Report to the Twenty Ninth Hawai’i State Legislature 2017

In Accordance with the Provisions of
Section 346-381(9), Hawai’i Revised Statutes

Hawai’i Interagency Council on Homelessness
December 2016
REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HAWAI‘I REVISED STATUTES
RELATING TO THE HAWAI‘I INTERAGENCY COUNCIL ON HOMELESSNESS

Section 346-381(9), Hawai‘i Revised Statutes, requires the Hawai‘i Interagency Council on Homelessness (HICH) to submit a report to the legislature on the progress of its activities, including formation and progress of the ten-year plan to address homelessness, no later than twenty days prior to the convening of the regular session.

This report highlights the following key points:

- Overview of the HICH, including its mission and responsibilities, historical background, and staffing and organizational structure
- Current status of homelessness in Hawai‘i
- Ten-year plan and strategic framework to address homelessness
- 2016 HICH Activities

This report relies on two primary sources of data to describe the current situation in Hawai‘i related to homeless persons and services – the 2016 statewide point-in-time count, and the 2016 Homeless Service Utilization Report. The point-in-time count provides an estimate of the number of homeless persons on a given night, and the utilization report provides information about the number of homeless persons utilizing homeless services that report into the Homeless Management Information System (HMIS) database.

A record of HICH meetings convened in 2016, including meeting agendas and minutes, can be found online at the Department of Human Services (DHS) website.
I. Overview of the Hawai‘i Interagency Council on Homelessness (HICH)

A. Mission and Purpose

The mission of the HICH is to prevent and end homelessness in Hawai‘i. The HICH achieves this mission through the coordination of governmental and private entities statewide, including federal, state, and local government; private foundations; the business community; the faith-based community; homeless service providers; and persons experiencing homelessness. The specific duties and responsibilities of the HICH are outlined in Hawai‘i Revised Statutes (HRS) §346-381.

B. Membership and Quorum

The HICH consists of 27 members, including a mixture of state government representatives, legislators, federal and county government representatives, homeless service providers, and representatives from the private faith-based and business sectors. Certain members of the HICH are designated by the mayor their respective county, while others are either designated by the governor or requested to serve by the governor. A majority of members on the HICH – 14 out of 27 members – shall constitute a quorum to do business and validate any decision or act of the council.

C. Historical Background

The HICH has existed in various forms for over a decade, however its specific duties and organizational structure have evolved over time as the HICH transitioned from an informal voluntarily established entity to a formal advisory entity established in statute. In 2004, the HICH was first established as an informal, voluntary council. In 2011, then-Governor Neil Abercrombie signed Executive Order No. 11-21, which formally established the HICH and designated the Governor as chair and the Governor’s Coordinator on Homelessness as vice chair. In 2012, the HICH was formally adopted in statute through Act 105, Session Law of Hawai‘i 2012. The statute relating to the HICH was later amended through Act 76, Session Laws of Hawai‘i 2013 to add the director of the Hawai‘i Public Housing Authority as an additional member of the council, and to provide for the appointment of a member from the House of Representatives and a member from the Senate to serve as alternate members of the council.

D. Organizational Structure and Staffing

The HICH is established within the Department of Human Services (DHS) for administrative purposes, and is chaired by the Governor’s Coordinator on Homelessness (Coordinator). Staff
support for the HICH is provided by the Coordinator’s staff. Scott Morishige currently serves as the Coordinator, as well as the Chair of the HICH. The Coordinator’s staff includes Homelessness Assistant Julie Haruki, Administrative Assistant on Homelessness Lanaytte Paia, Special Assistant Julie Ford, and Community Engagement Specialist Tamah-Lani Noh. While physically housed within the Office of the Governor, the Coordinator and staff are employees of DHS and placed administratively within the Office of the Director.

II. Current Status of Homelessness in Hawaiʻi

A. Homeless Population Trends

When it comes to homelessness in Hawaiʻi, there is good news and bad news. The bad news is that over the past five years, the number of homeless persons in Hawaiʻi has increased. The good news is that the rate of increase dropped significantly between 2015 and 2016 – from a 9% and 10% increase in 2014 and 2015, respectively, to a 4 increase in 2016. On Oʻahu, this rate of increase delineed to less than 1%.

Despite the decrease in growth, Hawaiʻi continues to have the highest per capita rate of homelessness among all 50 states, and second only to the District of Columbia. The statewide rate of homelessness in Hawaiʻi is 54.9 homeless persons per 10,000 people. When taking the population size of a county into account, the rate of homelessness in the City and County of Honolulu was the lowest across all four counties at 49.1 homeless persons per 10,000 people.

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The highest estimated rate was found in Hawai‘i County at 70.4 homeless persons per 10,000 people.²

According to the 2016 Point-in-Time Count, there are about 7,921 people experiencing homelessness in Hawai‘i. Nearly two thirds of the homeless population (62.4%) reside in the City and County of Honolulu, about one-third live in Hawai‘i County (17.6%) and Maui County (14.6%), and a small proportion (5.6%) reside in Kauai County.

Of the total number of estimated homeless persons, over half (54.4% or 4,308 people) are unsheltered – living on the streets or in parks, beaches, or other places not meant for human habitation. Nearly a quarter of the total number of estimated homeless persons (24.6%, or 1,949 people) are identified as “chronically homeless.” Both the number of unsheltered and chronically homeless persons have risen over prior years – between 2015 and 2016, unsheltered homelessness increased by 12.1% (465 people) and chronic homelessness increased by 27.1% (415 people).

Between 2015 and 2016, the number of homeless persons identified as experiencing “chronic substance abuse” increased by 9.6% (135 people). In 2016, nearly one-fifth (19.3%, or 1,531 people) of the homeless population experienced “chronic substance abuse.” In addition, 21.1% (1,674 people) of the homeless population identified as “severely mentally ill.”

**B. Overview of Current Services to Address Homelessness³**

In State Fiscal Year Ending 2015 (FY2015), the Department of Human Services – Homeless Programs Office (HPO) administered $19,753,752 in state general funds, which included $2,431,724 utilized to provide “maintenance of effort” for the Temporary Assistance for Needy Families (TANF) program.

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² The 2016 county rates of homelessness were calculated based on the estimated county populations derived from 2015 county population estimates and the state’s estimated rate of change for population. (Source: The latest data available from the U.S. Census Bureau, retrieved from http://files.Hawai‘i.gov/dbedt/census/popestimate/2015-county-population-Hawai‘i/PEP_2015_PEPANNRES.pdf)

The HPO contracts for a variety of services that includes: Shelter, Outreach, State Homeless Emergency Grant, Housing Placement Program, and Housing First (also known as Permanent Supportive Housing). In addition to state general funded services, the federal and local governments fund additional homeless programs, including the Continuum of Care (CoC) Permanent Supportive Housing programs, Veterans Assisted Supportive Housing (VASH), and Rapid Rehousing. Data for homeless service programs is maintained in the Homeless Management Information System (HMIS), which tracks demographic information and outcomes data entered by homeless service programs funded by the federal, state, and local governments.

The following is a brief description of the major types of homeless services currently provided:

- **Outreach Program** targets unsheltered individuals in order to provide resources and referrals for shelter and other services. Over 90% of outreach services reported in the HMIS are funded by the state. In FY 2015, the outreach program served 8,030 homeless people statewide.

- **Shelter Program** provides a safe place for individuals and families to sleep at night and often include many additional services and resources. The service duration of the emergency shelter program tends to be shorter than that of transitional housing program. The latter program is designed to provide more intensive services to help individuals and families transition gradually into more stable housing situations. The majority of shelter services are funded by the state, including over 95.0% of emergency shelter services and about 85.0% of transitional housing services. During FY 2015, 8,844 people accessed the shelter program: 56.0% of them received emergency shelter services, slightly more (56.9%) received transitional housing services, and 12.9% received both.

- **State Homeless Emergency Grant (SHEG)** provides one-time grants to assist persons and families at-risk of homelessness and focuses primarily on homelessness prevention. The grant is used for paying utility bills, medical bills, back rent, or other type of emergency financial obligations that threaten housing stability. Between August 2014 and July
2015, SHEG served a total of 503 households statewide, with the majority of them at-risk of becoming homeless (82.1%) and slightly less than one-fifth residing in transitional housing, emergency shelter, or an unsheltered homeless situation (17.8%) at the time of service.

- **Housing Placement Program (HPP)** serves TANF-eligible households with minor children by helping them search for, secure, and retain permanent housing. Housing placement services include pre- and post- housing counseling, employment assistance, housing search, landlord engagement, and assistance with initial move-in costs, such as rent, security deposit, utility, and utility deposit payments. In FY15, HPP served a total of 845 TANF-eligible families, including 1,375 adults and 2,003 children, who needed housing placement services.

- **Rapid Rehousing** is part of a newer strategy designed to provide targeted support to those who have recently become homeless to enable their return to stable housing as quickly as possible. The U.S. Department of Housing and Urban Development (HUD) along with the Veterans Affairs (VA) provide funding for rapid rehousing services, with 43.0% provided by HUD and 57.0% provided by the VA. In FY 2015, this program served a total of 981 clients statewide.

- **Permanent Supportive Housing (PSH)** provides housing and ongoing support to homeless persons and families who might otherwise be unlikely to sustain housing on their own. Services aimed at helping those with disabiling conditions, including mental health or substance abuse issues, by pairing housing and case management and other support services to increase the likelihood that these clients will remain housed. In FY15, HUD’s Continua of Care (CoC) funding served the majority of people (786, or 64.0%) enrolled in PSH.

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C. Service Gaps and Opportunities

Based on the homeless population trends and current services described above, the following gaps and opportunities have been identified:

- **Sustain funding for Housing First and Permanent Supportive Housing** – For chronically homeless persons, we know what works. The State and City’s Housing First programs – part of the PSH programs – have an overall housing retention rate of 98.1% in FY16. The drawback is that the programs are expensive and are currently only serving a fraction of the “chronically homeless” population. Ongoing investment for housing and supportive services are required to maintain housing stability. Due to the many complexities facing the chronically homeless, they are the most difficult segment of the homeless population to house.

- **Expand Rapid Rehousing services statewide** – For the segment of the homeless population just below the chronic level, Rapid Rehousing programs result in permanent housing. The program had a 73.4% success rate, the highest rate of exit to permanent housing. Again, continued funding is required. The number of people served was limited to 981 in FY15 due to limited funding.

- **Expand substance abuse and mental health services for the unsheltered population** – The majority of homeless persons experiencing “chronic substance abuse” and the “severely mentally ill” are unsheltered, 72.8% (1,114 people) and 71.1% (1,190 people), respectively. There is a need to link homeless outreach services with targeted substance abuse treatment and mental health services to address the needs of this growing population. When combined with outreach and housing services, substance abuse treatment and mental health services provide the necessary supports to transition unsheltered persons from the streets to permanent, stable housing.
The data regarding the current state of homelessness suggests an opportunity to “double down” on housing retention with the following strategies:

- **Continue momentum** - Maintain the State’s Housing First program on O‘ahu, which has a high rate of housing retention.

- **Expand Housing First** - Roll out the State’s Housing First program to the neighbor islands to mitigate the growing number of chronically homeless persons in those communities.

- **Bolster funding** - Expand the level of funding for Rapid Re-Housing services statewide.

- **Cast a wider net** - Expand outreach services, including specific funding for substance abuse treatment and mental health services.

The Hawai‘i Interagency Council on Homelessness and its staff will address all of the above through the State Framework to Address Homelessness, and the implementation of the State’s strategic plan.

### III. Ten-Year Plan and Strategic Framework to Address Homelessness

#### A. Statutory Mandate

Hawai‘i Revised Statutes (H.R.S.) §346-381(a) tasks the HICH to “formulate, and advise the governor on the implementation of, a unified ten-year statewide plan to address homelessness in all Hawai‘i Counties.” Additionally, the HICH is required to “report annually to the governor, the legislature, and the mayor of each county on the progress of its activities, including formulation and progress of the ten-year plan.”

#### B. Ten-Year Strategic Plan to End Homelessness

The HICH formally adopted the Ten-Year Strategic Plan to End Homelessness (“Ten-Year Plan”) on September 10, 2012. The plan was developed following a twelve-month strategic planning process, which included receiving input from service providers and key stakeholders in all four counties.
The Ten-Year Plan identifies four specific goals, and outlines specific objectives and strategies to achieve each goal. The four goals outlined in the plan are:

- **Goal 1: Retool the Homeless Crisis Response System**
  This includes refocusing homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing. A retooled homeless crisis response system also prioritizes critical services for funding, and ensures that information systems are integrated to improve effectiveness and efficiency of service provision.

- **Goal 2: Increase Access to Stable and Affordable Housing**
  This includes the production and preservation of affordable housing, as well as the specific creation and preservation of permanent supportive housing options. In addition, this goal aims to eliminate barriers to government-funded affordable housing, including public housing and the Section 8 Housing Choice Voucher Program.

- **Goal 3: Increase Economic Stability and Self-sufficiency**
  This includes increasing meaningful and sustainable employment for people experiencing homelessness, as well as improving access to appropriate mainstream programs and services that reduce financial vulnerability.

- **Goal 4: Improve Health and Stability**
  This includes integrating primary and behavioral health care services with homeless and housing assistance programs. In addition, this includes a focus on health and stability for

Photo Credit: J. Ford. An example of retooling the homeless crisis response system is the Coordinated Statewide Homeless Initiative (CSHI) partnership with Aloha United Way (AUW). The CSHI strengthened AUW’s 2-1-1 system and prevented or ended homelessness for over 3,000 individuals. At a meeting in July 2016, Governor David Ige meets with AUW and DHS leadership to discuss CSHI efforts.
youth aging out of foster care and juvenile systems, as well as for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system.

The full text of the Ten-Year Plan can be found on the DHS website.

C. Hawai’i State Framework to Address Homelessness

In August 2016, building upon the strong foundation of the Ten-Year Plan and other previous plans, the HICH adopted a formal Hawai’i State Framework to Address Homelessness (“State Framework”) to move Hawai’i forward in a way that is pono (Hawaiian for good, upright, righteous, correct, or proper). The State Framework was developed based on input received from the Federal, State, and local governments, as well as service providers and other private sector representatives.

The State Framework 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 Framework strategically presses on three levers to address homelessness:

- **Affordable Housing** – Hawai’i must build more affordable housing and maximize the use of existing inventory.
- **Health and Human Services** – Hawai’i will implement best practice approaches for services that are evidence-based and move homeless persons quickly into permanent housing, including close monitoring of the results of these services.
- **Public Safety** – Hawai’i will coordinate public safety efforts alongside homeless outreach, 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 housing.

The State Framework establishes a goal by 2020 of transitioning to a Housing First system that connects people experiencing homelessness with the opportunity to move quickly into permanent housing. To determine the State’s progress in meeting this goal, the State Framework establishes a benchmark of reaching functional zero – the point where Hawai’i has sufficient housing for the number of homeless people statewide, and has appropriate services to transition the homeless population to permanent housing, regardless of level of need.
Functional zero is not a measure of ending homelessness, but instead means that Hawai‘i has the full capacity and resources needed to connect people to shelter or permanent housing.

An executive summary of the State Framework can be found on the Office of the Governor website.

D. Implementation of the Ten-Year Plan and State Framework

In 2016, HICH staff and its membership moved forward with implementation of the Ten-Year Plan and State Framework with the following key achievements:

- **Goal 1: Retool the Homeless Crisis Response System**
  - New RFPs reflect a Housing-focused approach – The Department of Human Services issued new Requests for Proposals for homeless services (e.g. Housing Placement, SHEG, Shelter, and Outreach, etc.) that focused on housing, and included specific performance benchmarks for permanent housing placement and reduced length of stay in shelter.
  - Expanded Rapid Re-Housing and Prevention Resources – The Coordinated Statewide Homeless Initiative (CSHI) with Aloha United Way prevented or ended homelessness for over-1,000 households (3,471 people), and exceeded initial performance targets by over 15%. By utilizing a “master contract” with Aloha United Way, CSHI brought immediate relief to at-risk and homeless households in every county.
  - Changed the paradigm of homeless shelter – The City and County of Honolulu opened the Hale Mauliola housing navigation center at Sand Island, and the State opened the Family Assessment Center (FAC) in Kaka‘ako. These new programs emphasize rapid placement of housing. The FAC housed its first family in 21 days, and Hale Mauliola housed over-100

Photo Credit: J. Ford. Throughout 2016, HICH staff and members participated in a series of systems mapping and technical assistance sessions aimed at strengthening the homeless service system and identifying opportunities for innovation.
chronically homeless persons, including two that became home owners.

- **Alignment of multiple funding efforts** – The Governor’s Coordinator on Homelessness established a funder’s collaborative consisting of representatives from the State, City and County of Honolulu, Partners in Care, Bridging the Gap, Hawai‘i Community Foundation, and Aloha United Way. The group is working to align federal, state, local and philanthropic funding efforts, and to increase communication and collaboration.

- **Goal 2: Increase Access to Stable and Affordable Housing**
  - **Increased overall housing production** - The housing supply in Kaka’ako increased by 2,260 units (44 percent of them affordable, with more units planned).
  - **Reduced turnaround time for public housing renovations** – Public housing units are being renovated in record time, using a new multi-skilled team approach. What used to take 200 days now takes only seven days, which translates to making more housing available more quickly.
  - **Expanded housing inventory and resources for Native Hawaiian families** – This year 284 lots were prepared for house construction by Department of Hawaiian Home Lands (DHHL). The State also provided the highest level of funding ever for DHHL - $23.9 million compared to $9.3 million from the previous administration.
  - **Partnered with local landlords to maximize inventory** – Landlord summits on several islands helped to expand rental supply. The State, City and County of Honolulu, County of Hawai‘i, County of Maui, Partners in Care and Bridging the Gap teamed up with the Hawai‘i Association of Realtors to sign up landlords and property managers to find homes for the homeless.
  - **Opened Section 8 wait list for the first time in a decade** – The Hawai‘i Public Housing Authority (HPHA) opened the Section 8 wait list, and awarded 120 vouchers to homeless individuals and families. In addition, HPHA established a Special Rent Supplement program that served nearly-100 additional homeless families.

Photo Credit: B. Matson. Landlord summits were convened throughout the state. The summits provided an opportunity for interested landlords to connect with social service providers to learn more about programs such as Housing First and the Housing Placement Program for homeless families.
• **Goal 3: Increase Economic Stability and Self-Sufficiency**
  
  o **Connect homeless families to SNAP and critical lifeline services** - Through the CSHI, homeless families and individuals were connected to the Supplemental Nutrition Assistance Program (SNAP) and free lifeline telephone service. Additionally, CSHI provided 3,005 referrals to 1,184 callers through the 2-1-1 homeless help line.
  
  o **Address the needs of children and families early and concurrently** – The new ‘Ohana Nui multi-generational approach to services has resulted in increased collaboration between the Department of Human Services and Department of Health. In addition, DHS achieved a bonus award of $716,622 to provide nutrition assistance for low-income individuals, including many experiencing homelessness.

• **Goal 4: Improve Health and Stability**
  
  o **Strengthened intersection between healthcare and housing** – DHS received technical assistance from the Center for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP), Community Partnership track in order to better utilize Medicaid to provide supporting services to assist homeless persons in maintaining tenancy following housing placement. The IAP included participation from HICH members representing DHS, DOH, HPHA, and the office of the Governor’s Coordinator on Homelessness.
  
  o **Piloted new models for Permanent Supportive Housing (PSH)** – The State and City and County of Honolulu partnered to place chronically homeless persons from the Hawai‘i Pathways Project into housing at various City-owned properties. In this model, the State is providing supportive services and case management, while the City is providing housing units and housing vouchers. Governor David Ige’s emergency proclamations to address homelessness facilitated the
ability of County governments to accelerate the development of permanent housing projects that will specifically benefit homeless persons and brought at least 392 additional units online over the past year.

- **Addressed discharge planning and transition of inmates exiting from incarceration** – The Department of Public Safety (PSD) established a formal Re-Entry Coordination Office (RCO), and revitalized PSD’s comprehensive re-entry plan, which includes streamlining access to services for offenders by partnering with DHS, and working with the Department of Transportation and counties to streamline the process for offenders to obtain State identification.

- **Aligned efforts to address the needs of homeless youth** – PIC submitted an application to receive federal funding for a Youth Homeless Demonstration Program. The application aligned efforts between State and County agencies and nonprofit providers, and included participation from numerous HICH members – including DHS, Department of Education, and PIC. Even if the application is not selected for funding, it provides a blueprint for stakeholders in Hawai‘i to address youth homelessness in a coordinated manner.

### IV. 2016 Activities of the Hawai‘i Interagency Council on Homelessness (HICH)

#### A. Regular Meeting Schedule

The HICH convened four times in calendar year 2016. Meetings were held on the following dates: July 11, 2016; August 29, 2016; October 17, 2016; and December 12, 2016. Quorum was established for all four meetings. Agendas and Minutes for HICH meetings are available online on the [DHS website](#).

#### B. Presentations to the HICH

The HICH provides a unique opportunity to connect with local and national experts addressing homelessness, and to share information and resources with HICH members and the public. Meetings convened in 2016 included presentations by the following organizations and individuals:

- **Hawai‘i Leadership Forum** – Project Design Coach Aubrey Yee and Systems and Complexity Associate Sam Dorios presented on systems mapping at the July 11, 2016 regular meeting.
• **United States Interagency Council on Homelessness (USICH)** – Regional Coordinator Ms. Katy Miller presented on the national activities and framework related to homelessness at the August 29, 2016 regular meeting.

• **Hawai’i Department of Health, Alcohol and Drug Abuse Division (ADAD)** – Deputy Director Lynn Fallin and ADAD Division Chief Edward Mersereau presented on the status of the Hawai’i Pathways Project at the August 29, 2016 regular meeting.

• **Corporation for Supportive Housing (CSH) and DHS Med-QUEST Division (MQD)** – Senior Program Manager Ms. Sue Augustus and MQD Administrator Judy Mohr Peterson presented on the Innovation Accelerator Program at the August 29, 2016 regular meeting.

• **HomeBase and OrgCode Consulting, Inc.** – Ms. Piper Ehlen from HomeBase and Mr. Iain DeJong from OrgCode presented on the Coordinated Entry System (CES) and the intersection with the State Framework to Address Homelessness at the October 17, 2016 regular meeting.

• **HomeAid Hawai’i** – Executive Director Ms. Nani Medeiros presented on private sector efforts to address homelessness at the October 17, 2016 regular meeting.

• **Partners in Care (PIC) and Bridging the Gap (BTG)** – PIC Director Ms. Jennifer Stasch and BTG representative Ms. Maude Cumming presented on the 2016 Continuum of Care program competition and priorities at the October 17, 2016 regular meeting. Additionally, Ms. Stasch and BTG representative Ms. Brandee Menino presented on the 2017 Point in Time Count planning efforts at the December 12, 2016 regular meeting.

**C. Actions of the HICH**

As an advisory council, the HICH has the authority to make recommendations regarding policy and programming to address homelessness. In addition, the HICH may establish a permitted interaction group (PIG) consisting of two or more members, pursuant to HRS §92-2.5, to investigate specific matters relating to the official business of the council. In 2016, the HICH voted and took action on the following items:

• **Adopted the State Framework to Address Homelessness** – The State Framework was formally adopted at the August 29, 2016 regular meeting. The motion passed with 20 members voting in the affirmative, and one member abstaining.

• **Established a PIG to review HICH structure and make recommendations** – A PIG was formally established at the August 29, 2016 regular meeting, pursuant to HRS §92-2.5.
The PIG consists of the Chair, a representative from DHS, a representative from PIC, a representative from BTG, a representative from the County of Maui, a representative from the Senate, and a representative from the House of Representatives. The motion passed unanimously with 21 members voting in the affirmative.

- Established a PIG to review and develop a sustainability plan for the Hawai‘i Pathways Project – A PIG was formally established at the August 29, 2016 regular meeting, pursuant to HRS §92-2.5. The PIG consists of the Chair, a representative from DHS, a representative from DOH, a representative from PIC, a representative from BTG, and a representative from the City and County of Honolulu. The motion passed unanimously with 21 members voting in the affirmative.

- Adopted a resolution requesting the Hawai‘i State Legislature, City and County Councils, and the Continua of Care (CoCs) to utilize the Hawai‘i State Framework to Address Homelessness to guide the formulation of policies and programming to address homelessness – A resolution was formally adopted at the October 17, 2016 regular meeting. The motion passed with 20 members voting in the affirmative, and one member abstaining. The resolution was subsequently transmitted to the Hawai‘i State legislature, City and County Councils, and the CoCs.

- Established a PIG to review and provide support for the 2017 statewide homeless point in time count – A PIG was formally established at the December 12, 2016 regular meeting, pursuant to HRS §92-2.5. The PIG consists of the Chair, a representative from DHS, a representative from PIC, and a representative from BTG. The motion passed unanimously with 17 members voting in the affirmative.

V. Conclusion

The HICH continues to make progress in implementing the four goals of the Ten-Year Plan, as well as the three levers of the State Framework. An key indication of this progress is that the rate of increase of the homeless population has slowed. Is further progress necessary? Yes, there is still much work to do to reach the goal of “functional zero.” The HICH will continue its work to maintain forward momentum.
Beyond just numbers and the point in time count, signs of progress are the many stories of real people in the community who have changed their individual circumstance as a result of the broader systemic changes to address homelessness. “Sam” and “Joanna” were among the first families to enter the new Family Assessment Center (FAC) in Kaka’ako. The couple signed a lease for rental housing only 21 days after entering the FAC. The accelerated placement into housing reflects the new Housing First approach and a real change in the paradigm to address homelessness.

In 2017, the HICH will continue to address the four goals of the Ten-Year Plan:

- **Retool the Homeless Crisis Response System** – The DOH has contracted the Corporation for Supportive Housing (CSH) to implement the State Framework, and to work together with the HICH to develop an implementation plan. This plan will include the build-out of a Coordinated Entry System, as well as the development of a financial model to scale permanent supportive housing efforts statewide.

- **Increase Access to Stable and Affordable Housing** – The HICH will continue its efforts to expand the State Housing First program to neighbor island counties and expand Rapid Rehousing statewide, with recognition that families in neighbor island counties are three times more likely to experience chronic homelessness than families on O‘ahu.

- **Increase Economic Stability and Self-Sufficiency** – As DHS implements its ‘Ohana Nui strategy to better address the needs of low-income parents and children early and concurrently, these efforts will be connected to HICH efforts to address homelessness. For example, an early ‘Ohana Nui pilot effort centers around the new Family Assessment Center and better connecting public benefit and work programs to the center’s clients.

- **Improve Health and Stability** – The State and City will continue their collaborative efforts to pair the State’s funding for services with the City’s funding for housing to directly impact the health and stability of chronically homeless individuals on O‘ahu. Concurrently, DHS and DOH will continue their participation in the Innovation Accelerator Program and continue to explore ways to better utilize Medicaid to provide tenancy supports to assist homeless individuals to maintain housing after placement.

Homelessness in Hawai‘i remains a foremost challenge that requires a complete system approach, a significant commitment of time, resources, and a high level of resiliency by all involved. For more information on state efforts to address homelessness, please contact the Governor’s Coordinator on Homelessness at (808) 586-0193 or gov.homelessness@Hawai‘i.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. 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.

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. The combined length of time in those four or more occasions must be twelve months or more, as specified in the Final Rule on the definition of “chronically homeless” issued by HUD in December 2015. 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 persons. In Hawai‘i there are two CoCs – Partners in Care for the island of O‘ahu, 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 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

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transitional housings (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.

**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 Service Utilization Report**—The utilization report is an annual report produced by the University of Hawaiʻi Center on the Family and the HPO. The report provides an analysis of homeless service programs that input data into the HMIS. The utilization report typically focuses on data captured within a state fiscal year.

**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.

**Maintenance of Effort (MOE)**—The provision of federal funds usually includes provisions that require a state to expend state revenue at a specified level that meet the purpose of the federal funds. Each federal program (TANF, Medicaid, Child care, etc.) has its own maintenance of effort (MOE) requirements. Thus, the expenditure of state funds is the measurement used to assess a state’s success in meeting the MOE requirements. The failure to meet the MOE requirements
may result in a reduction of federal funds. For example, failure to meet the specified MOE for TANF may result in a reduction of the TANF Block Grant.

**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 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.

**Section 8 Housing Choice Voucher Program**—“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 the Section 8 Housing Choice Voucher Program, 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. A Section 8 voucher typically provides a full rental subsidy, as opposed to a shallow rental subsidy.

**Shallow rental subsidy**—Shallow rental subsidy or shallow subsidy refers to financial assistance for housing costs that cover only a fixed portion of the rent for a period of time, as opposed to the full cost of the entire rent on an ongoing basis. The Rapid Rehousing program and the special rent supplement program are two different examples of a shallow rental subsidy.

**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.

**Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)**—The VI-SPDAT is a common tool used to assess the level of need for homeless persons seeking housing assistance. There are different versions of the VI-SPDAT for use with individuals, families with minor children, and for youth. The tool triages homeless persons into three levels of need—permanent supportive housing, Rapid Rehousing, and diversion. The continua of care in Hawai‘i—both on O‘ahu and the neighbor islands—have adopted the VI-SPDAT as a common assessment tool for the state’s homeless service system.