher standards for the whereabouts of the clients that they are serving as indicated by being active in their HMIS records.

One problem that has been identified in the past few years are people who have been served by drop-in centers who are entered into the HMIS and verified as homeless during the week of the count – but NOT enumerated as part of the PIT count effort. Agency staff serving persons requesting these types of services during the PIT week should complete survey forms on all persons identifying as homeless.

Key Preparation Steps:

1. Outreach agencies should first **print out their active client lists** from the HMIS. Use the "Household Listing" report under the "Reporting" menu to extract a list of active clients. Select the outreach program and enter the same date for the start and end date parameters. Export the output to Excel so you can have a printable list to review.
2. The report produced above should be used to begin "cleaning" your HMIS active listing **prior** to the upcoming PIT count. If a client is not being actively served and staff do not know their unsheltered location, the client should be exited.

3. It is recommended to edit or close out client records for the following reasons:
   a) *No encounter within 3 months*. Exit information should be as accurate as possible, but lack thereof should not prevent closeout. Please use the date of the last encounter as the exit date if exit information is unknown.
   b) *Currently housed.* Some outreach agencies engage housed or at-risk individuals. If clients are still receiving services and are permanently housed, these clients should be entered into a separate SSO HMIS program for your agency that is not assumed to be unsheltered (i.e. street Outreach). These clients can be closed out and a list of the name and a copy of the last intake can be set aside for re-entry into a non-street outreach program at a later point for clients that are still receiving services. If you need help or guidance with any of the above, please contact carlos@cperaroconsulting.com and he can assist you. *Clients that are housed should not be active in Homeless Outreach programs.*
   c) *Reducing Aliases*. Efforts should be made to update aliases in the system with actual name information, then the above procedures should be followed to improve data quality.

Next Steps – General Overview of the 2017 effort.

1. The revised listing as of 1/22/2017 will be considered your agencies ACTIVE list of unsheltered homeless persons for the 2017 count.
2. Canvassing efforts during January and leading up to the count will focus on finding ALL THE PEOPLE ON YOUR ACTIVE HMIS OUTREACH LIST and documenting their current homeless status and location of unsheltered encampment. This should aid in effectively targeting unsheltered homeless. These efforts can also include prefilling the PIT survey instruments for clients that agencies know will be unsheltered and have a high probability of residing in known locations during the count. These clients should still be corroborated during the week of the count; however, prefilling can save time.

Thank you for your participation in the upcoming Oahu and Rural Counties PIT Count.

Marc Gannon, PIC Chair & Brandee Menino, BTG Chair

<div align="center">**Overview of Financial Modeling Data**</div>

What is Financial Modeling?

A guideline to creating a pipeline of housing for homeless individuals and families that:

1. Provides a snapshot of how much funding is needed.
2. Incorporates flexibility in how that pipeline is achieved.
3. Gives a concrete base from which to start the implementation of a comprehensive PSH strategy that targets homeless individuals and families with higher levels of need.

How does the Financial Modeling determine the number of permanent housing interventions that are needed?

The number of housing interventions are determined on a housing projection, which Is based on local data (e.g. Point in Time Count, Housing Inventory Count, etc.).

The housing projection assumes the following:

1. 15% of non-chronic individuals and families with self-resolve (will not enter the homeless system)
2. 90% of chronically homeless households need PSH
3. 10% of non-chronic homeless households need PSH
4. That there is regular turnover in housing programs. Turnover rates for PSH come from a calculation using the Housing Inventory Chart and HUD Annual Performance Report. Turnover rates for Rapid Rehousing and Diversion are assumed at 1.00 (e.g. a slot that is available in one year will be available the following year, as it is a short-term subsidy)

What factors are included in the Financial Modeling?

1. **Capital costs** – Real estate/land acquisition, hard construction costs, soft costs (e.g. legal fees, permits, environmental, developer fees, etc.) for new construction as well as for moderate rehabilitation.
2. **Operating costs** – Maintenance, utilities (non-tenant), property management (leasing activities), security, insurance, replacement reserves, etc.
3. **Rental assistance** – Scattered site based on published Fair Market Rent (FMR) for PSH leasing. Rapid Rehousing based on APR average utilization and survey information.
   Prevention/Diversion estimates are based on national research and survey information.
4. **Services** – Average of a mix of models from Intensive Case Management (ICM) and Assertive Community Treatment (ACT) that include clinical services to basic social services and case management support (different service packages for PSH, Rapid Rehousing, Prevention/Diversion and Affordable units at 30% AMI and below).

What are the Financial Modeling Projections for each level of housing intervention (estimates are for Oahu only)?

- <u>Affordable Housing need (below 30% AMI) for homeless population:</u>
  - 1,464 units at a cost of $275,078 per new unit ($383M total)
- <u>New Supportive Housing Units (new construction):</u>
  - 904 units at a cost of $277,404 per new unit ($250M total)

- o Additional funding for services:
  - PSH services for leasing à $28M annually (904 households)
  - PSH ongoing operations costs → $25M annually (904 households)
  - Rapid Rehousing à $17M annually in services (1,464 households)
  - Prevention/Diversion à $8.4M annually in services (1,716 households)

HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE, 2017
STATE OF HAWAII

H.C.R. NO. 148 S.D. 1

HOUSE CONCURRENT RESOLUTION

REQUESTING THE CONVENING OF A WORKING GROUP TO EXAMINE AND DEVELOP
    RECOMMENDATIONS TO ADDRESS THE ISSUE OF SQUATTING IN THE STATE.

WHEREAS, the Legislature finds that squatting, or settling on land
without title, right, or payment of rent, has become common in certain
areas of the State and is a serious nuisance to owners of the property,
adjoining landowners, and neighboring residents; and

WHEREAS, Act 154, Session Laws of Hawaii (SLH) 2016, amended section
712-1270, Hawaii Revised Statutes (HRS), to include unlawful occupation of
real property to which the person has no title, lease, or other legal claim
as a nuisance subject to civil suit for abatement, prevention, and
injunction; and

WHEREAS, in its deliberations on Act 154, SLH 2016, the Legislature
found that squatting presents significant legal issues for landowners
because the legal process to evict a squatter is costly and time-consuming;
and

WHEREAS, squatting on real property that has been abandoned by the
landowner presents even greater problems to the community because
neighboring landowners and residents do not have a property interest in the
abandoned parcel and, therefore, have recourse only to civil suit as
authorized by Act 154, SLH 2016, to remedy the issue; and

WHEREAS, pursuing remedy through a civil suit is an expensive and
time-consuming process that, in the case of abandoned property, places the
entire burden on neighbors and community members seeking to abate nuisance
conditions that they did not cause; and

WHEREAS, while the remedy to confront squatting provided by Act 154,
SLH 2016, can provide relief to communities that are already affected, it
is only available to address an existing nuisance condition and does not
provide a means to prevent the nuisance from occurring; and

WHEREAS, the root causes of squatting are complex and to address the
problem, it is necessary to clearly understand the issue and its associated

factors in order to address it through policymaking and decisionmaking; now, therefore,

BE IT RESOLVED by the House of Representatives of the Twenty-ninth Legislature of the State of Hawaii, Regular Session of 2017, the Senate concurring, that the Governor's Coordinator on Homelessness is requested to convene a working group to examine and develop recommendations to address the issue of squatting in the State, including by:

(1) Clearly defining the behaviors or actions that constitute squatting;

(2) Identifying the circumstances and unmet needs that predict or lead to squatting;

(3) Recommending ways to proactively prevent squatting, such as increasing the inventory of shelter beds and affordable housing; and

(4) Recommending ways to resolve community impacts caused by squatting, including through the judicial system, law enforcement, and community action; and

BE IT FURTHER RESOLVED that in developing its recommendations, the working group is requested to also consider and examine policy and legislative considerations with respect to squatting, including proposed legislation regarding trespassing, adverse possession, eviction, loitering, and termination of tenancy; and

BE IT FURTHER RESOLVED that the Governor's Coordinator on Homelessness is requested to invite representatives of government, non-profit, and private entities to serve on the working group, including the following:

(1) The Chair of the Senate standing committee with primary subject-matter jurisdiction over housing, or the Chair's designee;

(2) The Chair of the House standing committee with primary subject-matter jurisdiction over housing, or the Chair's designee;

(3) The Director of Human Services or the Director's designee;

(4) The Executive Director of the Hawaii Public Housing Authority or the Executive Director's designee;

(5) A representative from PHOCUSED (Protecting Hawaii's Ohana, Children Under-served, Elderly, and Disabled);

(6) A representative from The Chamber of Commerce Hawaii;

(7) A representative from the Hawaii Association of Realtors; and

(8) Any other stakeholders as determined by the majority of members of the working group; and

BE IT FURTHER RESOLVED that the Chair of the Senate standing committee with primary subject-matter jurisdiction over housing and the Chair of the House standing committee with primary subject-matter jurisdiction over housing are requested to serve as the Co-chairpersons of the working group; and

BE IT FURTHER RESOLVED that the members of the working group shall be exempt from chapter 92, Hawaii Revised Statutes; and

BE IT FURTHER RESOLVED that the working group will cease to exist on June 30, 2018; and

BE IT FURTHER RESOLVED that the working group is requested to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days before the convening of the Regular Session of 2018; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Governor's Coordinator on Homelessness, Chairperson of the Senate standing committee with primary subject-matter jurisdiction over housing, Chairperson of the House standing committee with primary subject-matter jurisdiction over housing, Director of Human Services, Executive Director of the Hawaii Public Housing Authority, Executive Director of PHOCUSED, President and Chief Executive Officer of The Chamber of Commerce Hawaii, and President of the Hawaii Association of Realtors.

HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE, 2017
STATE OF HAWAII

H.B. NO. 83
H.D. 1
S.D. 2
C.D. 1

A BILL FOR AN ACT

RELATING TO HOMELESSNESS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1   SECTION 1. (a) The Hawaii interagency council on

2 homelessness, in conjunction with and with the advisement of the

3 department of human services and department of land and natural

4 resources, shall establish a working group to examine and

5 develop recommendations related to the establishment of safe

6 zones for persons experiencing homelessness. The members of the

7 working group shall designate a chairperson from among

8 themselves.

9   (b) The working group shall consider the following:

10   (1) The target population to be served by safe zones;

11   (2) Recommendations of potential sites to be designated as

12   safe zones; provided that the sites shall be state

13   lands designated within the urban district by the land

14   use commission;

15   (3) The type of facilities or dwelling units permitted

16   within a safe zone, including the use of modular

17   structures;

1   (4)   Strategies to transition inhabitants of a safe zone to

2   permanent housing that utilizes the housing first

3   approach;

4   (5)   The timeline necessary for planning and implementation

5   of a pilot safe zone for persons experiencing

6   homelessness;

7   (6)   The estimated costs of planning and implementing a

8   safe zone; and

9   (7)   The potential scope of liability of the State and its

10   employees and agents with regard to the establishment

11   of safe zones.

12   (c)   The working group shall submit a report of its

13 findings and recommendations, including any proposed

14 legislation, to the legislature no later than twenty days prior

15 to the convening of the regular session of 2018.

16   SECTION 2. There is appropriated out of the general

17 revenues of the State of Hawaii the sum of $25,000 or so much

18 thereof as may be necessary for fiscal year 2017-2018 to support

19 the activities of the working group established pursuant to this

20 Act.

H.B. NO. 83
H.D. 1
S.D. 2
C.D. 1

1   The sum appropriated shall be expended by the department of

2 human services for the purposes of this Act.

3   SECTION 3.   This Act shall take effect on July 1, 2017.

H.B. NO. 83
H.D. 1
S.D. 2
C.D. 1

Report Title:
Homelessness; Working Group; Safe Zones; Appropriation

Description:
Requires the Hawaii Interagency Council on Homelessness, in conjunction with and with the advisement of the Department of Human Services and Department of Land and Natural Resources, to establish a working group to examine and develop recommendations related to the establishment of safe zones for persons experiencing homelessness. Requires the working group to submit a report to the Legislature. Appropriates funds. (HB83 CD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

Highlights of Hawaii Interagency Council on Homelessness Staff Activities

Monthly Report for October – December 2017

This report summarizes highlights of Hawaii Interagency Council on Homelessness (HICH) staff activities and publications for the months of October through December 2017.   Please feel free to share any of this information with your agency leadership and colleagues. For more information, please contact Scott Morishige, Coordinator on Homelessness, at 586-7556 or by e-mail at scott.s.morishige@hawaii.gov.

Reports and Plans

Staff prepared a draft report from the Act 212 (2017) Safe Zones Working Group.   A summary of the report is provided below:

- **Act 212 (2017) Safe Zones Working Group**
  Act 212, Section 1(c), Session Laws of Hawaii 2017, required the HICH, in conjunction and with the advisement of the Department of Human Services (DHS) and the Department of Land & Natural Resources (DLNR), to establish a working group to examine the issue of safe zones for persons experiencing homelessness and to submit a report with its findings and recommendations to the Legislature. The working group held a series of public meetings, solicited public testimony, and reviewed data regarding safe zones or authorized homeless encampments in Hawaii and other parts of the United States.   After a thorough review, the working group determined that further research is needed regarding the implementation of Safe Zones. The working group recommends utilizing the Act 212 appropriation of $25,000 to support the existing Safe Zone at Camp Kikaha and to gather further data regarding its effectiveness. In addition, the working group has provided a list of nine vacant land parcels on Oahu to the Legislature, and recommends that these parcels be considered for housing projects for homeless individuals similar to the Hale Mauliola Navigation Center, Kakaako Family Assessment Center, and the Kahauiki Village project.

HICH staff are also working on its annual reports to the Legislature, which will be submitted to the Legislature no later than 20 days prior to the start of the 2018 legislative session.

Community Meetings and Conferences Attended

The Governor's Coordinator on Homelessness and staff participated in the following meetings over the past three months:

- **Meeting with Department of Education in regard to Ohana Nui (October 2, 2017)** – The Chair and staff met with representatives from the Department of Education (DOE) to discuss the 'Ohana Nui efforts of the DHS and the Department of Health (DOH). The discussion included a review of the Family Assessment Center in Kakaako, and efforts to expand partnerships with the DOE at that facility.

- **Meeting with Adult Mental Health Division Homeless Outreach Providers (October 4, 2017)** – The Chair and Department of Health staff met with homeless outreach providers contracted by the Adult Mental Health Division (AMHD). The purpose of the meeting was to discuss better integration of DHS and DOH homeless outreach efforts, and to better align DOH homeless outreach efforts with

trespass enforcement operations being conducted by the Department of Transportation (DOT) and DLNR.

- **Meeting with SMS research (October 5, 2017)** – The Chair and staff met with staff from SMS research to provide feedback on the Hawaii Community Foundation's Housing ASAP initiative, as part of a final evaluation of the initiative.

- **Meeting with University of Hawaii Center on the Family (October 6 and December 5, 2017)** – The Chair and staff met with staff from the Center on the Family to provide feedback on the Department of Health's Hawaii Pathways Project initiative, as part of a final evaluation of the initiative.

- **Liliha Neighborhood Board Meeting (October 9 and November 13, 2017)** – The Chair attended a meeting of the Liliha Neighborhodo Board, and shared highlights of the State's efforts to address homelessness. The Chair answered questions from the Board regarding the Point in Time count, State policy on Safe Zones, and DOT enforcement operations along the H-1 and Nimitz corridor.

- **Conference calls with the Corporation for Supportive Housing (October 10, October 16, October 18, November 10, November 13, and November 14, 2017)** – The Chair and staff participated in a series of phone calls and in-person meetings with the Corporation for Supportive Housing (CSH) to discuss financial modeling related to permanent housing resources for homeless individuals and families in Hawaii.

- **Coordinated Entry System (CES) Oversight Work Group Meetings (October 12 and December 14)** – The Chair and staff attended CES work group meetings to provide input regarding implementation of the CES system on Oahu, and to hear updates from the Oahu Continuum of Care and CES administrators.

- **Act 212 Safe Zones Working Group Meetings (October 12, October 31, and November 30, 2017)** – The Chair and staff participated in a series of working group meetings to research and make recommendations regarding the implementation of Safe Zones in Hawaii.

- **Meeting with Hawaii Pacific University Social Work students (October 12, 2017)** – The Chair participated in a meeting with HPU social work students regarding the issue of homelessness.

- **CSH Supportive Housing Trainings for Hawaii Health Plans (October 17-19, 2017)** – Staff attended a series of trainings on supportive housing for Hawaii health plans and homeless service organizations.

- **Meeting with United Health Plan (October 20, 2017)** - The Chair met with staff from United Health Plan regarding the implementation of the Accountable Health Communities grant, and its intersection with the issue of homelessness.

- **True Nexus: Domestic Violence is a Cause of Homelessness (October 23, 2017)** – Staff attended a meeting hosted by the Hawaii Community Foundation and the Domestic Violence Action Center regarding the intersection between homelessness and domestic violence.

- **Meeting with Queen's Hospital (October 26, 2017)** – The Chair participates in a regular monthly meeting with Queen's Hospital staff. The purpose of the meeting is to share updates in efforts to address homeless individuals with health concerns, with a particular focus on individuals who are high utilizers of emergency department services.

- **Meeting with Mid-Pacific Institute 8ᵗʰ Grade Class (November 1, 2017)**– The Chair and staff participated in a discussion with the MPI eighth grade class regarding the issue of homelessness, and answered questions from MPI students and faculty.

- **Working Group meeting on the issue of squatting (November 2, 2017)**– The Chair and staff convened a working group on the issue of squatting, and received feedback to inform a report with recommendations to the Legislature.

- **Department of Attorney General training on issues related to homelessness and law enforcement (July 19, 2017)** – The Chair participated in a training for Deputy Attorney Generals and Attorney General investigator staff on issues related to homelessness and law enforcement, specifically the new criminal trespass law impacting state lands. The Chair provided examples of current efforts to address homelessness on state lands, and information about available services for people experiencing homelessness.

- **Meeting with DOH and the City & County of Honolulu regarding the effectiveness of homeless outreach (November 3, 2017)**– The Chair participated in a meeting with staff from DOH and the City & County of Honolulu to discuss efforts to better coordinate homeless outreach services.

- **2017 Community Care Services Provider Appreciation Luncheon and Outstanding Case Manager Awards (November 3, 2017)** – The Chair represented the HICH at a recognition event for outstanding case managers and presented certificates on behalf of the Office of the Governor.

- **Meeting with staff from the District of Columbia Department of Human Services (November 6, 2017)** – The Chair and DHS staff participated in a meeting with the Director of the Washing D.C. Department of Human Services, which included a site visit to the Family Assessment Center in Kakaako.

- **Meeting regarding expansion of the MH-1 and Mental Health Emergency Worker program (November 6, 2017)** – The Chair met with staff from DOH to discuss expansion of the AMHD MH-1 and MHEW program, including expansion of existing efforts to include training for the Department of Public Safety Sheriff Division.

- **Discussion with USICH on Revising and Strengthening the Federal Strategic Plan to Address Homelessness (November 7, 2017)** - The Chair participated in a phone call with the U.S. Interagency Council on Homelessness to provide feedback on the federal strategic plan.

- **Hawaii Leadership Academy (November 7-9, 2017)** – The Chair participated in a Hawaii Leadership Academy on homelessness organized by HOPE Services and the Family Life Center. The academy was funded through the Hawaii Community Foundation Housing ASAP initiative and brought together local and national leaders to participate in a three-day intensive leadership training session.

- **Meeting with Kakaako area stakeholders (July 27, 2017)** – The Chair participated in a meeting between the Hawaii Community Development Authority (HCDA), Children's Discovery Center, John A. Burns School of Medicine, and other Kakakaako area stakeholders to discuss homeless encampments in the area. The Chair provided an overview of current state efforts and challenges.

- **Meeting with the Oahu CES Administrator for Single Adults and Couples (November 15, 2017)** – The Chair met with the Oahu CES Administrator for the Single Adults CES.

- **Statewide Homeless Awareness Conference (November 17, 2017)** – The Chair and staff attended the statewide homeless awareness conference at the Kroc Center in Kapolei.

- **Meeting with the Department of Public Safety to discuss the LEAD initiative (November 21, 2017)** – The Chair met with staff from DOH and the Department of Public Safety (PSD) to discuss the Law Enforcement Assisted Diversion initiative, and how to provide social service support for the PSD Sheriff Division.

- **Meeting with the HCDA and Kakaako area homeless outreach providers (November 28, 2017)** – the Chair and staff participated in a meeting with HCDA and its new security and outreach contractor, Block by Block, to introduce them to other homeless outreach providers in the Kakaako area. The meeting included participation from Adult Friends for Youth, Hale Kipa, the Institute for Human Services, and the Kalihi-Palama Health Center.

- **Meeting with the Healthcare Association of Hawaii (December 1, 2017)** – The Chair and staff met with the new CEO of the Healthcare Association of Hawaii to discuss issues related to homelessness and data collection.

- **Meeting with the United Way of Los Angeles (December 1, 2017)** – The Chair and staff participated in a phone meeting with staff from the United Way of Los Angeles to discuss coalition building efforts related to permanent supportive housing in the Los Angeles area, and how these efforts intersected with organization efforts of CSH.

- **United Health Care Accountable Health Communities Advisory Board (December 6, 2017)** – Staff participated in an advisory board meeting regarding the AHC grant, and its intersection with the issue of homelessness.

- **Meeting with Ohana Health Plan (December 6, 2017)** – The Chair met with staff from Ohana Health Plan to discuss issues related to homelessness and data collection.

- **Grand Opening of Hale Uhiwai Nalu Phase 2 (December 8, 2017)** – The Chair and staff attended the grand opening of Hale Uhiwai Nalu Phase 2, which is a housing project targeted for homeless veterans.

- **Meeting with PSD corrections staff regarding discharge planning for inmates with mental illness (December 14, 2017)** – The Chair met with PSD behavioral health staff regarding discharge planning for homeless individuals exiting prison, including how to develop better linkages with homeless outreach and emergency shelter providers.

Ongoing Activities

The Governor's Coordinator on Homelessness and HICH staff continue work in collaboration with State agencies, county staff and legislators to respond to concerns about homeless encampments on public lands. The Chair and staff played a critical role in organizing and supporting the Hawaii Department of Transportation and the

Hawaii Community Development Authority's efforts to address unauthorized encampments at the Nimitz Viaduct and in the Kakaako Makai area.

In addition, the staff continue efforts to work together with staff from the Department of Health and Department of Human Services to develop and strengthen housing-focused programs to address homelessness statewide.

For more information, please contact the Governor's Coordinator on Homelessness and HICH staff at **(808) 586-0193** or by e-mail at gov.homelessness@hawaii.gov.

Written Updates to the Hawaii Interagency Council on Homelessness
December 18, 2017 – 10:00 a.m. to 12:00 p.m.
(Reports consolidated by the office of the Governor's Coordinator on Homelessness)

Department of Human Services (DHS) and Homeless Programs Office (HPO) Update
As requested please see HPO summary of key points and highlights below:

- HPO currently has nine staff members.
- HPO has recently hired a new Secretary – please extend aloha to Harlien Mercado.
- HPO has two vacant positions –Program Specialists IV
- HPO is currently working to hire and fill both vacancies.
- HPO is working with the HMIS Administrator to complete HMIS system modifications and enhancements to collect data regarding State contracted homeless services and to report on performance measures.
- HPO continues to monitor its contracts utilizing the USICH Housing First checklist, review of personnel files, client files, and facility inspections. Monitoring efforts are to help and support providers with recent changes in the homeless service provision model from "housing readiness" to 'Housing First."
- HPO is in the process of revising Hawaii Administrative Rules to align with current contract services and Act 234 (2016).

Department of Health

(*Please refer to attached written update for the Hawaii Pathways Project and outcome data from DOH homeless outreach services*)

Department of Public Safety
The department continues to support the Governor's office on homelessness with enforcement of trespass on state lands.

PSD continues to work with DOH on a process to streamline obtaining birth certificates to offenders who need it, and are in the process of finalizing a joint MOA. In addition, PSD is in the process of establishing a MOA with DOT on a process to streamline obtaining state identification for the offenders who need it.

PSD has been working with DHS and the Waikiki Health Center to ensure that every person maxing out on the longest jail/prison sentences will have health coverage by enrolling the individuals in the Med-QUEST programs prior to exit.

PSD is also working with DHS on applications for SNAP benefits for offenders who are eligible upon release.

PSD continues to identify social services in the community that can assist offenders exiting the system by bridging the gap between agencies and referral processes.

Department of Defense
The department reports the following updates:

- **Progress since last report**: Homeless within the State Department of Defense.

    o Hawaii Army National Guard reported no homeless families (no change).

    o Hawaii Air National Guard reported no homeless families (no change).

    o Youth Challenge Academy reported one homeless family (no change).

    o State Department of Defense reported no homeless civilian employees (down one).

- **Plans:** Continue to identify and support veteran and civilian homeless concerns in the State Department of Defense and the State of Hawaii.

    o Work with the Hawaii Office of Veterans' Services to support homeless programs related to veterans.

        o Briefed US Navy personnel on the OVS mission at the monthly indoctrination / orientation session at Joint Base Pearl Harbor Hickam. (Outreach)
        o Participated in the State Advisory Board on Veterans Services via video teleconference with neighbor island representatives, VBA, VHA, DOL and HIENG.
    o Coordinate with youth outreach programs to identify homeless 16-18 year olds that would benefit from the Hawaii National Guard Youth Challenge Program.

    o Participate in Homeless Veterans Task Force meetings.

    o Hawaii Army National Guard Engineers supporting Phase I of state's Kahauiki Village community development designed to house Hawaii's homeless families

- **Problems:** No concerns at this time.

County of Maui
The County of Maui shares the following written updates:

COORDINATED ENTRY SYSTEM
- Family By-Name list re-launched on August 10, 2017.
- Singles By-Name list launched on November 3, 2017. In the initial process of cleaning up the data.
- A total of 197 individuals have been housed since August 10, 2017.
- Agencies on Maui report that Housing First/Coordinated Entry has promoted much faster exits to permanent housing.

COMPASSIONATE RESPONSES (Homeless clean-up efforts)
- Coordinated Compassionate Response efforts at various locations mainly in Central and West Maui utilizing various State and County departments and social service agencies.
- Coordinating on-going efforts in the clean-up of encampments at Keopuolani Park, the Paukukalo oceanfront area in Wailuku, and on various private properties in the South Maui (Kihei) area.
- Performing on-going responses to public complaints regarding homeless "hot spots."

- Engaging with the public to educate them regarding the counties plan to end homelessness in Maui County through various media outlets and speaking engagements.
  - Coordinated the clean-up (compassionate response) of various locations mainly in Central and West Maui utilizing various State and County departments and private agencies.
  - Coordinating on-going efforts in the clean-up of encampments at Keopuolani Park, Baldwin Beach Park, and Waihee Beach Road.
  - Coordinating on-going efforts in the clean-up of several locations in the Kahului Industrial area.
  - Performing on-going responses to public complaints regarding homeless "hot spots."
  - Engaging with the public to educate them regarding the counties plan to end homelessness in Maui County through various media outlets.

Department of Education
The EHCY at OCISS is hiring a full time social worker to support the program statewide. The department is also in the process of seeking full-time Community Homeless Concerns Liaisons across the state.

(Please refer to attached flyer)

City and County of Honolulu

HICH updates from the City and County of Honolulu – 4 December 2017:

- Additional permanent housing projects are underway, including 85-248 Farrington Highway (15 units with a preference for families) set to open by February 2018, 431 Kuwili Street (hygiene center, social services, plus 40 units of supportive housing) set to open by Summer 2018 for the hygiene center and the end of 2018 for the balance of the operation. Kahauiki Village (partnership led by Duane Kurisu with City, State, and private partners) set to open with 30 units in January 2018.
- A third Housing First contract is being finalized, adding 100 more vouchers to house chronically homeless persons. Our hygiene trailer project is in the final stages of contracting as well. It will serve the entire island once deployed.
- The City, VA, and providers remain committed to housing every veteran on O'ahu under the Mayors Challenge to End Veteran Homelessness. As of June 30, 2017 over 1,100 veterans on Oahu have been permanently housed. In September 2017 Honolulu became the first continuum of care in the country to screen every veteran on our "by name list" for veteran benefits eligibility, enabling us to more efficiently target resources. As of November 17, 2017 there were 413 veterans on the "by name list" for Oahu, an 8% reduction from the January 2017 Homeless Point-in-Time Count.
- Mayor Caldwell's two affordable housing bill proposals continue to make their way through the City Council: Affordable Housing Requirement – Bill 58 (2017) and Affordable Housing Incentives – Bill 59 (2017). To review the bills, reports, the latest updates, and background research documents, please go to the Mayor's Office of Housing website at www.honolulu.gov/housing/resources-on-affordable-housing

- Accessory Dwelling Units update as of 11/15/17: 2,174 ADU pre-check applications have been received (with over 80% passing the pre-check) and 331 building permits have been approved, and 84 units have received certificates of occupancy.

County of Kauai

During Homelessness Awareness Week, three events were supported by the local Continuum of Care chapter, Kauai Community Alliance:

1. An information fair and lunch for homeless consumers in Lihue;
2. A smaller information fair and lunch at Westside Christian Center; and
3. Two grocery/information distributions by other local churches.

Representatives from Kauai attended the Hawaii Leadership Academy on Homelessness in Hilo, returning to Kauai with inspiration from various communities where large reductions in homelessness occurred as a result of assertive CES management and implementation of best practices.

A meeting between a CoC representative and community members, including faculty from KCC took place. Attendees were alarmed by the number of homeless consumers who are ill and living in places not meant for human habitation. The group discussed options and one representative planned to meet with local medical facilities and suggested, at a minimum, a mobile wound clinic would reduce complications from infections and injuries post-hospitalization.

County of Hawaii

The County of Hawaii had the following written updates:

What is being done to address the county wide homelessness issue in Hawai'i County?

1. **Coordinated Effort:** We are working closely with existing service providers, e.g. the Coordinated Alliance Partners (CAP: a consortium of agencies working together to address homelessness), with major players such as: HOPE Services, Office of Housing and Community Development, Catholic Charities, the Salvation Army, The Neighborhood Place of Puna, and Faith Based entities etc. to end homelessness in a coordinated planful way. At present, we are in the process of creating, strategizing and "adding meat" to an action plan that identifies the goals and objectives that we seek to address for our County. We hope to complete this by the end of December 2017.

   For example, in the plan, the West Hawai'i community have expressed the need for an emergency shelter for families. Through our CAP leadership, our County Government and State Government, we are looking into the possibility of a short-term shelter with a focus to move families and individuals into transitional and/or permanent housing at a possible site being developed through this partnership. Hopefully, we will have the financial resources (rent subsidies) to help folks afford a rental unit. The challenge will be to build and provide temporary shelter and/or rental units for individuals and families within the shortest time frame possible.

Other goals: According to Brandee Menino of Hope Services: "It takes 114 days to move an "engaged" household from the streets/shelters into permanent housing. Our goal is to shorten this average to 30 days." "We have 60 families on our coordinated entry list awaiting housing options. Through our coordinated efforts, we hope to reduce this to 0 families on the By Name wait list, by a specified period."

2. **Lessons learned from Camp Kikaha:** The County and Community agency partners started its effort to address homelessness in Kona when we created a Camp Kikaha to house individuals asked to leave the Old Kona Airport site where they were illegally camping. We have learned much from this effort which is serving as a template for the development of a larger more permanent site in Kona as well as other areas such as Hilo and Puna. Some of the lessons learned from Camp Kikaha include:

   a. **The need for ongoing substance abuse** counseling through a partnership with providers such as the Big Island Substance Abuse Council. This is just beginning at Camp Kikaha and is needed due to the pervasive nature and prevalence of substance abuse among our homeless. Coordination with businesses and police is also happening at present to hopefully address the dealing of drugs in, at or near our site at The Friendly Place, Hale Kikaha, The Emergency Shelter and Camp Kikaha where we are currently located.

   b. **The need for personal space, security of belongings and permanent supportive housing as soon as possible** as the need for a sense of belonging, responsibility and pride for their own housing arrangement is an important factor in the healing process for our homeless.

   Canopy tents and the resulting creation of personal space under them is almost an inevitable process, due to the above, however it is fraught the danger of fire due to the flammable materials of tarps and wooden pallets. The enforcement of smoking only in designated areas and fire safety precautions have been critical. Camp Canopy structures are ideal for the hot weather in Kona, however they are very limited in high wind and high rain situations. Other alternative shelter types such as dome igloo structures, modular, prefabricated type structures or tiny houses need to be a possible part of the solution, but their cost is a mitigating factor.

   c. **Employment, work and responsibility,** builds self-esteem and dignity for our homeless. Even the requirement of residents/campers doing mandatory shifts for camp monitoring and the creation of a camp council has added to as sense of team and ownership in our camp. The involvement of Goodwill industries to help our campers find gainful employment is currently being explored.

   d. **Need for funding of Housing management and social services coordination:** Housing alternatives do not run themselves and will require funding for management and coordination. Resident involvement in shelter management and monitoring is advantageous and will definitely be a part in future sites supported by the county.

The Kamakana housing project, Kona.

1. Hale Makana Ohana is comprised of 85 units for families. Families started moving into these units on November 1st and all units will be filled by the end of this year.

2. Hale Makana Kupuna is also comprised of 85 units and is intended for at least one family member who is 65 years or older and is for intended for families of 3 or more up to 6 people per unit. There was a slight hold-up in filling these senior housing units, however all of the units for both Hale Makana Ohana and Hale Makana Kupuna, are expected to be filled by the end of this year.

Mohouli Senior Housing Project, Hilo
Tenants selected for the Mohouli Senior Residences – Phase 2 began taking occupancy of the newly constructed units on November 1, 2017. Six (6) of the tenants have indicated that they are transitioning from temporary housing to permanent housing.

Hawai'i County Coordinated Entry:
The County of Hawaii has launched the Coordinated Entry System for both Families and Singles. The County Coordinator and Service Providers continue to meet on a weekly basis to work on fine tuning the referral process. Agencies attending the meeting provide concise updates on barriers they are facing in securing permanent housing. The meeting also provides space for program managers to discuss coordination of services without duplication of efforts.

Kauai Continuum of Care (aka Kauai Community Alliance)
Kaua'i Coordinated Entry System for Single Adults launched in November. Although there are some concerns regarding the lack of document-readiness for individuals in the system, placements continue. We continue to work with Bridging the Gap to update the CES Policies and Procedures, and recently incorporated Youth.

The Kaua'i CoC hosted a "CoC 101" training facilitated by OrgCode's Iain de Jong. Iain walked 25 attendees through background information on the goals and scope of the CoC, focusing on leadership of the entire community to end homeless. Attendees participated in small group discussions and developed strategic priorities for Kaua'i to reduce homelessness. Initial plans include expanding the membership of the local CoC chapter and developing an awareness strategy that keeps local residents informed about homeless issues and successes, both locally and worldwide.

S E E K I N G   C H C L

COMMUNITY HOMELESS CONCERNS LIAISONS

Join a statewide web of support around children experiencing homelessness.

- Connect families and schools to community resources
- Assist in the identification and support of students, including unaccompanied homeless youth & homeless children who are not yet of school age
- Represent the needs of homeless children & youth when communicating with partners and community agencies

QUALIFICATIONS: Bachelor's degree, and minimum 1.5 years professional work experience, with at least one year providing support to families in need of social and community resources.

The Education of Homeless Children & Youth (EHCY) Program in the DOE ensures educational rights and protections for children and youth experiencing homelessness, per the McKinney Vento Homeless Assistance Act. EHCY removes barriers to participation and success of homeless children and youth from preschool through high school.

For more information visit ehrk12.hi.us, and search under Classified, Support Services Personnel Positions → View Employment Opportunities → Select "Show All" in top right corner of list to view all positions alphabetically. Find Program Specialist/Community Homeless Concerns Liaison. Or call 808 305 9869. THANK YOU!

Homeless Intensive Case Management
November 2017

Total Consumers Enrolled : 29

Projected enrollment for next month : 30

**Admissions: 3**

Discharges: 0

Units used: 397

Cost for November: $8,039.25

<u>Consumer Updates</u>

- The Average monthly caseload for case managers are 14:1

- In November Homeless ICM program was able to successfully place a consumer that would frequently visit hospitals multiple times per week in a care home.

- Homeless ICM continue to represent each consumer at court appearances or court hearings.

Consumer Events

Legend: Attended Court Hearings (8), Arrests (6), Sheltered (3), Hospitalizations (4)
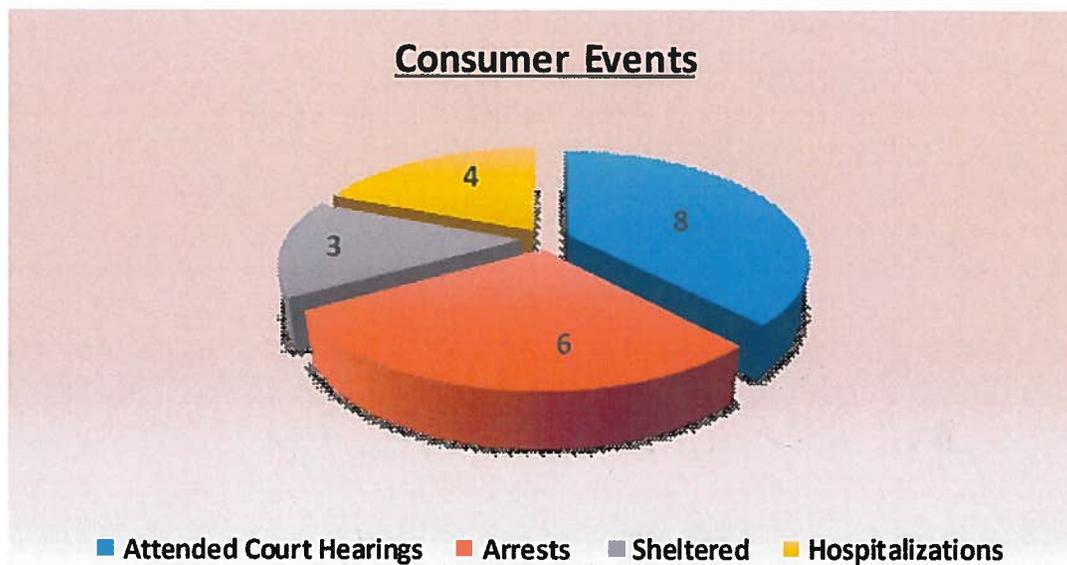
November 28, 2017

Adult Mental Health Division Homelessness Initiatives

- The AMHD recently procured statewide homeless outreach interim case management services for adults with a serious mental illness. The new homeless outreach providers will provide coverage in areas that were previously difficult to reach due to limited staff. Homeless outreach case managers will also be trained to complete SSI/SSDI applications in the SOAR program to increase the application approval rates.

- The Adult Mental Health Division Homeless Intensive Case Management Pilot Program currently have 30 consumers in the program with capacity to increase. AMHD continues to collaborate with HPD, Straub and Queens in efforts to decrease the incidence of Homeless individuals who are frequently arrested and/or subject to multiple emergency room (ER) MH-1 calls.

- The AMHD will be conducting trainings for the SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) program for all community providers interested in this program in February 2018. The Program is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

CURRENT PROJECT STATUS

1. Close Out Actions

- Helping Hands Hawaii (HHH) has completed the move-in of 18 clients into permanent supported housing at Winston Hale.

- ADAD is in final phase of project closeout regarding SAMHSA funding sources. This occurred in September 2017. At the same time, ADAD has extended the HHH contract for 6 months to March 2018.

- The HPP service team created 3 "buckets" of existing clients: those who require documentation for housing readiness, those who are housing ready and in need of placement (either Winston Hale or in the community), and those who are currently housed and must be transitioned ("graduated") from the team.
- HHH has consolidated their staff as well as their ICM efforts to the remaining 20 clients

- HHH staff is now at four personnel: 1 team leader, 1 RN, and 2 ICM

2. Current Client Activities

- 22: Total enrolled (As of October 1, 2017).

- 19: Maintaining housing.

- 3: Requiring rehousing

3. Next Step Actions

- Maintain weekly contact with all remaining clients.

- Continue efforts to maintain housing/rehouse clients.

- Utilize Medicaid Waiver for tenancy support services once approved by CMS.

4. Other Related Activities – LEAD (Law Enforcement Assisted Diversion)

- Collaboration between DOH, Law Enforcement entities and Homeless programs to implement pilot program for Pre-booking diversion based on strong success in other part of the nation who have implemented the program in relationship to:

  o Reduced recidivism

  o Increased engagement in treatment

  o Increase in sustained housing

- Pilot is being funded through general funds.

The following policy brief will describe the Law Enforcement Assisted Diversion (LEAD) program and its successes in helping to curb recidivism and homelessness in King County, where the city of Seattle is located. The brief will also describe why LEAD is the best fit for solving the homelessness issue in Honolulu.

What is LEAD?

The LEAD program is a pre-booking diversion program, primarily used for those charged with low-level offences. Individuals arrested for eligible offenses, such as low-level drug offenses and prostitution, can be referred to LEAD. Individuals with certain violent offenses in criminal history are not eligible for the program. The program allows law enforcement officers to exercise discretion in redirecting these offenders towards social services, rather than jail and prosecution. Instead of falling into the normal criminal justice cycle, those participating in LEAD programs are referred into intensive case-management programs where they can receive various support services, including housing, healthcare, job training, and substance abuse treatment.

Goals of LEAD

1. REORIENT
government's response to safety, disorder, and health-related problems

4. UNDO
racial disparities at the front end of the criminal justice system

2. IMPROVE
public safety and public health through research based, health-oriented and harm reduction interventions

5. SUSTAIN
funding for alternative interventions by capturing and reinvesting justice systems savings

3. REDUCE
the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty

6. STRENGTHEN
the relationship between law enforcement and the community

LEAD NATIONAL SUPPORT BUREAU

Law enforcement officers make diversion efforts during the pre-booking stage, hoping to avoid the cumulative costs of prosecution. If the accused agree to participate in the program, LEAD gives them immediate case management services and access to additional resources not available in existing programs.

LEAD has been a collaborative effort between law enforcement agencies, public officials, and community organizations in King County who were tired of the high costs and unsatisfactory outcomes of the traditional "War on Drugs"-style law enforcement and wanted to implement a new approach to addressing petty crime. Collaborators on LEAD include the King County Prosecuting Attorney's Office, the Seattle Police Department, the Mayor's Office, and the ACLU of Washington. All LEAD stakeholders are part of the LEAD Policy Coordinating Group, which makes decisions on LEAD by consensus. The program is voluntary, so stakeholders are eligible to withdraw at any time.

LEAD began as a privately funded pilot program, first administered in the Belltown and Skyway neighborhoods of Seattle, Washington, in 2011. There are currently LEAD programs in areas as diverse as Albany, New York, Santa Fe, New Mexico, and Huntington, West Virginia, with many other cities launching their own pilot programs, developing programs for their upcoming legislative sessions, or in the early stage of exploring programs.

Benefits of LEAD

| Outcome Measures	Pre-LEAD referral	Post-LEAD referral
Housing		
Sheltered versus unsheltered	48.30%	65.83%
Housed versus unhoused	17.61%	28.49%
Employment		
Employed versus not employed	7.43%	9.03%
On employment continuum versus not on employment continuum	8.57%	11.83%
Income		
Having legitimate Income/benefits versus not	51.76%	57.45%

Note: This table features unadjusted values. Postreferral values are comprised of the percentage of individuals fitting that category averaged over each month of the 18-month follow-up period.

Reduced Recidivism

LEAD has been conclusively shown to cut down recidivism rates for participants. Participants were 58% less likely to be arrested after enrollment in the LEAD program. Compared to a control group, LEAD participants also showed a significant reduction in the number of days spent in jail after entering the program. In addition, participants were 87% less likely to be incarcerated in Washington State Prison than a control group after taking part in the program.

Lower recidivism rates lead to safer communities and cities. Ineffective crime control methods, such as "broken windows" policing, have shown to be largely ineffective at reducing recidivism. Programs like LEAD focus on the idea of harm reduction, which states that efforts to reduce negative behaviors, while helpful, cannot be the only goal of criminal justice policy. According to LEAD, drug crimes should be seen as more of a public health issue than a criminal one, and that it will be more beneficial to society to connect petty criminals with services, rather than involving them in the criminal justice system.

Figure 2. Percent of participants arrested 6 months prior and subsequent to evaluation entry
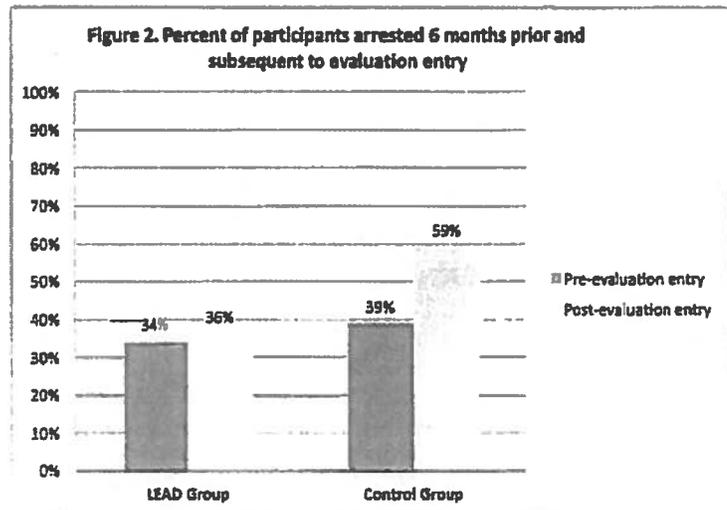
Increased Access to Services

LEAD provides a way out for individuals trapped in a vicious cycle of jail, court, and re-offense. Program evaluations show that participants are were twice as likely to have been sheltered, including a 62% increase in participants housed over the course of the study. The study also found that each time a case manager was in contact with a participant, this led to a two percent higher likelihood of being sheltered and a five percent higher likelihood of being housed. Furthermore, LEAD participants were 46% more likely to be on the employment continuum (employment training, etc.) and 33% more likely to be connected to income and benefits after their involvement in the LEAD program.

Figure 2. LEAD participants' chances of being sheltered increased the more contact they had with case managers.
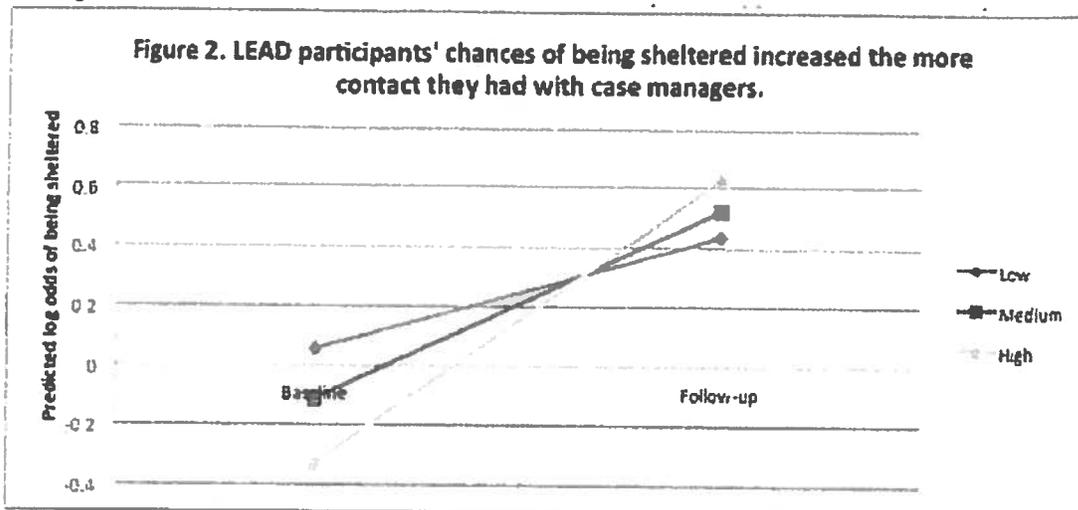
Note: For the purposes of graphing, number of contacts was split using the interquartile range, where a low number of contacts is less than the 25th percentile, medium is between the 25th and 75th percentiles, and high is greater than the 75th percentile.

Highly Regarded

Participants in the program hold it in high regard. Out of 32 participants interviewed for evaluation, only two harbored any negative feelings toward the program. Participants appreciated the more positive outlook of LEAD and other social service programs, as compared to the traditional criminal justice system. They also mentioned how the high level of trust between participants and caseworkers positively contributed to their recovery and reform. Most importantly, though, the program made participants feel "seen". As one program participant put it, "[Caseworkers] don't look at you like you're a waste of money... They actually look at you like you're a person." This restoration of a participants' humanity after they have spent years in an extremely vindictive system can make an astronomical difference going forward. As a former prostitute in the LEAD program explained, "My case manager...made me realize I was worthy. You lose your sense of self-worth in this industry. But [my case manager] made me remember I am worth it."

Fiscally Responsible

The LEAD program has the potential to be a cost saving mechanism for the city and the state. A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and $4 million in admission costs. Their rate of psychiatric hospitalization was over 100 times higher than the non-homeless. The researchers conducting the study estimate that the excess cost of treating these homeless individuals was approximately $3.5 million, or about $2,000 per person.

Homeless individuals also spend more time in jails and prisons than non-homeless individuals, both of which are enormously costly for taxpayers. According to a University of Texas survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for detention in jails. The average

cost of a prison bed is $20,000 per year in state and federal prisons *(Try to find how many homeless individuals are in federal prison, how much criminal justice costs are here in HI)*. In Hawaii, the correctional system costs $211 million per year. This rounds out to about $145 dollars per day per inmate. Roughly, 1 out of 3 inmates in Oahu Community Correctional Center (OCCC) are homeless individuals. The LEAD program has the potential to reduce the number of homeless individuals in our State prison system and cut taxpayer costs towards both healthcare and criminal justice.

Improved Relationships with Law Enforcement

In today's climate of increasingly negative beliefs of law enforcement officials in low-income communities, community-policing programs like LEAD, which help to strengthen bonds of trust between police officers and the public, are extremely important. Half of LEAD participant who had previously had negative experiences with law enforcement said that they had positive experiences after enrolling in the LEAD program. Even participants who continued to have interaction with the police through involvement in criminal activity noticed a change in the interactions between themselves and officers. One respondent asserted, "I have not [had any police involvement] since entering LEAD. I did bump into [officers] approximately 3 months ago and told them I had started [the LEAD program]. I thanked them both very much for what they've done for me...They have not seen me on the streets at all since because I just don't go around there."

How LEAD fits in Honolulu

The LEAD program would be a natural fit for the City of Honolulu. Criminalization efforts against the homeless population in the City of Honolulu have reached an impasse. According to the 2016 Point-in-Time count, there are almost 5,000 homeless individuals on Oahu. Nearly 2200 of them are unsheltered. Over the past five years, the city of Honolulu has used a battery of aggressive measures known collectively as "compassionate disruption" to try to end homelessness, in addition to standard outreach services. The most controversial of these measures is a sit-lie ban, which made it illegal to sit or lie on public sidewalks during the day in more than a dozen neighborhoods across the island. Through March 1 of last year, the police had issued 16,215 warnings and written 534 summonses.

The "compassionate disruption" strategy has been met with mixed reviews. Some social service groups support the effort as an attempt to get the homeless into shelters and on the path towards housing and other services. However, there is scant evidence to suggest the program is meeting its intended goals, and in some areas, implementation and enforcement of certain laws could be unconstitutional. At the beginning of the program, there were 559 individuals living on the streets of Waikiki and Chinatown. By March 2016, the number had been reduced to 167, with 219 individuals placed in temporary housing.

Although some social service providers argue that the ban has made people more likely to enter homeless shelters, the data does not necessarily support this assertion. Furthermore, there is simply not enough shelter space on Oahu to house even the majority of the unsheltered homeless on the island. Housing every single unsheltered homeless individual on Oahu would require a tenfold increase in the amount of available bed space. In addition, individuals that remain on the streets seem unperturbed by the warnings and tickets that law enforcement officials issue them. One individual living on the streets stated, "I have 30 tickets I'm never going to pay them and they know that." Some in Honolulu, however, realize the futility of the sit-lie ban. As Honolulu City Council chair Ernie Martin said, "At the end of the day...we can sit-lie the whole island if we want. The population has to go somewhere. We can't push them into the ocean."

We must to rethink our approach to ending the homelessness crisis on Oahu. Of the almost 2,200 unsheltered homeless individuals on the island, 630 individuals suffer from severe mental illness, and almost the same number have chronic substance abuse issues. These are not people that will be assisted through a court summons. Criminalizing homelessness will not solve the problem. We need innovative policy solutions to curb homelessness and help these individuals. LEAD is a fiscally sound and humanitarian way to do so.

Recommendations

We recommend that legislation in support of LEAD move forward. LEAD has proven its value in many different regions of the country. We support the pilot proposed in the Executive Branch budget that is making its way through the state legislature. We also recommend that Chinatown be used as the preferred pilot district, given its large group of potential LEAD participants.

In addition to the drug and prostitution-related offenses that allow individuals to participate in Seattle's LEAD program, we also recommend including public order offenses and "compassionate disruption" charges to the group of transgressions that allow an individual to be placed in LEAD here in Honolulu (on Oahu?). Of the 16,000 arrests the Honolulu Police Department has made (*in the past year?*), 61% of those arrested suffered from mental health or substance abuse issues, and 43% were homeless individuals. Having these folks endlessly cycled through the criminal justice system does no one any good and is a substantial drain on taxpayers. Allowing certain individuals to participate in LEAD programs gives these individuals a chance to avoid further time in the system and a chance to avoid recidivism.

It is also essential that the program be thoroughly evaluated during its implementation. The King County program did thorough evaluation throughout program implementation, and as a result, completed several vital reports that highlight the successes of LEAD.

Conclusion

In conclusion, the City of Honolulu should implement the LEAD program, in an attempt to curb its homelessness crisis. LEAD has been statistically shown to be effective in lowering recidivism, helping individuals be housed and obtain social services, and gain greater respect for law enforcement. The current homelessness situation in Honolulu is neither effective nor humane. LEAD is a program that makes fiscal and logical sense, and should be aggressively pursued in the coming legislative session.

Law Enforcement Assisted Diversion (LEAD)

What is LEAD?
LEAD is a pre-booking or pre-arrest diversion program that will refer repeat, low level drug offenders and other low-level offenders to harm reduction-based case management and community-based services

Why is LEAD important?
LEAD was intended to demonstrate that non-coercive and non-punitive approaches to currently illegal activities such as drug use can be more effectively and humanely addressed outside of the criminal justice system. LEAD has been shown to be more effective than repeating the cycle of arrest and incarceration.

What does LEAD offer?
LEAD offers individualized case management services. The types of services accessed are entirely determined by individual participants and their case manager. As noted the *only* requirement for being in LEAD is to complete an intake assessment within a specified period of time. After that the individual is free to walk away without repercussion.

Does LEAD work?
LEAD started in Seattle, WA in 2011 and was heavily evaluated.
- People in LEAD were 58% less likely than people in the control group to be arrested after being in LEAD
- 82% were homeless prior to participation and 40% were housed
- 55% received drug treatment through LEAD
- Over 35 jurisdictions are exploring or already implementing LEAD

Who is involved in LEAD?
LEAD involves a wide variety of stakeholders including the Mayor's Office, City Council members, the Prosecuting Attorney's Office, Police and Sheriff Departments, Public Safety, legislators and healthcare and social service providers and the community.

For more information, visit *http://leadkingcounty.org/*

LEAD Hawaii Hui

ACLU – Hawaii Chapter
ALEA Bridge
CARE Hawaii
City and County of Honolulu
Community Alliance on Prisons
CHOW Project
Drug Policy Forum of Hawaii
Harm Reduction Hawaii
Harm Reduction Services Branch, Hawaii State Dept. of Health
Hawaii Appleseed
Hawaii Substance Abuse Coalition
Helping Hands Hawaii
Hina Mauka
Honolulu Police Department
Institute for Human Services
Ku Aloha ola Mau
Mental Health America of Hawaii
Mental Health Kokua
Partners in Care
PHOCUSED
State Office of the Public Defender
The Salvation Army ATS-FTS
Susannah Wesley Community Center
UH Office of Public Health Studies
We are Oceania
Waikiki Health
Join our hui! Contact Heather at