

REPORTS TO THE THIRTY-FIRST HAWAI`I STATE LEGISLATURE 2022

**IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HAWAI`I REVISED STATUTES, ON THE HAWAI`I
INTERAGENCY COUNCIL ON HOMELESSNESS**

AND

**SECTION I, ACT 128, SESSION LAWS OF HAWAI`I 2019, RELATED TO
THE `OHANA ZONES PILOT PROGRAM**

**HAWAI`I INTERAGENCY COUNCIL ON HOMELESSNESS
GOVERNOR'S COORDINATOR ON HOMELESSNESS
DEPARTMENT OF HUMAN SERVICES
DECEMBER 2021**

INTRODUCTION

These reports are submitted in accordance with the provisions [of section 346-381\(9\), Hawai`i Revised Statutes \(HRS\)](#), on the Hawai`i Interagency Council on Homelessness (HICH) and Section I, Act 128, Session Laws of Hawai`i (SLH) 2019, relating to the `Ohana Zones pilot project program.

The Hawai`i Interagency Council on Homelessness (HICH) is modeled after the United States Interagency Council on Homelessness (USICH) and serves “as the statewide homelessness planning and policy development entity with broad representation from state and county government and the community.”¹ The HICH consists of 27 members representing federal, State, and local government and public and private sectors.

Over the past two years, COVID-19 has changed how homelessness services in Hawai`i and nationwide are delivered. The pandemic impacted the delivery of services in congregate settings, such as emergency shelters, and resulted in a temporary reduction in available shelter space. In addition, lifting of state and federal eviction moratoriums resulted in an increased focus on homelessness prevention. This report summarizes the homeless system response to address the impact on congregate programs and the growing number of households experiencing housing instability. This report also highlights the specific role of the `Ohana Zones pilot program in responding to homelessness, including serving over 5,510 individuals, preserving 358 beds for homeless services, and adding 469 new beds to the overall inventory.

The `Ohana Zones pilot program was initially funded by the Legislature through [Act 209, SLH 2018](#), and extended by [Act 128, SLH 2019](#). `Ohana Zones "are designed to assist individuals experiencing homelessness find and transition into permanent housing . . . [and] have the potential to serve individuals experiencing homelessness in a way that existing programs are currently unable."² During the pandemic, `Ohana Zones enabled communities to increase shelter capacity and grew long-term housing supply on O`ahu, Maui, Kaua`i, and Hawai`i island. The pilot provides a template for future housing development that combines physical structures with wrap-around services that specifically target individuals and families transitioning out of homelessness.

In 2022, the HICH will advocate for continuing the `Ohana Zones pilot program and request additional funding to increase shelter and supportive housing capacity statewide. In addition, the HICH will support policies to address upfront challenges to accessing housing, such as policies related to regular application screening fees and source of income discrimination related to rental housing.

¹ Act 105, Session Laws of Hawai`i 2012, codified at section 346-381(b)(1), HRS.

² Act 209, Session Laws of Hawai`i 2018.

See the list of key definitions and terms related to homeless services at the end of this report. Questions regarding this report may be directed to the Governor's Coordinator on Homelessness at (808) 586-0193 or gov.homelessness@Hawaii.gov.

PART I:
REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HAWAII REVISED STATUTES
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS

The HICH is an advisory body that serves as a statewide homelessness planning and policy development entity with broad representation from the state and county governments and the community.

Section 346-381(9), HRS, 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 strategic plan (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:

- Current status of homelessness in Hawai'i, including impacts of the COVID-19 pandemic;
- Overview of the HICH, including its membership, mission and responsibilities, historical background, and staffing and organizational structure;
- 2021 HICH activities to address homelessness, including progress in implementing the Ten-Year Plan and framework to address homelessness; and
- Proposals and recommendations for 2022.

A record of HICH meetings convened in 2021, including meeting agendas and minutes, can be found online at <https://homelessness.Hawaii.gov/hich/>.

I. Current State of Homelessness in Hawai'i

A. Homeless Point in Time Count Data (2005 to 2021).

The annual homeless Point in Time (PIT) count is a crucial data source to evaluate the current state of homelessness. The count is typically conducted each January by the two Continuum of Care (CoC) agencies – Partners in Care for O'ahu and Bridging the Gap for Maui, Hawai'i, and Kaua'i counties- and includes a count of both sheltered and unsheltered homeless individuals. Unfortunately, due to the COVID-19 pandemic, the 2021 PIT count was limited only to sheltered individuals and did not include a count of unsheltered homeless individuals.

PIT count data from 2005 to 2021 show an increase in homelessness statewide between 2009 and 2016, followed by a steady decrease and leveling of the count between 2017 and 2020. The 37% increase between 2009 and 2016 followed the 2009 economic recession and reflected an overall increase of 2,139 individuals experiencing homelessness. The gradual increase over a prolonged period following the 2009 recession may indicate longer-term impacts of the COVID-19 pandemic on homelessness over the next few years.

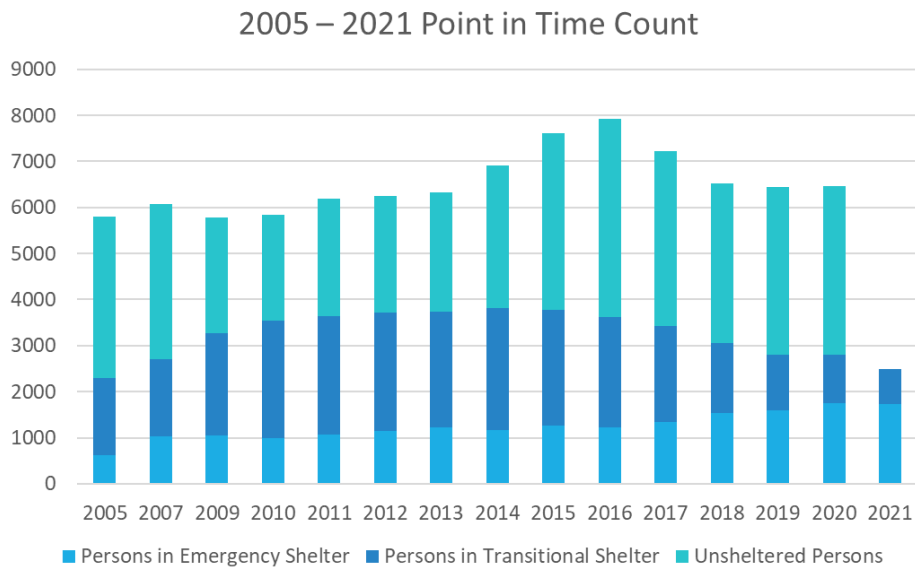


Figure 1. Statewide PIT Count (2005 to 2021). Source: HUD Homeless Population and Sub-Population Report.

Between 2016 and 2020, homeless individuals statewide decreased by 1,463 (18.5%). There were significant statewide reductions in key homeless sub-populations during this timeframe:

- 43.7% reduction (1,469 individuals) in persons in homeless families,
- 27.1% reduction (182 individuals) in veterans experiencing homelessness,
- 22.4% reduction (437 individuals) in chronic homelessness, and
- 15.2% reduction (658 individuals) in unsheltered homelessness.

i. Trends in PIT Count for Sheltered Homelessness (2005-2021).

PIT count data for sheltered homelessness from 2005 to 2021 reflects changes in U.S. Department of Housing & Urban Development (HUD) beginning in 2012 to de-emphasize funding for transitional shelters in favor of permanent housing programs. As a result, the 2021 sheltered PIT count shows an overall 11.3% decrease (319 fewer individuals) in shelter compared to 2020, driven primarily by a nearly 30% decrease (318 individuals) in transitional shelter.

The primary difference between emergency and transitional shelters is that emergency shelters may accept individuals who walk in and need shelter immediately. In contrast, transitional shelters typically require referrals through the CoCs' Coordinated Entry System (CES). Since 2014, there has been an overall 71.7% (1,902 individuals) decrease in the number residing in transitional shelters.

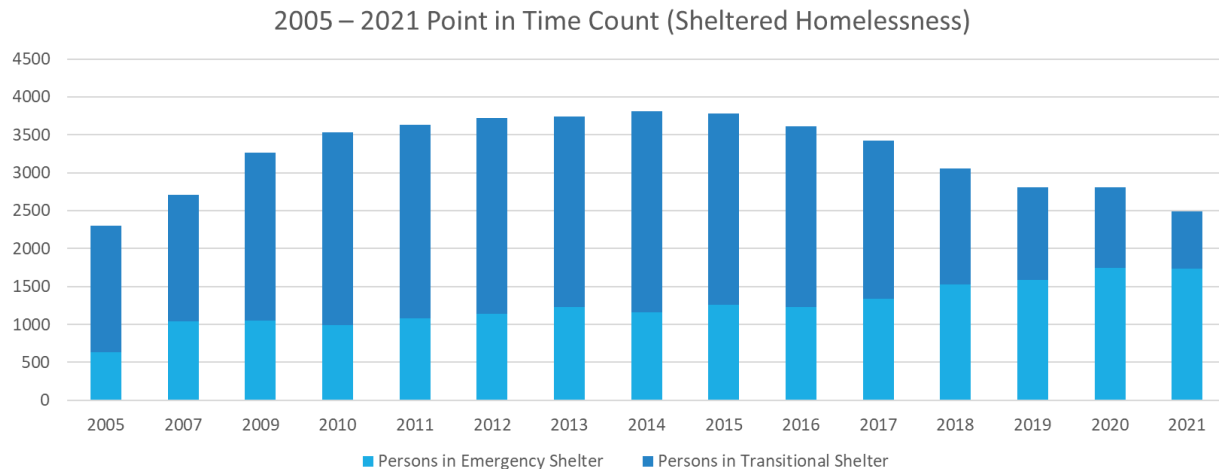


Figure 2. Statewide Sheltered Point in Time Count (2005 - 2021). Source: HUD Homeless Population and Sub-Population Report.

While the overall sheltered PIT count decreased between 2020 and 2021, the number of individuals using emergency shelters on the neighbor islands increased by 32% (128 individuals) during this period. The increase in individuals using emergency shelters on the neighbor islands reflects an increase in emergency shelter bed capacity on the neighbor islands during this same period.

In reviewing sheltered PIT count data in 2021, note that the PIT count did not include a survey of homeless individuals staying in isolation and quarantine facilities due to COVID-19, which may understate the number of individuals in emergency shelters. However, the absence of homeless individuals in isolation and quarantine is significant. For example, the January 2021 PIT Count showed that on O`ahu alone, there were an estimated 300 individuals in such facilities.

ii. Trends in PIT Count for Unsheltered Homelessness (2005 to 2020): O`ahu numbers increased despite the overall statewide decline.

Like overall statewide PIT count numbers, the statewide unsheltered homeless population increased significantly between 2013 and 2016 before steadily decreasing between 2016 and 2020. Statewide, unsheltered homelessness decreased by 15.2% (658 individuals) during this period.

In contrast, O`ahu saw a steady increase in unsheltered homelessness, with numbers fluctuating between 2,145 and 2,403 between 2018 and 2020. Between 2012 and 2020, the number of unsheltered homeless individuals on O`ahu increased 78%, from 1,318 individuals to 3,346 individuals. During this same period, the percentage of unsheltered homeless individuals on O`ahu as part of the total homeless population increased from one-third (30.3%) to over half (52.7%).

Analysis by the University of Hawai`i at Manoa of unsheltered homelessness from four years of PIT counts on O`ahu indicates that increases in unsheltered individuals on O`ahu are due to a steady influx of newly homeless individuals. Of 7,496 unique individuals counted in the analysis,

81% of individuals were “newly homeless,” meaning that they were only counted once during the four-year survey period and not counted previously. The remaining 19% (1,446 individuals) were “repeaters” who appeared in multiple PIT counts. Compared to the newly homeless, repeaters had higher percentages of mental health, physical, or developmental disabilities; were older on average; included a higher percentage of Native Hawaiian and Pacific Islanders, and included a higher percentage of females.

B. McKinney-Vento Education for Homeless Children and Youth Data (2005 to 2020).

Another set of population trend data considered by the HICH is data tracked and reported by the Hawai'i Department of Education (DOE). DOE tracks students who meet the definition of homelessness under the McKinney-Vento Education of Homeless Children and Youth Act (McKinney-Vento Act), which differs from the definition of homelessness used for the PIT count. The primary difference is that the McKinney-Vento Act definition includes 'doubled up' individuals in shared housing or residing in hotels or motels. Like PIT count data, McKinney-Vento Act data show overall decreases in individuals experiencing sheltered and unsheltered homelessness between 2016 and 2021.

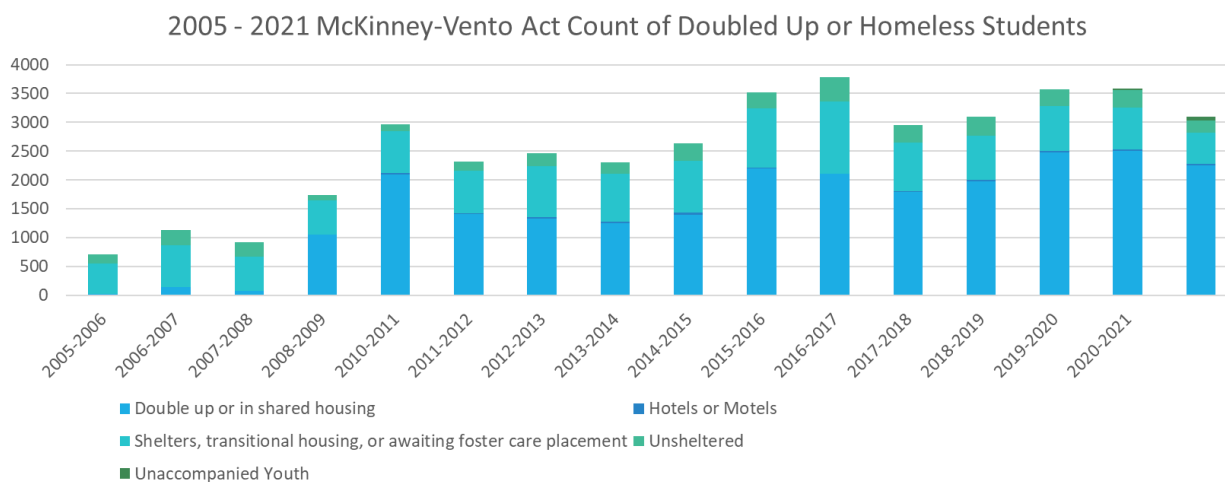


Figure 3. McKinney-Vento Act Data (2005 - 2021). Source: Hawai'i Department of Education.

In school year (SY) 2020-2021, the DOE reported a total of 3,099 students that met the McKinney-Vento Act definition of homelessness.³ These include:

- 218 (7.0%) unsheltered,
- 537 (17.3%) in a sheltered situation,
- 26 (0.8%) in a hotel or motel,
- 2,256 (72.8%) 'doubled up' or in shared housing, and
- 62 (2.0%) unaccompanied youth.

³ Data shared by Hawai'i DOE, Education for Homeless Children and Youth (EHCY) program

The McKinney-Vento Act data for SY 2020-2021 shows an overall 13.6% (487 students) decrease compared to the prior school year.

i. Data regarding homeless students and homeless families both show downward trends.

The McKinney-Vento Act data related to unsheltered students or sheltered situations align with general trends in the PIT count data for homeless families with minor children. Both sets of data show increases between 2013 and 2016, followed by a decline between 2016 and 2020. The number of students reported by the DOE in unsheltered and sheltered homeless situations decreased by 55% (922 individuals) between SY 2015-2016 and SY 2020-2021. In comparison, the number of homeless individuals in families in the PIT count declined by 43.7% (1,469 individuals) between 2016 and 2020.

ii. Students in 'doubled up' or shared housing situations.

Nearly three-fourths (72.8%) of students counted in McKinney-Vento Act data are in 'doubled up' or shared housing situations. Reports of the number of students in this category have fluctuated over the years. The number of 'doubled up' students increased by 3.96% (710 individuals) between SY2016-2017 and SY2019-2020 before decreasing slightly by 9.9% (248 individuals) over the past year. While students in this category do not meet the PIT count definition of homelessness, they are considered in unstable housing situations and potentially at risk of falling into literal homelessness. These students and their families especially need homeless prevention services to maintain housing, avoid homelessness, and preserve their ability to succeed in school.

C. Housing Inventory Count (2005 to 2021).

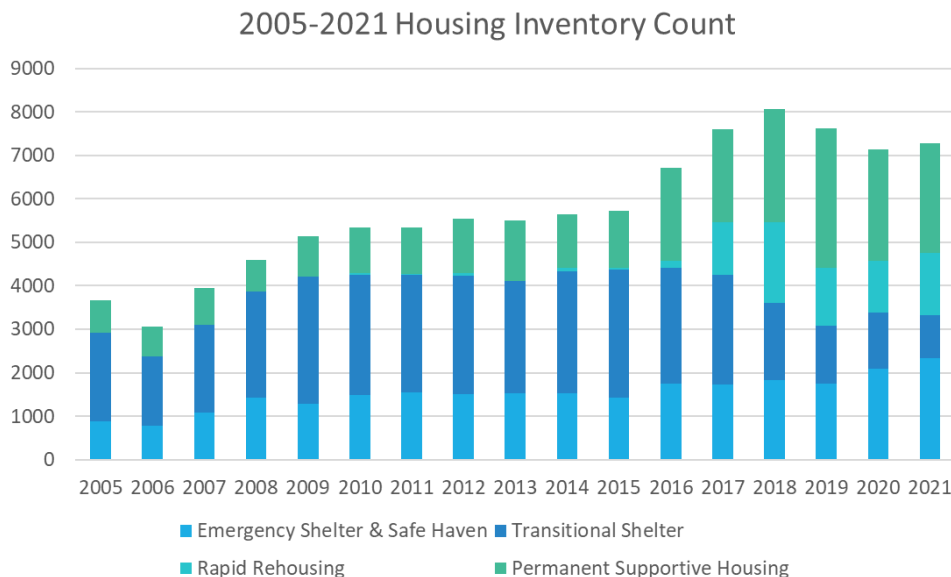


Figure 4. Housing Inventory Count (2005 - 2021). Source: HUD Housing Inventory Count.

HICH also considers the inventory of shelter (e.g., emergency, and transitional shelter) and permanent housing resources (e.g., rapid rehousing and permanent supportive housing) to assess the State's efforts to address homelessness. As the number of individuals experiencing homelessness in Hawai'i decreased, the number of beds to address homelessness has increased over time. This information is in the annual Housing Inventory Count (HIC), a report provided annually to HUD. For example, Housing Inventory Count (HIC) data shows an overall 292% (2,605 beds) increase for permanent supportive housing (PSH) and rapid rehousing (RRH) from 2015 to 2021. In addition, the number of emergency shelter beds increased by 63.5% (908 beds), and the number of transitional shelter beds decreased by 66.7% (1,957 beds) during that same period.

i. Temporary vs. Permanent Beds.

Emergency shelter and transitional shelter beds are considered temporary beds. Meanwhile, RRH and PSH beds are considered long-term, permanent beds. In general, the strategies adopted by the HICH prioritize adding permanent housing beds and reducing transitional shelter beds. The HICH strategy and trends in HIC data for transitional shelter beds reflect changes in HUD policy beginning in 2012, which de-emphasized funding for transitional shelter in favor of permanent housing programs.

ii. Permanent housing resources increased, while PIT count and McKinney-Vento Act count of homelessness decreased.

Between 2015 and 2018, the HIC number of shelter and housing beds increased by 41% (2,346 beds). During this period, the increase in HIC beds included a 228% increase in the number of permanent beds – increasing from 1,359 permanent beds in 2015 to 4,469 permanent beds in 2018. The number of permanent beds further increased to 4,553 in 2019.⁴ These increases in HIC permanent beds occur during the same period that overall homelessness statewide decreased in the PIT count. The number of literal homeless students also declined during this period, according to McKinney-Vento Act data.

iii. Changes in federal policy contribute to reductions in transitional shelter beds.

As mentioned earlier, the decrease in transitional shelter beds reflected a change in policy by HUD beginning in 2012 that demonstrated a significant change in prioritization for permanent housing and de-emphasis of transitional shelter. As a result, between 2012 and 2020, the number of homeless individuals in transitional shelters declined nationwide by 53.2% (104,934 beds), aligning with a similar decrease in federal funding for transitional shelters. Federal CoC funds for transitional shelter in Hawai'i similarly declined from 2012, including a dramatic 65% reduction between 2014-2015.⁵

⁴ U.S. Department of Housing & Urban Development. CoC Housing Inventory Count Reports. Retrieved December 10, 2020, from <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

⁵ U.S. Department of Housing & Urban Development. CoC Dashboard Reports. Retrieved December 10, 2020, from <https://www.hudexchange.info/programs/coc/coc-dashboard-reports/>.

In Hawai`i, transitional shelter programs lost federal CoC funding in federal fiscal year (FFY) 2015. The federal cuts were primarily to programs that served targeted sub-populations, such as individuals in recovery for substance use, the severely mentally ill, individuals diagnosed with HIV/AIDS, and homeless youth. The 2015 federal CoC funding cuts impacted 303 individuals in transitional shelter programs. The Department of Human Services (DHS) provided one year of temporary funding for impacted programs through the Coordinated Statewide Homeless Initiative (CSHI). The temporary funds allowed affected organizations to develop a transition plan and make necessary changes to their programs to secure longer-term funding.

iv. Increases in federal, state, and local funding contributed to increases in permanent beds.

The increase in permanent beds between 2015 and 2019 correlates with increases in State and local funding for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs, such as Housing First. For example, state legislative appropriations in 2016 and 2018 enabled DHS to establish a statewide RRH program and scale the State Housing First program to Maui, Kaua`i, and Hawai`i island.

v. Rapid Rehousing vs. Permanent Supportive Housing.

The primary difference between RRH and PSH is the duration and intensity of rental subsidies and services. In general, RRH provides short- to medium-term rental assistance and case management that can range from as short as three months to as long as 24 months. In contrast, PSH provides long-term case management and rental subsidies and targets households with higher levels of vulnerability and need.

vi. Programs not reflected in the HIC.

The HIC does not include the permanent housing beds not explicitly designated for persons experiencing homelessness in its inventory. In addition, the HIC does not reflect facilities that provided isolation and quarantine to individuals experiencing homelessness during the COVID-19 pandemic.

D. Impact of the COVID-19 pandemic.

The COVID-19 pandemic has impacted homelessness statewide in numerous ways, including reducing the availability of emergency shelter bed space. The DHS Homeless Programs Office (HPO) continues to estimate that HPO-funded emergency shelter bed space has decreased statewide by 20% (203 units) – from 979 units pre-COVID to 776 units available as of September 2021.⁶ This reduction in congregate bed space likely impacted the number of sheltered individuals in the 2021 PIT count.

⁶ Data shared by HPO based on bed counts collected from contracted providers. This data does not include other shelters funded by other sources, such as 'Ohana Zones pilot program shelters funded by the counties or another State agency.

In addition to reduced shelter capacity, increased transmissibility of the COVID-19 delta variant resulted in some shelter and housing programs requiring a negative COVID-19 test within 36 hours or proof of vaccination as a condition of entry. State and county mandates also restricted access to State libraries and other government facilities for homeless individuals who could not provide proof of identification and vaccination status.

Another indicator of the impact of the pandemic on homelessness is data regarding exits from homeless programs into permanent housing. In 2021, the percentage of exits to permanent housing declined for the first time since 2017. As of October 31, 2021, the percentage of exits to permanent housing in 2021 was 49%, compared to 54% for calendar year 2020. The decreased percentage of exits into permanent housing occurred despite an infusion of new federal resources for housing placement, including CARES Act funding and Emergency Housing Vouchers. The decrease in housing placement rates occurred both on O`ahu and the neighbor islands, with lower placement rates for O`ahu. As of October 31, 2021, the exit to permanent housing rate for the neighbor islands was 58.5% compared to 46.5% for O`ahu.

While COVID-19 has impacted access to shelters and other facilities, there is no clear data to indicate whether the number of homeless individuals statewide – including unsheltered homelessness – has increased or decreased compared to prior years. As mentioned previously, PIC did not conduct an unsheltered PIT count in 2021 due to health and safety concerns for PIT count staff and volunteers.

i. Increased caseloads for emergency rental assistance (ERA) and needs-based public benefits indicate high levels of financial insecurity.

During the pandemic, demand has remained high for relief programs, such as the federally funded ERA programs administered by the four counties and the Department of Hawaiian Home Lands (DHHL). Between January 1, 2021, and October 31, 2021, the U.S. Treasury reports that state and local Hawai`i agencies distributed \$129 million in ERA funds to 18,019 households statewide between January and October 2021. The number of renter households receiving assistance is nearly ten percent (9.72%) of the estimated 185,339 renter-occupied households statewide reported in the 2019 American Community Survey for Hawai`i.

In addition to the ERA, demand for needs-based benefits, such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid, are indicators of financial insecurity during the pandemic. For example, between SFY2019 and October 2021, the SNAP caseload increased 26%, from 83,361 to 112,461. In addition, between March 2020 and October 2021, the Medicaid caseload increased by 32%, from 327,119 to 430,422.

ii. The anticipated impact of COVID-19 on homelessness for 2022 and beyond: More demand for services.

In January 2021, the Economic Roundtable released a report, which projected that the current pandemic recession would increase chronic homelessness in the United States over the next four years by 49%. The report examined unemployment and homelessness data following the 2008 recession and found a direct connection between loss of employment income and loss of

shelter. According to the report, “People are likely to fend off homelessness as long as possible . . . However, without money to pay for rent or a supportive social network, it is likely that individuals will be evicted and lack a place of their own to sleep.”⁷

Historical data for the statewide PIT count also indicates that demand for homeless services is likely to increase in the wake of the current economic recession. Following the last significant downturn in 2009, the statewide PIT count increased from 5,782 to a high of 7,921 in 2016, increasing by 2,139 people (37% increase).⁸ The expected increase in homelessness will likely include single adults and families with minor children. It will fluctuate over several years as opposed to a one-time spike.

The available current homelessness data – including increases in ‘newly homeless’ unsheltered individuals on O`ahu and increased number of ‘doubled up’ students in unstable housing – suggests a need to strengthen homelessness prevention efforts and continue to increase affordable rental inventory. Prevention efforts could include integrating sustained anti-poverty and homelessness services and examining policies to increase access to and expand the use of housing voucher programs.

II. Overview of the Hawai`i Interagency Council on Homelessness (HICH)

A. Background and Purpose

The mission of the HICH is to prevent and end homelessness in Hawai`i. The HICH achieves this by coordinating 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. [Section 346-381, HRS](#), outlines the specific duties and responsibilities of the HICH. The HICH is modeled after the [United States Interagency Council on Homelessness \(USICH\)](#) and is the first state interagency council on homelessness formally established in statute.

The HICH has existed in various forms for over a decade; however, its specific duties and organizational structure have evolved as it transitioned from an informal entity to a formal advisory entity established in statute. In 2004, the HICH was an informal, voluntary council. In 2011, then-Governor Neil Abercrombie signed Executive Order No. 11-21, formally establishing the HICH. In 2012, Act 105, SLH, 2012 codified the HICH in state law. The Legislature amended the HICH statute in [Act 76, SLH, 2013](#), and [Act 81, SLH, 2019](#). The 2013 amendments expanded the HICH membership, and the 2019 amendment required the Governor to appoint the GCH without regard to Chapter 76, HRS.

⁷ Retrieved from: <https://economicrt.org/publication/locked-out/>

⁸ U.S. Department of Housing & Urban Development. CoC Homeless Populations and Subpopulations Reports. Retrieved December 15, 2020, from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

B. Membership and Quorum

The GCH is the HICH chair. The HICH consists of 27 members, including a mixture of state government representatives, legislators, federal and county government representatives, homeless service providers, and private, faith-based, and business sectors. Certain HICH members are designated by county mayors, while other members are designated or requested by the Governor. A majority of HICH members – 14 of 27 members – constitute a quorum to do business and validate any council decision or act. The current HICH membership is online at: <http://homelessness.hawaii.gov/hich/>.

C. Organizational Structure and Staffing

The HICH is attached to DHS for administrative purposes. GCH supervises four staff, which provide administrative support to the HICH and facilitate coordination and alignment of federal, state, and local efforts to address homelessness. While physically located in the Governor's office, the GCH and staff are employees of DHS.

D. Ten Year Strategic Plan and Framework to Address Homelessness

In 2012, the HICH adopted a ten-year strategic plan (Ten-Year Plan) and framework to guide its efforts to address homelessness statewide. A more detailed framework was adopted on August 29, 2016, to guide the plan's implementation. The strategic plan and framework align with [Opening Doors](#), the federal strategic plan to prevent and end homelessness developed by the USICH.

The strategic plan has four key goals described below:

1. Re-tool the homelessness crisis response system.

This goal includes refocusing homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing. Retooling includes promoting best practices for crisis response, maximizing mainstream resources for housing stabilization, increasing the number and diversity of partners addressing homelessness, implementing a comprehensive communications plan, developing a fiscal map of homeless services to guide funding decisions, and supporting statewide homeless outreach efforts to engage and identify unsheltered individuals.

2. Increase access to stable and affordable housing.

This goal includes the production and preservation of affordable housing and the specific creation and preservation of PSH. This goal aims to eliminate barriers to government-funded affordable housing, including public housing and the Section 8 Housing Choice Voucher (HCV) program.

3. Increase economic stability and self-sufficiency.

This goal includes meaningful and sustainable employment for people experiencing homelessness and improving access to appropriate mainstream programs and services that reduce financial vulnerability.

4. Improve health and stability.

This goal includes integrating primary and behavioral health care services with homeless and housing assistance programs. Also, this includes a focus on health and stability for youth aging out of foster care and juvenile systems and 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 online at: <https://homelessness.hawaii.gov/hich>.

The full text of the State framework to address homelessness is also available online at: <https://homelessness.hawaii.gov/wp-content/uploads/2019/03/Hawaii-State-Framework-to-Address-Homelessness-July-2016.pdf>.

E. HICH Systems Performance Metrics

HICH is making progress in its efforts to address homelessness statewide through implementing the strategic plan. Progress is evaluated based on four critical systems performance metrics, which HICH adopted in 2018 and reviews regularly at its quarterly meetings. Specifically, the identified metrics evaluate the homelessness system's effectiveness in ensuring that homelessness is a *rare, brief, and non-recurring* occurrence. The four metrics adopted and reviewed by the council are:

- The number of individuals experiencing homelessness.
- The number of available beds targeted specifically for individuals experiencing homelessness, including shelter and housing beds.
- The number of individuals placed into permanent housing by homeless service providers.
- The length of time an individual spends enrolled in emergency and transitional shelter programs.

Metrics are updated quarterly and are posted online at: <https://homelessness.hawaii.gov/data>.

Since 2015, there has been an overall reduction in homeless individuals statewide and increased emergency shelter and permanent housing beds. However, it appears that homeless individuals are staying longer in emergency and transitional shelters, and continued efforts are needed to accelerate housing placement and reduce the length of stay in homeless programs.

Performance metrics by island show key differences between the data for O`ahu and the neighbor islands. In particular, the percentage of individuals exiting into permanent housing on O`ahu has been declining and is lower compared to the neighbor islands. In addition, O`ahu experienced more modest decreases in PIT count and increases in HIC bed inventory. The length of stay for homeless individuals in emergency and transitional shelters is also the longest on O`ahu. A more detailed overview of each metric is below.

i. The number of individuals experiencing homelessness has decreased, particularly for families.

Both the PIT count and McKinney-Vento Act data indicate that the number of individuals experiencing literal homelessness, both sheltered and unsheltered, has decreased overall between 2016 and 2020. In contrast, unsheltered homelessness increased on O'ahu between 2012 to 2017, though the number of unsheltered individuals leveled over the last three years. While we have not reached the goal of 'functional zero' established by the State Framework, there are notable decreases for specific sub-populations, including a statewide 43.7% decrease in the PIT count for persons in homeless families.

From 2016 - 2020, the City & County of Honolulu, Hawai'i, and Maui counties experienced the following reductions in their respective PIT count, including overall decreases and decreases in these sub-populations:

- **O`AHU:** 9.95% overall reduction in homelessness (492 individuals),
 - 41.5% decrease (520 individuals) in persons in homeless families, and
 - 21% decrease (49 individuals) in homeless veterans between 2017 and 2020, following a slight increase between 2016 and 2017.
- **HAWAI`I ISLAND:** 42.82% overall reduction in homelessness (597 individuals),
 - 61.9% decrease (397 individuals) in persons in homeless families, and
 - 46% decrease (52 individuals) in homeless veterans.
- **MAUI:** 31.09% overall reduction in homelessness (356 individuals),
 - 19.8% decrease (75 individuals) in persons in homeless families, and
 - 54.3% decrease (57 individuals) in homeless veterans.

The PIT count showed that the overall homeless population on Kaua'i remained relatively flat between 2016 and 2020 – generally fluctuating between 412 to 443 people, minus an abnormally low count of 293 in 2018. Despite overall numbers remaining relatively flat between 2016 and 2020, PIT count data for Kaua'i included the following decreases for persons in homeless families and veterans during this period:

- 27.8% decrease (47 individuals) in persons in homeless families and
- 41% decrease (16 individuals) in homeless veterans.

While all counties experienced decreases in the number of persons in families between 2016 and 2020, the largest decreases in this category occurred on O`ahu and Hawai'i island.

ii. Beds for homeless individuals have increased since 2015, including recent increases in emergency shelter beds.

The number of overall beds in the HIC has increased significantly since 2015. Although the number of PSH and RRH beds declined slightly over the past year, the number of emergency shelter beds has increased.

- **O`AHU:** 908 overall bed increase (20.6%)
 - **Emergency Shelter:** 469-bed increase (42.3%)
 - **Permanent Supportive Housing:** 876-bed increase (48.7%)
 - **Rapid Rehousing:** 1,049-bed increase (from a previous count of zero)
 - **Transitional Shelter:** 1,531 bed decrease (-65.1%)

- **HAWAI`I ISLAND:** 507 overall bed increase (118%)
 - **Emergency Shelter:** 125-bed increase (96.9%)
 - **Permanent Supportive Housing:** 150-bed increase (91.5%)
 - **Rapid Rehousing:** 238-bed increase (1,190%)
 - **Transitional Shelter:** 9-bed decrease (-7.6%)

- **KAUA`I:** 66 overall bed increase (39.1%)
 - **Emergency Shelter:** 9-bed increase (24.3%)
 - **Permanent Supportive Housing:** 34-bed increase (61.8%)
 - **Rapid Rehousing:** 56-bed increase (from a previous count of zero)
 - **Transitional Shelter:** 28-bed decrease (-38.9%)

- **MAUI:** 93 overall bed increase (13.4%)
 - **Emergency Shelter:** 330-bed increase (258%)
 - **Permanent Supportive Housing:** 99-bed increase (60.4%)
 - **Rapid Rehousing:** 56-bed increase (700%)
 - **Transitional Shelter:** 392-bed decrease (-10.0%)

iii. More people exited homelessness to permanent housing in 2021 compared to 2020.

The average number of households exiting homelessness to permanent housing per month increased from 445 in 2020 to 630 in 2021. However, as of October 2021, the percentage of individuals exiting from homeless programs to permanent housing decreased from 54% in 2020 to 49%. The decrease in percentage is due to a higher number of total individuals exiting homeless programs in 2021 than in 2020 – 6,304 individuals as of October 31, 2021, compared to 5,338 for the calendar year 2020.

In 2017, the number and percentage of individuals transitioning from homelessness to permanent housing significantly increased. The increase in exits to permanent housing placement follows the implementation of performance metrics in DHS HPO contracts for homeless services in February 2017 and the expansion of State-funded Housing First and RRH programs.

Between January 2021 and October 2021, a total of 6,304 individuals (49%) exited homeless programs to permanent housing, including 4,390 (46.5%) on O`ahu and 1,914 (58.5%) on the neighbor islands. Since the onset of the pandemic, the neighboring island counties have consistently demonstrated a higher percentage of exits to permanent housing than O`ahu.

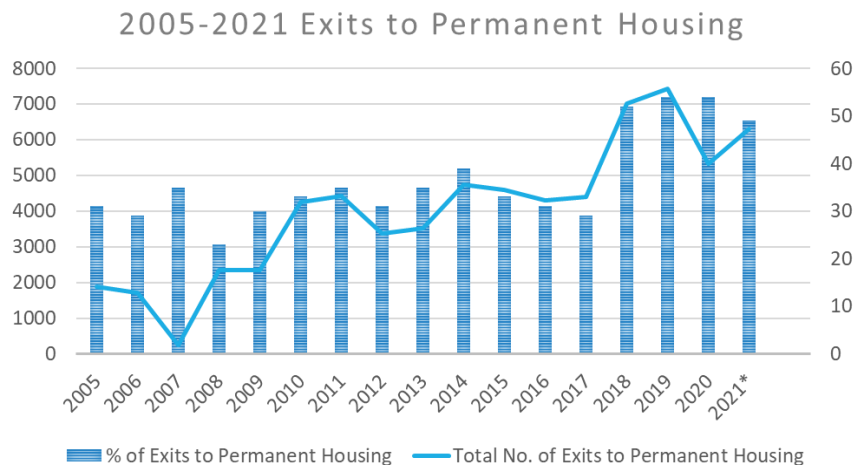


Figure 5. Exits to Permanent Housing from Homeless Programs. Source: Partners in Care and Bridging the Gap.

The exits to permanent housing rates by geographic area are as follows:

- **O`AHU:** 4,390 exits to permanent housing (46.5%)
- **HAWAI`I ISLAND:** 802 exits to permanent housing (61.0%)
- **MAUI:** 847 exits to permanent housing (60.5%)
- **KAUA`I:** 265 exits to permanent housing (49.3%).

Looking forward, HICH will discuss with service providers and other stakeholders to understand the differences in permanent housing placement rates between O`ahu and the neighbor islands.

iv. Average lengths of stay in Emergency Shelter (2017 to 2021).

The overall system goal is for the average length of stay for emergency shelters not to exceed 90 days. Between 2017 and 2021, the statewide average length of stay for emergency shelters increased from 79 days to 131 days. The following were the average length of stays for emergency shelter by island for each year between 2017 and 2021:

	O`ahu	Maui	Kauai	Hawai'i Island
2017	103 days	55 days	85 days	72 days
2018	103 days	110 days	103 days	78 days

2019	108 days	96 days	94 days	81 days
2020	118 days	94 days	73 days	100 days
2021	173 days	163 days	105 days	83 days

In 2021, the average length of stay in an emergency shelter is the shortest on Hawai'i island and longest on the island of O'ahu. Currently, only Hawai'i island has an average length of emergency shelter stay that aligns with system performance goals.

v. Average lengths of stay in transitional shelters (2017 to 2020).

The overall system goal is for the average length of stay in a transitional shelter, not to exceed 120 days. Between 2017 and 2021, the statewide average length of stay for transitional shelter decreased from 228 days to 218 days, driven primarily by decreases in length of stay on Hawai'i island and Kaua'i.

The following are the average lengths of stay for transitional shelter by island for each year between 2017 and 2021:

	O'ahu	Maui	Kaua'i	Hawai'i Island
2017	288 days	110 days	150 days	363 days
2018	290 days	187 days	226 days	305 days
2019	299 days	116 days	322 days	322 days
2020	356 days	182 days	190 days	346 days
2021	401 days	No Exits	121 days	132 days

In 2021, the average length of stay in transitional shelters is the shortest on Maui and the longest on the island of O'ahu. Currently, the average length of stay has fluctuated widely, and no island has an average length of stay that aligns with systems performance goals.

III. Key Actions of the HICH

A. Implementation of a Community Awareness and Communications Plan.

In 2021, HICH members implemented a comprehensive communications plan formally adopted by the council in December 2020. The communications plan includes the facilitation of monthly

webinars for government partners and homeless service providers and the development of videos, infographics, and interactive dashboards to promote programs and share data related to homelessness.

i. Monthly Webinar Series: Connecting on the Road to Home.

Monthly webinars are convened on the fourth Monday of each month from 12:00-1:00 p.m. HST. Each webinar featured at least one member organization from each CoC to share information about homeless programs operating in different parts of the state. The average audience for each webinar ranges between 120-150 participants. To reach a broader audience, the webinars have also been converted into video format and shared on local public access television, such as 'Olelo, to reach a broader audience. A complete list of webinar topics and recordings of each webinar is posted online at: <https://homelessness.hawaii.gov/monthly-webinars>.

ii. Presentations to Community Organizations and Stakeholder Groups.

GCH staff partnered with HICH members from the two CoCs to conduct targeted presentations on HICH policy priorities, such as the source of income "discrimination" related to rental housing. Attending groups included the Catholic Diocese of Hawai'i, Lions Clubs, Faith Action (formerly known as FACE), PHOCUSED, Hongwanji Mission of Hawai'i, Waikiki Business Improvement District Association, Aloha United Way member agencies, and Interfaith Communities in Action. The presentations shared information about specific policies and the role of the CoCs. In addition to providing education and increased awareness, the presentations were a way to support the CoCs in expanding their membership to include faith-based and business groups.

iii. Frontline Outreach-Shelter Provider Meetings.

A component of the HICH communications plan is continued education for homeless service providers, including frontline staff. GCH staff and other HICH members convened frontline provider meetings twice per month to ensure training and information-sharing opportunities. They included both homeless outreach and shelter providers. Examples of training provided at the meetings include training on landlord-tenant code and eviction prevention resources, new processes for isolation and quarantine intake and triage, strategies related to individuals with pets and service animals, an overview of Adult Protective Services (APS), and services for individuals lacking decisional capacity. The frontline provider meetings also served as a forum to share updates regarding new programs or changes to the process for existing programs. HICH members, including the City & County of Honolulu, DOE, DHS, the Department of Health (DOH) and the Department of Labor and Industrial Relations (DLIR), actively participated in these meetings. Minutes and presentation materials are posted online at: <https://homelessness.hawaii.gov/outreach-meetings>.

iv. Development of infographics and other educational materials.

The GCH staff worked with HICH members to produce various written and recorded materials to increase public awareness and education related to homeless programs and policies. Infographics included an overview of the State legislative process and the Hawai`i capitol website.

The GCH staff and HICH members also produced written and recorded materials to increase understanding regarding specific topics. For example, staff reached out to DOE and DHS to develop a [Frequently Asked Questions \(FAQS\) resource for unaccompanied minors experiencing homelessness or unstable housing](#). In addition, staff developed a series of [infographics and video interviews related to landlord engagement and source of income discrimination](#). Video and written content also addressed [changes to the Landlord-Tenant Code made by Act 57, SLH 2021](#), related to the end of the eviction moratorium. Materials are shared with providers and government partners through the CoCs and posted online at the State Homeless Initiative website.

B. Fiscal mapping of federal, state, and local funding sources.

In November 2019, HICH members established a Homeless Funders Group, which meets monthly and includes representation from DHS, DOH, HUD, the U.S. Department of Veterans Affairs (VA), the two CoCs, and the four counties. Following up on the work of the Homeless Funders Group, GCH staff presented a Homeless Fiscal Map to the HICH in December 2020, which mapped out funding sources from federal, state, and local government.

Throughout 2021, GCH staff worked with HICH members to further refine the fiscal map, including breaking down funding information in more detail by county geographic area and by program type. As a result, the GCH presented a revised fiscal map to the HICH in December 2021, and an interactive dashboard is posted online at <https://homelessness.hawaii.gov/data>.

In addition, GCH facilitated discussions between HICH members to share information about payment structure and methodology for each funder, including whether payments are provided in advance, based on a capitated rate, or reimbursed. The HICH will utilize the revised fiscal map and information regarding payment structures to recommend priority areas for funding to the CoCs and the counties administering direct federal funding for homeless programs.

C. Expanding the menu of housing options.

In 2021, HICH members continued to expand the array of permanent housing options available to homeless individuals and families.

i. 'Ohana Zones pilot program projects.

Specific permanent housing projects for homeless individuals that came online in 2021 include the following efforts supported by `Ohana Zones pilot program funds:

- **Huliau**, a 12-unit site-based PSH on Maui for homeless families with minor children.

- **Kamaoku Kauhale**, a 37-unit site-based PSH on O`ahu for homeless single adults.

New 'Ohana Zones pilot program housing projects came online in 2019 and 2020: Kumuwai, Hale Maluhia, Kealaula at Pua Loke, and scatter site PSH voucher programs with Hale Kipa and Hawai`i Health and Harm Reduction Center.

ii. Emergency Housing Vouchers (EHVs).

Through the American Rescue Plan Act, the Hawaii Public Housing Authority (HPHA) and the four counties were awarded a total of 708 EHVs statewide, with the following breakdown by geographic area:

- **O`AHU:** 494 total, including 182 administered by HPHA and 312 by the City and County of Honolulu.
- **KAUA`I:** 28 administered by the Kaua`i County Housing Agency.
- **MAUI:** 76 administered by the Department of Housing and Human Concerns.
- **HAWAI`I:** 110 administered by the Office of Housing and Community Development.

The agencies will target EHVs to serve households who are currently experiencing homelessness, at-risk of homelessness, recently homeless, or households fleeing domestic violence or trafficking. For example, the recently homeless category includes households enrolled in a supportive housing program, such as Housing First or Rapid Rehousing. HUD required HPHA and the four counties to execute Memorandums of Agreement (MOAs) with the CoC to ensure that agencies have a set process to reach homeless households. The entities executed MOAs in July 2021.

At its October 2021 regular meeting, the HICH received presentations from Partners in Care and Bridging the Gap regarding the implementation of the EHV program. Partners in Care shared that it had recently begun leasing up clients for the HPHA EHVs and would begin leasing up the City & County of Honolulu's EHVs in early 2022. Bridging the Gap shared that EHV implementation in Maui, Hawai'i, and Kaua`i counties began in September 2021.

As of December 20, 2021, 17 EHVs had been leased up statewide, and 30 additional vouchers had been issued with clients actively searching for housing units. On O'ahu, the City is partnering with HPHA and Partners in Care to transition individuals from its `Ohana Zones pilot program PSH projects to EHVs.

iii. DHHL Transitional Housing for Native Hawaiian Beneficiaries.

DHHL has continued to update the HICH on its efforts to convert a two-story facility at Kalaeloa on O`ahu into transitional housing for native Hawaiian beneficiaries experiencing homelessness. DHHL is currently in the environmental review phase and plans to utilize federal Native American Housing Assistance and Self-Determination Act (NAHASDA) funds to support operations at the facility. DHHL began efforts to develop the transitional housing project after completing a data-sharing project with Partners in Care in 2019 that indicated over-100

individuals encountered on O`ahu during the PIT count were also native Hawaiian beneficiaries on the DHHL waitlist. In addition to its efforts on O`ahu, DHHL is in discussion with Bridging the Gap to complete a similar data-sharing project to assess the number of native Hawaiian beneficiaries experiencing homelessness in Maui, Hawai`i, and Kaua`i counties.

iv. Projections for supportive housing need and targeted housing for individuals experiencing severe mental illness.

At its September 2021 regular meeting, the HICH received updated projections from the Corporation for Supportive Housing (CSH) regarding the number of additional supportive housing units needed statewide to address current demand. CSH had previously provided supportive housing projections to the council in 2017. According to the September 2021 presentation, CSH is currently projecting that 3,888 additional housing units are needed statewide, including 1,429 units for chronically homeless individuals, 295 for non-chronically homeless individuals, 133 for homeless families 234 units for unaccompanied homeless youth, and 1,797 for other sub-populations. The other sub-populations included in the CSH housing projections are child welfare involved families and youth, justice-involved individuals, individuals with developmental disabilities, and individuals experiencing severe mental illness or chronic substance use. A detailed dashboard of the CSH supportive housing projections is online at: <https://csh.org/supportive-housing-101/data>.

In addition to the CSH projections, DOH shared separate estimates with the HICH for the number of group home beds for adults with severe mental illness that are needed statewide. The projections provided by DOH by island are:

- **O`AHU:** 112 additional beds needed, including:
 - 16 short-term stabilization beds
 - 8 Therapeutic Living Program (TLP) beds
 - 48 24-hour group home beds (est. six 8-unit group homes)
 - 40 8-16 hour group home beds (est. five 8-unit group homes)

- **MAUI:** 40 additional beds needed, including:
 - 8 short-term stabilization beds
 - 8 TLP beds
 - 8 24-hour group home beds (est. one 8-unit group home)
 - 16 8-16 hour group home beds (est. two 8-unit group homes)

- **KAUA`I:** 16 additional beds needed, including:
 - 8 short-term stabilization beds
 - 8 24-hour group home beds (est. one 8-unit group home)

- **HAWAI`I ISLAND:** 32 additional beds needed, including:

- 8 short-term stabilization beds in East Hawai`i
- 8 TLP beds in East Hawai`i
- 8 24-hour group home beds (est. one 8-unit group home) in East Hawai`i
- 8 24-hour group home beds (est. one 8-unit group home) in West Hawai`i.

The estimates provided by DOH are part of the department’s ongoing efforts to increase behavioral health resources statewide. In August 2021, DOH opened an 8-unit stabilization bed facility in West Hawai`i and is currently procuring additional units statewide for short-term stabilization services.

The estimated housing unit projections shared by CSH and DOH will assist the HICH in developing long-term strategies to address these housing gaps.

E. Looking Forward: Adoption of 2022 Policy Priorities.

At its December 2021 regular meeting, the HICH formally adopted the following broad policy priorities for advocacy during the 2022 legislative session:

- **Promote affordable rental housing for people transitioning from homelessness.** This policy includes support for the Rental Housing Revolving Fund, Dwelling Unit Revolving Fund, and shallow rental subsidies and programs such as the 'Ohana Zones pilot program. In addition, this includes adopting policies to streamline or expedite county permitting and other processes to facilitate the development of housing projects for this population.
- **Support policies and programs that address upfront barriers to accessing existing rental housing inventory.** This policy includes support to address source of income discrimination for rental housing, regulation of rental screening fees, and support for incentives to encourage landlords to participate in housing assistance programs.
- **Support policies and programs that assist key homeless sub-populations – such as youth, the severely mentally ill, and individuals with chronic substance use – to transition to stable, long-term settings.** This priority includes support for diversion programs that seek to divert individuals from hospitalization or the criminal or juvenile justice system by connecting them with appropriate services and housing supports.

GCH and the HICH identified policy priorities after feedback and ongoing discussion with advocates from the two CoCs – Partners in Care and Bridging the Gap. The priorities aim to address the needs of individuals currently experiencing homelessness and provide housing support for unstably housed individuals who may lose housing due to the current economic recession. The policies are also broad and include specific legislation for introduction during the 2022 legislative session and at the County level.

In 2022, the HICH will continue to facilitate training and develop educational materials for homeless service providers and other stakeholders to support policy priorities. Specifically, GCH

staff will work with HICH members to develop a series of educational materials and training on how to navigate County legislative processes in support of policy priorities and how to navigate the State legislative process.

VI. Conclusion

Despite the challenges related to the COVID-19 pandemic, the work to end homelessness in Hawai'i has not stopped. The HICH continued to make progress implementing the Ten-Year Plan's goals, particularly expanding emergency shelter capacity and increasing access to stable housing.

In 2021, the HICH continued its fiscal data mapping of homeless services and housing projections shared by CSH and DOH. GCH staff and HICH members will also incorporate data from these sources with its communications, advocacy, and education efforts. These efforts will include facilitated conversations with homeless funders and homeless service providers and continued educational meetings with business and community groups to promote policy priorities and implement or refine programs for homeless and housing services.

A review of historical data from the prior 2009 economic recession indicates that homelessness is likely to increase over the next few years. In addition, the recent Economic Roundtable projection of an over 43% increase in chronic homelessness nationally is cause for concern and action.

On a more hopeful note, the statewide reductions of the number of homeless between 2016 and 2020 – including an over 40% decline in family homelessness – demonstrate it is possible to mitigate and reverse future increases in homelessness. As the HICH looks forward to 2022, the council will continue to focus steadily on permanent housing and a collaborative systems approach.

The HICH is committed to utilizing its diverse membership to discuss policy issues and build solid partnerships that continue to move the needle in addressing a complex statewide challenge. For more information on state efforts to address homelessness, please contact the Governor's Coordinator on Homelessness at (808) 586-0193 or gov.homelessness@Hawaii.gov.

PART II:

ACT 209 (SLH 2018) `OHANA ZONES PILOT PROGRAM

Part I, Section 4, Act 209, (SLH 2018) (Act 209), as well as Section 1, Act 128, (SLH 2019)(Act 128), require the Governor's Coordinator on Homelessness to submit a report to the Legislature regarding the efforts of the Office of the Governor and executive branch agencies to develop and implement the `Ohana Zones pilot program, including a summary of the process used to identify possible locations, a monthly timetable of milestones, and performance measures for the pilot program.

This report highlights the following key points:

- Definition of `Ohana Zones.
- Quarterly milestones for project implementation.
- A statewide list of `Ohana Zones pilot program sites.
- Evaluation of `Ohana Zones pilot program progress and proposed changes to performance measures.
- Impact of the `Ohana Zones pilot program on homelessness.

The `Ohana Zones pilot program is consistent with Goals 1, 2, and 4 of the HICH 10-year strategic plan, namely – Retooling the Homeless Crisis Response System, Increasing Access to Stable and Affordable Housing, and Improving Health and Stability. The `Ohana Zones pilot program is consistent with the housing-focused approach of the HICH framework to address homelessness.

I. Definition of `Ohana Zones.

An 'Ohana Zone' is defined in Act 209, SLH 2018, (Act 209) as "a place: (1) That has a program to address basic needs of individuals experiencing homelessness; and (2) Where wrap-around services, social and health care services, transportation, and other services may be offered with the goals of alleviating poverty and transitioning individuals experiencing homelessness into affordable housing."

Act 209 states in its preamble that "the legislature finds that addressing homelessness requires the courage to try something new" and will "have the goal of improving the health and well-being of individuals experiencing homelessness and providing access to needed services."

The use of the term 'Ohana' is not limited to nuclear families or people related by blood, and per Act 209 the Legislature intended to communicate that an `Ohana Zone' is a place "where individuals experiencing homelessness and those who serve them treat each other as an extended family."

II. Quarterly Milestones for Project Implementation.

Table 1 provides an overview of quarterly milestones for the `Ohana Zones pilot program. The pilot is currently on track, and all contracts were successfully executed and encumbered. On-

site evaluation meetings occurred in June 2021. In addition, GCH conducted virtual meetings with providers during this period to ensure continuous feedback and evaluation regarding the pilot implementation.

III. Evaluation of `Ohana Zones Pilot Program Progress and Proposed Changes to Performance Measures

The `Ohana Zones pilot program includes a comprehensive systems evaluation utilizing an Active Implementation Framework. Collaborative Quality Consulting has conducted the system evaluation, and the assessment is available [online at the Homelessness Initiative website](#).

As of November 30, 2021, the `Ohana Zones pilot program served 5,510 individuals statewide, including 1,368 (25%) who were placed into permanent housing. The initiative includes 827 beds for shelter or housing, including 358 preserved beds and 469 new beds added through the initiative. This bed number is an increase of 37 additional new beds compared to the prior year and is due to the implementation of the new Kamaoku Kauhale `Ohana Zones pilot program site. See **Table 2** for a complete list of `Ohana Zones pilot projects and outcomes.

Most `Ohana Zones pilot program projects began implementation in June 2019 or earlier, with the end of projects and services by June 2023. As of November 30, 2021, \$21,520,712 has been expended, which is over two-thirds (67%) of the total amount appropriated; the project is on track to expend all funds before the Act 128's sunset date.

Currently, there are no recommended changes to performance measures.

Table 1. Timetable of Key Milestones.		
Quarter	Milestone	Status
July 2018 to September 2018	Development of criteria for potential `Ohana Zones pilot programs locations	Completed.
	Development of timetable for key milestones and deliverables.	Completed.
	Initial determination of agencies to administer `Ohana Zones pilot program funds.	Completed.
	Begin vetting of potential `Ohana Zones pilot program locations.	Completed.
October 2018 to December 2018	Identification of agencies administering `Ohana Zones pilot program funds.	Completed.
	Development of performance measures for `Ohana Zones pilot program.	Completed.
	Announcement and selection of initial `Ohana Zones pilot program locations.	Completed.
	Submit an initial legislative report with the status of implementation.	Completed.
	Finalize contracts for initial `Ohana Zones pilot program locations.	Completed.

Table 1. Timetable of Key Milestones.		
Quarter	Milestone	Status
January 2019 to March 2019	Continue vetting and selection of additional `Ohana Zones pilot program locations.	Completed.
	Begin monitoring and program evaluation for initial `Ohana Zones pilot program locations.	Completed.
April 2019 to June 2019	Continue monitoring and program evaluation for initial `Ohana Zones pilot program sites.	Completed.
	Begin monitoring and program evaluation for new sites established during the prior quarter.	Completed.
	Identify all `Ohana Zones pilot program sites funded by Act 209 (SLH 2018) and execute all contracts before June 30, 2019.	Completed.
July 2019 to September 2019	Continue monitoring and program evaluation for all `Ohana Zones pilot program locations.	Completed.
	Finalize contracts and plan to use `Ohana Zones pilot program funds appropriated by Act 128 (SLH 2019).	Completed.
October 2019 to December 2019	Continue monitoring and program evaluation.	Completed.
	Submit an annual legislative report with the implementation status, an evaluation of whether performance objectives have been met or exceeded, any proposed changes necessary to adjust performance measures, and an assessment on program impact on homelessness in Hawai`i.	Completed.
January 2020 to March 2020	Continue monitoring and program evaluation.	Completed.
April 2020 to June 2020	Continue monitoring and program evaluation.	Completed.
April 2020 to June 2020 (cont.)	`Ohana Zones pilot program evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zones pilot programs and community stakeholders.	Completed – <i>Due to COVID-19 in-person visits were canceled, and GCH conducted virtual meetings instead.</i>
July 2020 to September 2020	Continue monitoring and program evaluation.	Completed.
October 2020 to December 2020	Continue monitoring and program evaluation.	Completed.
	`Ohana Zones pilot program evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zones pilot programs and community stakeholders.	Completed – <i>Due to COVID-19, GCH canceled in-person</i>

Table 1. Timetable of Key Milestones.		
Quarter	Milestone	Status
		<i>visits and conducted meetings virtually.</i>
	Submit an annual legislative report with the implementation status, an evaluation of whether performance objectives have been met or exceeded, any proposed changes necessary to adjust performance measures, and an assessment on program impact on homelessness in Hawai'i.	Completed
January 2021 to March 2021	Continue monitoring and program evaluation.	Completed
April 2021 to June 2021	Continue monitoring and program evaluation.	Completed
	`Ohana Zones pilot program evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai'i for on-site meetings with `Ohana Zones pilot programs and community stakeholders.	Completed
July 2021 to September 2021	Continue monitoring and program evaluation.	Completed
October 2021 to December 2021	Continue monitoring and program evaluation.	Completed
	`Ohana Zones pilot program evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai'i for on-site meetings with `Ohana Zones pilot programs and community stakeholders.	In Progress
January 2022 to June 2022	Continue monitoring and program evaluation.	TBD
	Submit the final report on the program's status and performance over the three-year pilot period.	TBD

IV. Impact of the `Ohana Zones Pilot Program on Homelessness.

The `Ohana Zones pilot program projects align with HICH's Ten-Year Plan to address homelessness and increase statewide permanent housing and emergency shelter capacity. The direct contracting between the State and the counties for specific `Ohana Zones pilot program efforts supports the counties' ability to respond quickly to changing conditions of the COVID-19 pandemic. In 2021, the `Ohana Zones pilot program continued to bring online new permanent housing projects, such as Huliau on Maui and Kamaoku on O`ahu. Construction and development are ongoing for the Kukuiola project in West Hawai'i. Completion and opening are scheduled for 2022. The following is a brief description of the impact of specific projects on O`ahu, Maui, Hawai'i, and Kaua'i.

A. `Ohana Zones Pilot Program Impact on O`ahu.

There are ten `Ohana Zones pilot program projects on O`ahu, including two projects for roof repair at existing shelters, Villages of Mā`ili Assessment Center, RYSE Youth Assessment Center, Homeless Outreach Navigation for Unsheltered Persons (HONU), and five PSH projects. One fundamental impact of these projects on O`ahu is preserving existing shelter capacity through roof repair and converting the former Ulu Ke Kukui shelter to become the Villages of Mā`ili. These projects maintained a total of 338 emergency and transitional shelter beds.

In addition, the RYSE and HONU projects increased the capacity for temporary shelter by an additional 180 beds, including specific beds targeted for homeless youth. The increase in shelter capacity is significant as PIT count data on O`ahu indicate that over half of homeless individuals are unsheltered.

Another impact is an expansion of permanent housing beds on O`ahu through the five PSH projects. The five projects include a mixture of two targeted site-based PSH programs for seniors and households fleeing domestic violence and two scattered-site programs for homeless youth and chronically homeless adults. Collectively, the PSH projects added 97 new housing units, including 37 units at the newest PSH site – Kamaoku Kauhale – that opened in December 2021.

Homeless Outreach and Navigation for Unsheltered Persons (HONU).

The HONU and its previous incarnation, Provisional Outdoor Screening, and Triage (POST), served 2,327 individuals between December 1, 2019, and November 30, 2021, including 1,266 (54.4%) that had a successful housing or shelter placement. Of the positive placements, 235 exited to permanent housing, 942 exited to shelter, and 89 exited to other temporary placements, such as medical respite or residential treatment.

In 2021, the HONU expanded from one site to two open sites, including one in urban Honolulu (Keehi Lagoon Beach Park) and the second in rural O`ahu. The rural O`ahu site is mobile and stays at one location for no more than 90 days at a time. Since May 2021, the rural O`ahu site has moved through three different locations, including Wahiawa (Whitmore Village), Ewa (Oneula Beach Park), and currently in Makaha (Kea`au Beach Park).

The HONU is accessible 24-hours a day, seven days a week, and accepts referrals from law enforcement, homeless service providers, and State land management agencies. In addition to expanding from one to two sites, another key change in 2021 is HUD classifying the HONU.

Table 2. List of `Ohana Zones pilot programs and outcomes as of November 30, 2021.

Category	No.	Contract Name	Managing Department	Location (Island)	Contracted Agency/Provider	Project Name and Description	Total Bed/Unit Count	Beds Preserved	New Beds Created	No. of People Served	No. of People Permanently Housed
Building Permanent Housing Capacity	1	Lihue Affordable Housing for Homeless Families (Services)	DHS	Kaua'i	County of Kaua'i	Kealaula at Pua Loke	29	-	29	71	71
		Lihue Affordable Housing for Homeless Families (Construction)	HHFDC								
	2	Kahului Affordable Housing for Homeless Families	DHS	Maui	County of Maui	Huliau	12	-	12	46	46
	3	Honolulu Permanent Supportive Housing	DHS	O'ahu	City & County of Honolulu	Kumuwai	20	-	97	126	126
	4					Hale Maluhia	20	-			
	5					Hale Kipa	10	-			
	6					H3RC	10	-			
					Kamaoku Kauhale	37					
Building Outreach and Shelter Capacity	7	Law Enforcement Assisted Diversion (LEAD)	DOH	Hawai'i	Big Island Substance Abuse Council	Hawai'i LEAD	6	-	6	72	22
	8	LEAD		Kaua'i	Women in Need	Kaua'i LEAD	6	-	6	96	96
	9	LEAD		Maui	Mental Health Kokua	Maui LEAD	6	-	6	372	7
	10	East Hawai'i Individual Assessment Center and Emergency Shelter	DHS	Hawai'i	County of Hawai'i	Keolahou Assessment Center	50	-	50	152	39
	11					Hale Hanakahi	32	-	32	97	25
	12					Ka Lamaku	18	-	18	60	14
	13	West Hawai'i Assessment Centers and Housing	DHS	Hawai'i	County of Hawai'i	Uluwini Assessment Center	23	-	23	800	143
	14					Kukuioia Village	30	-	30	---	---
	15	Lift Mobile Navigation Centers	DHS	O'ahu	City & County of Honolulu	HONU / POST	150	-	150	2,327	235
	16	Individual and Family Assessment Centers and Bridge Housing	DHS	O'ahu	Catholic Charities Hawai'i	Villages of Mā'ili	80	80	-	955	491
	17	Youth Outreach, Emergency Shelter, and Wrap-around Services	OYS	O'ahu	RYSE	RYSE Youth Access Center	30	20	10	336	53
	18	Shelter Roof Repair	DHS	O'ahu	Kealahou West O'ahu	Onelauena Shelter	190	190			
	19	Shelter Roof Repair	DHS	O'ahu	Honolulu Community Action Program	Kumuhonua Shelter	68	68			
20	Provider Training and Professional Development	DHS	Statewide	OrgCode	Training for State and County shelter staff on best practices, including Housing First and Trauma-Informed Care						
Evaluation	21	Housing First and `Ohana Zones pilot program Evaluation	DHS	Statewide	Collaborative Quality Consulting	Comprehensive Statewide Systems Level Evaluation Utilizing Active Implementation Framework					

program as an emergency shelter in the Housing Inventory Count (HIC). Previously, HUD considered HONU to be an outreach program. The determination that HONU is an emergency shelter means that the 2021 sheltered PIT count included HONU participants instead of being counted as unsheltered individuals.

The primary impact of the HONU program on O`ahu is increased capacity for low-barrier temporary shelter during the pandemic, which offset reductions in bed capacity at other congregate emergency shelters due to social distancing guidelines. In addition, the HONU's 24-hour accessibility allows programs to connect with homeless individuals that homeless outreach may not otherwise encounter. In addition, the ability to accept referrals from law enforcement and land management enables connection to services for individuals residing in unauthorized or illegal encampments on State and County lands.

RYSE Youth Assessment Center.

'Ohana Zones pilot program funds expanded bed capacity at the RYSE Youth Assessment Center for youth ages 18-24, enabled wrap-around support and medical services to be provided on-site, and supported the expansion of targeted youth outreach in under-served areas such as Central O`ahu. As of November 30, 2021, RYSE served 336 unique homeless youth, including 255 utilizing shelter and 224 encountered in homeless outreach. In addition, RYSE placed 53 youth (15.8%) in permanent housing. The average length of stay for youth at RYSE is 62 days, which is lower than 173 average days for other emergency shelters on O`ahu.

The 'Ohana Zones pilot program funding for the RYSE Youth Assessment Center will end on December 31, 2021. In 2022, the RYSE Youth Assessment Center will transition to a combination of philanthropic dollars and federal funding from the HUD Emergency Solutions Grant (ESG) program.

In addition, the RYSE Youth Assessment Center is in the process of applying to become a Medicaid provider so that its on-site medical clinic may begin billing for Medicaid-eligible services. The center's clinic currently specializes in adolescent health care, linkages to family planning, behavioral health, and substance abuse treatment. The RYSE medical clinic has an Advanced Practice Registered Nurse (APRN) on staff who provides medical services such as COVID-19 testing, tuberculosis screening, and pre-employment physicals.

RYSE formed a strong partnership with its outreach sub-contractor, Achieve Zero (formerly known as ALEA Bridge), through its 'Ohana Zones pilot program project. In 2020, RYSE and Achieve Zero expanded on this partnership with a successful application for federal HUD Youth Homelessness Demonstration Program (YHDP) funds, which support additional site-based PSH, a new transitional housing, a RRH program, and expanded outreach services for youth on O`ahu.

Villages of Mā'ili Assessment Center.

The Villages of Mā'ili Assessment Center ended 'Ohana Zones pilot program funded services on November 30, 2021. During its operation, Villages of Mā'ili served a total of 955 individuals,

including 491 (51.4%), that transitioned into permanent housing. This number included 923 individuals receiving emergency shelter and 33 receiving bridge housing services. The average length of stay in the emergency shelter at Villages of Mā'ili was 139 days; this is less than the average length of stay for other emergency shelters on O`ahu.

Villages of Mā'ili provided emergency shelter for individuals and families and bridge housing units to provide temporary housing for homeless individuals or families who were awarded a housing voucher and were in the process of locating a suitable unit.

Following the end of the 'Ohana Zones pilot program at this location, the Villages of Mā'ili facility will revert back to DHHL. DHHL will convert these units into affordable housing projects for native Hawaiian beneficiaries. Though the Villages of Mā'ili will no longer be an emergency shelter, the conversion to rental housing will increase the overall affordable housing inventory on O`ahu.

Roof Repair at Onelauena and Kumuhonua shelters.

'Ohana Zones pilot program funds were utilized for essential roof repair to preserve bed space at the existing Onelauena and Kumuhonua shelter facilities. Collectively, these two facilities provide 258 beds on O`ahu. The preservation of shelter bed space is critical, as PIT count data indicates that over half of homeless individuals on O`ahu are unsheltered. The rate of unsheltered homelessness on O`ahu nearly doubled between 2012 and 2020, increasing from 1,318 to 2,346 during that period. The roof repair meets the goals of the HICH to sustain core homeless services for future years.

PSH for Elderly, Households Fleeing Domestic Violence, Youth, and the Chronically Homeless.

The City & County of Honolulu, Department of Community Services (DCS) is the contracted provider for PSH through the 'Ohana Zones pilot program. The City's PSH contract for 'Ohana Zones pilot program provides services through five projects administered by DCS Work Hawai'i Division, Domestic Violence Action Center (DVAC), Hale Kipa, Hawai'i Health and Harm Reduction Center (H3RC), and U.S. Vets. Three of the projects are site-based, and two are scattered-site. Each of the five projects serves different sub-populations, including the elderly (age 55+), households fleeing domestic violence, homeless youth (ages 18-24), and chronically homeless adults.

Kumuwai is a City-owned 30-unit residential apartment building, including 20 PSH units supported through the 'Ohana Zones pilot program. Kumuwai is a site-based PSH program, and DCS Work Hawai'i Division provides case management services. Kumuwai began moving in residents in January 2020, and 'Ohana Zones pilot program funds support 20 of the 30 total units at the facility. Individuals must be age 55 or older to be eligible. As of November 30, 2021, 28 seniors have been successfully housed at Kumuwai.

Hale Maluhia is a 20-unit City-owned facility, previously managed by the Honolulu Prosecuting Attorney's Office and now managed as an 'Ohana Zones pilot program project. The 20 PSH site-based units are targeted at households fleeing domestic violence situations, including families

with minor children. In addition, DVAC provides case management and supportive services. Hale Maluhia began moving in residents in April 2020 and is at capacity as of November 2020. Providing stable housing enables participants to address issues related to documentation and other legal concerns without the pressure of having to leave the facility within a designated time frame, such as 60 or 90 days.

Kamaoku is the newest PSH 'Ohana Zones pilot program project, opening in December 2021. Kamaoku is a 37-unit tiny home community owned by HPHA and leased to U.S. Vets for operations. HomeAid Hawai'i and its local developer network constructed Kamaoku with in-kind materials and volunteer labor. Each unit is 100 square feet and includes basic utilities (e.g., water and electricity). Dining, showers, and bathroom facilities are provided in a shared communal setting to reduce the overall project cost. The monthly rent for Kamaoku is \$500 and includes rental subsidies for individuals with limited income. The design and concept for Kamaoku are similar to the [Community First Village in Austin, Texas](#), which is a 51-acre master-planned community for individuals transitioning out of homelessness. The first two tenants moved into Kamaoku in early December 2021.

In addition to the three site-based PSH projects, the City sub-contracts with H3RC and Hale Kipa that oversee ten scattered-site housing vouchers. The providers pair the housing vouchers with City or State-owned rental housing units. As of November 30, 2020, Hale Kipa had placed ten individuals, and H3RC had placed 12 individuals, including two that transitioned into other longer-term housing programs. H3RC and Hale Kipa referrals come through homeless services providers and government partners, including programs like HONU and Law Enforcement Assisted Diversion (LEAD).

As part of its efforts to plan for long-term sustainability, the City works with its sub-contractors and the O'ahu CoC to transition individuals from the PSH projects to other longer-term rental subsidies, such as the new Emergency Housing Vouchers (EHVs). Through the American Rescue Plan Act (ARPA), O'ahu will receive nearly 500 EHVs prioritized for homeless or recently homeless individuals, including individuals in supportive housing. As of November 30, 2021, the City had referred 11 households from its five 'Ohana Zones pilot program PSH projects to the EHV program, including five that now have leases.

B. 'Ohana Zones Pilot Program Impact on Hawai'i island.

Hawai'i Island has six 'Ohana Zones pilot program projects, including the Keolahou Assessment Center, Hale Hanakahi, Ka Lamaku, Uluwini Assessment Center, Kukuiola, and the Hawai'i LEAD project. According to PIT count data, over 65% of the homeless population is unsheltered. Therefore, the six programs' primary purposes are increasing outreach and emergency shelter capacity on Hawai'i island.

Keolahou Assessment Center.

Keolahou is an emergency shelter facility located on the old Hilo Hospital's bottom floors to serve a targeted population of single unsheltered males. The shelter opened in October 2019 with an initial capacity of 25 individuals. It has since expanded to a maximum capacity of 50

individuals at a time. `Ohana Zones pilot program funds were used to support renovations at the facility, as well as to enable Hawai`i County to sub-contract HOPE Services Hawai`i to provide on-site case management and services. As of November 30, 2021, the program served 152 individuals, including 39 (25.7%) placed into permanent housing. The average length of stay at Keolahou is 75 days, an average less than the average for other emergency shelters on Hawai`i island.

Hawai`i County has connected the emergency shelter beds at Keolahou with a continuum of other services, including an 18-unit site-based PSH for chronically homeless adults located on its upper floors. The PSH on the upper floors is named Hale Kulike; federal HUD CoC funds support this program.

Hale Hanakahi and Ka Lamaku.

In response to the onset of the COVID-19 pandemic, Hawai`i County utilized a portion of its `Ohana Zones pilot program funds for the Keolahou Assessment Center to add two additional emergency shelter sites – Hale Hanakahi in East Hawai`i and Ka Lamaku in West Hawai`i. Hale Hanakahi opened in April 2020, followed by Ka Lamaku in June 2020. Together, the two projects add 50 new emergency shelter units, including 32 in East Hawai`i and 18 in West Hawai`i.

Hawai`i County used `Ohana Zones pilot program funds to purchase housing units. The County leveraged these state funds and used federal Coronavirus Relief Funds, other county funds, and federal ESG funds to support operations and case management. As of November 30, 2021, Hale Hanakahi served 97 individuals, including 25 (25.8%) placed into permanent housing; Ka Lamaku served 60 individuals, including 14 (23.3%) placed into permanent housing. The County closed Hale Hanakahi in mid-2021 and has extended Ka Lamaku through September 2022. Although Hale Hanakahi has closed, the County still owns the tiny home structures and is currently looking for a longer-term site to relocate the structures.

Uluwini Assessment Center.

In May 2020, Hawai`i County opened the Uluwini Assessment Center in West Hawai`i. The project uses `Ohana Zones pilot program funding to provide transitional housing and case management, mail service, and housing navigation. Hawai`i County sub-contracts with Hawai`i Affordable Properties, Inc. to provide case management and services for the project. As of November 30, 2021, the project assisted 800 individuals, placing 143 (17.9%) in permanent housing. To sustain the program beyond the `Ohana Zones pilot program period, the County will incorporate the Uluwini Assessment Center into its multi-year Property Management contract for the Uluwini facility with Hawai`i Affordable Properties.

Hawai`i LEAD.

DOH contracted the Big Island Substance Abuse Council (BISAC) to implement LEAD services on Hawai`i island with an initial focus on West Hawai`i. LEAD is a program designed to divert low-level offenders from citation or arrest and increase connections to harm reduction-based

individualized case management. The Hawai'i LEAD project included partnerships with the Hawai'i Police Department, HOPE Services Hawai'i, and Going Home Hawai'i. In April 2020, BISAC and HOPE Services Hawai'i received approval from DOH to utilize 'Ohana Zones pilot program funds for Hawai'i LEAD to provide emergency shelter at local hotels for homeless individuals who displayed COVID-19 risk factors including the elderly and those with pre-existing health conditions. 'Ohana Zones pilot program funds were used to place 64 homeless individuals at the Holiday Inn Express in West Hawai'i, including 20 (31%) placed into permanent housing. In addition, Hawai'i LEAD placed three individuals temporarily sheltered at the Kamuela Inn, including two (66%) placed into permanent housing. The Hawai'i LEAD project has transitioned from 'Ohana Zones pilot program funds and integrated them into existing DOH Alcohol & Drug Abuse Division (ADAD) contracts with BISAC and other partners.

Kukuiola Village.

Hawai'i County uses 'Ohana Zones pilot program funds to support Kukuiola Village's development, a 30-unit emergency shelter planned for West Hawai'i. The land was initially state lands; however, the land was transferred to the County by Executive Order. Hawai'i County recently extended its Memorandum of Agreement and Right of Entry with the [Hawaii Housing Finance & Development Corporation](#) (HHFDC) to address grading, as well as archaeological sites and endangered flora discovered near the construction site. The project will have an assessment center, a community and kitchen center, and a manager's unit upon completion. Hawai'i County is also working with HHFDC to support the construction of 48 additional permanent housing units at the same location. Project construction experienced delays in 2021 related to the COVID-19 pandemic. Completion will be in 2022.

C. 'Ohana Zones Pilot Program Impact on Maui.

Maui has two 'Ohana Zones pilot program projects, including Maui LEAD and Huliau. The Maui LEAD project expanded outreach capacity on the island, while Huliau added permanent housing capacity for families with minor children. The Huliau project also leveraged \$5,000,000 in additional funding for construction and infrastructure through the Dwelling Unit Revolving Fund (DURF) and an agreement with HHFDC.

Maui LEAD.

DOH contracted Mental Health Kokua to implement LEAD services on Maui. The Maui LEAD program launched in May 2019 and includes a partnership with Maui Police Department (MPD), Ka Hale A Ke Ola Homeless Resource Centers (KHAKO), and Aloha House. Six units were specifically set aside at KHAKO for referrals from Maui LEAD. The Maui LEAD includes regular ride-along with LEAD staff and MPD officers, with the primary goal to make initial contact with a potential client for services instead of arrest. As of November 30, 2021, the program has served 372 individuals, with seven (2%) placed into permanent housing. The Maui LEAD project has transitioned from 'Ohana Zones pilot program funds and integrated into existing ADAD contracts with Mental Health Kokua and other partners.

Huliau.

The Huliau project finished construction and opened in April 2021. The Maui County Department of Housing and Human Concerns is the contracted provider of permanent housing for families transitioning out of homelessness at the Huliau. Located at the former University of Hawai'i Maui College dormitories in Kahului, Huliau provides long-term rental housing. Besides 'Ohana Zones pilot program funds, Maui County uses \$5,000,000 in DURF funds provided through an agreement with HHFDC to support construction, infrastructure, and environment assessment costs. In addition, the County is currently exploring the feasibility of expanding Huliau on adjacent County lands.

D. 'Ohana Zones Pilot Program Impact on Kaua'i.

Kaua'i has two separate 'Ohana Zones pilot program projects, including Kaua'i LEAD and Kealaula at Pua Loke. The Kaua'i LEAD project expands outreach capacity on the island, while Kealaula at Pua Loke adds permanent housing capacity for families with minor children. In addition, the scope of services for Kealaula at Pua Loke allows for expanded outreach capacity to engage and connect homeless individuals to Kealaula and other county housing programs.

Kaua'i LEAD.

DOH contracted Women in Need to implement LEAD services on Kaua'i. The Kaua'i LEAD program launched in December 2019 and includes a partnership with Kaua'i Police Department (KPD), Mental Health Kokua, DLNR, and Kaua'i Economic Opportunity (KEO). The onset of the COVID-19 pandemic impacted the ability of Kaua'i LEAD, and only 90 clients have been screened and enrolled in the program to date. Kaua'i LEAD receives referrals from its partners and the Kaua'i County Prosecutor and State Public Defender. In particular, Kaua'i LEAD has worked with the Prosecutor's and Public Defender's offices to prioritize referrals for potential clients charged with low-level crimes, such as theft and possession of 3 grams or less of marijuana. The Kaua'i LEAD project has transitioned from 'Ohana Zones pilot program funds and integrated into existing ADAD contracts with Women in Need, Mental Health Kokua, and other partners. Following its initial participation in Kaua'i LEAD, KPD set aside \$500,000 in funding for short-term housing subsidies for homeless individuals and continues discussions with Kaua'i County about creating a KPD homeless coordinator.

Kealaula at Pua Loke.

The Kaua'i County Housing Agency is the contracted provider of permanent housing for families transitioning out of homelessness through Kealaula at Pua Loke. Located on state land near the Pua Loke Arboretum in Lihue, Kealaula at Pua Loke provides 29 units, laundry facilities, and an on-site office for supportive services. The project opened in November 2020. As of November 20, 2021, the project has served 96 individuals, including 34, who transitioned into longer-term housing through the Section 8 voucher and other longer-term housing subsidy programs. DHS contracts with Kaua'i County for the project's services, including property management and on-site case management. HHFDC separately signed an MOA with Kaua'i County to construct the project, including area infrastructure improvements.

Kaua`i County is currently exploring alternate funding streams, such as federal HOME-ARP or Community Development Block Grant (CDBG) funds, to sustain the Kealaula case management services after its `Ohana Zones pilot program contract ends in June 2022. In addition, based on the successful outcomes achieved at Kealaula, the County is working on a Request for Proposals (RFP) for a similar housing project for homeless families on county land in Ele`ele.

V. Conclusion

The `Ohana Zones pilot program offers a unique opportunity to build upon the Ten-Year Plan and Strategic Framework, which the HICH has implemented since the initial development of the strategy in 2012. As of November 30, 2021, 5,510 individuals have received assistance through the `Ohana Zones pilot program, including 1,368 (25%) placed into permanent housing.

The `Ohana Zones pilot program has provided flexibility to the State and counties to respond to the pandemic's challenges since 2020. In addition, its projects provide a model for how our community can effectively address homelessness.

Given the increased demand for homeless services anticipated in future years, there is a need to continue expanding the `Ohana Zones pilot program to sustain effective services and expand statewide bed inventory. The pandemic has also further exposed the need for the State and counties to develop safer shelter options for vulnerable homeless sub-populations, such as unaccompanied youth and households currently residing in 'doubled up' or overcrowded situations. More resources are needed to provide stable housing options for these vulnerable sub-populations.

Looking forward, the HICH will look at efforts to sustain `Ohana Zones pilot program projects and explore options for additional funding to expand the program. In addition, the HICH will use its communications platform to highlight key lessons learned from the program.

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. Conversely, when housing costs exceed this amount, a household is 'housing-cost burdened.'⁹ 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.⁹ The households with the most severe lack of affordable housing are extremely low-income, earning less than 30% Area Median Income (AMI).

Bridge housing – Bridge housing is a model of temporary housing intended to assist a chronically homeless person in preserving their chronically homeless status while applying for permanent housing. Once accepted and a unit/voucher for permanent housing is reserved, the person may still not move into permanent housing immediately. The reasons for the delay in moving to permanent housing include an apartment getting painted, a previous tenant moving out, or the individual having a voucher and needing time to engage in a housing search. This category of temporary housing is sometimes also referred to as 'Interim Housing.'

Chronically Homeless—A chronically homeless person 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 2015.¹⁰ A chronically homeless family is a family with an adult head of household who meets the definition of a chronically homeless person.

Continuum of Care (CoC)—A CoC is a regional or local planning body coordinating HUD funding for housing and services 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 other counties. Each CoC includes government agencies, homeless service providers, funders, and other interested community members. Each CoC is responsible for submitting an annual application for federal homeless assistance funds. The federal funding for homeless services is also known as "CoC funds." In addition to applying for funding, the CoC administers the annual Point in Time (PIT) Count of the homeless population and the annual Housing Inventory Count (HIC). These counts provide an overview of the state of homelessness in a CoC.

Coordinated entry system (CES)—the Coordinated Entry System ensures that all people experiencing a housing crisis have fair and equal access to homeless resources. Based on their strengths and needs, they are quickly identified, assessed for, referred, and connected to housing and assistance. A coordinated entry system helps communities prioritize housing and homeless assistance based on a homeless person's vulnerability and the severity of their needs.

⁹ 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 on April 25, 2016.

¹⁰ Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically homeless." 80 Fed. Reg. 75791. (December 4, 2015).

People who need assistance the most can receive it promptly. 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 allow 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. Instead, it 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 housing and services to homeless persons and families, and persons at immediate risk of homelessness. Each CoC—Partners in Care and Bridging the Gap maintains its HMIS.

Homeless Service Utilization Report—The utilization report is an annual report produced by the University of Hawai'i Center on the Family and the HPO. The report analyzes homeless services programs that input data into 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, sidewalks, or remote rural areas that include beaches and valleys. Outreach providers assist with completing program applications, determining program eligibility, housing search, placement, and working 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 provides homeless people with housing quickly and then provides 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 refers to specific PSH programs operated by the State and the City and County of Honolulu. The State's and City's Housing First programs adopt the philosophy and 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 provides beds and units dedicated to serving homeless persons. The HIC includes beds for emergency shelter, transitional housing, and permanent housing beds.

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 housing barriers and cannot maintain housing stability without supportive services. PSH programs positively impacts housing status and results in cost savings to various public service systems, including health care. The State and City Housing First programs that target chronically homeless persons are 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 experiencing homelessness. The PIT Count 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. HUD also requires communities to identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under 18. Also, communities must determine if a person is chronically homeless.

Rapid Rehousing (RRH)—Rapid Rehousing prioritizes 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 instead of a shallow rental subsidy.

Transitional Shelter—Transitional shelter, also referred to as transitional housing, is designed to provide homeless persons and families with temporary stability and support to eventually move to and maintain permanent housing. Transitional housing is generally for 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. VI-SPDAT triages homeless persons into three levels of need—PSH, RRH, and diversion. The two CoCs in Hawai'i have adopted the VI-SPDAT as the assessment tool for entry into the State's homeless services system. The VI-SPDAT comes in different versions for individuals, families with minor children, and youth.