



November 2022

Findings & Recommendations from the Hawai'i Supportive Housing Work Group

Report prepared by the Statewide Office on Homelessness & Housing Solutions



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About the Hawai'i Supportive Housing Work Group

The Hawai'i Supportive Housing Work Group has been organized by the Statewide Office on Homelessness & Housing Solutions (OHHS) beginning in June 2022 in coordination with the State House Housing Committee Chair, Representative Nadine Nakamura. The formation of this informal group stemmed from momentum that began during the 2022 State Legislative Session with [HB1749](#), which would have established a supportive housing task force to break down silos between stakeholders, to improve data collection on supportive housing needs, and to develop a path forward to meet the needs statewide. While this bill did not pass in 2022, advocates from Hawai'i's two Continua of Care (CoCs) wanted to continue the discussion on supportive housing.

As HB1749 looked to increase supportive housing across the many sub-populations that may have supportive housing needs, a broad coalition of stakeholders was developed. The Work Group formed has included participants representing potential beneficiaries of supportive housing, including individuals from the following sub-populations: aging, domestic violence survivors, homelessness, intellectual and developmental disabilities, mental health, justice-involved, substance use disorder, veterans, and youth. In addition, the Work Group consists of other stakeholders, including partners from Medicaid health care plans, a few developers, State and County public housing agency representatives, and philanthropic allies.

From June through November 2022, this Work Group met monthly to hear from guest speakers on a number of topics, including community engagement strategies to combat NIMBY-ism, Project-Based Vouchers, and best practices for development. In addition to the monthly full Work Group meetings, OHHS also held discussions with the major sub-populations represented among group members to better understand some more population-specific information, such as data available, special considerations and needs for each group, and funding sources particular to each population. Work Group meetings and topics discussed are listed in Appendix A.

The goals of the Work Group have included the following:

- Form a broad stakeholder group,
- Increase the group's understanding of the need, components of supportive housing, resources available, intricacies to consider for different sub-populations, and strategies that have worked on a small scale locally and on a larger scale in other jurisdictions,
- Learn how to better communicate the value and need for supportive housing, and
- Collect our learnings gathered through our convenings in a case statement, with recommendations on next steps to better provide for Hawai'i's supportive housing needs, which this report serves to address.

The Work Group's five recommendations, which will be discussed in more detail at the end of this report, are provided here:



Prioritize the development of supportive housing through a mix of strategies, including the creation of designated capital funding for this population and prioritization of supportive housing through the State's Qualified Allocation Plan (QAP)



Create dedicated funding sources for the ongoing components of supportive housing, including for rental subsidies and services costs to ensure long-term project stability



Work with the State and County Public Housing Authorities (PHAs) to ensure adequate capacity for administration of Project-Based Vouchers (PBVs) to create more supportive housing opportunities through this existing federal resource



Invest in ongoing data collection and modeling projections of supportive housing needs across all sub-groups to better understand and predict community needs



Incentivize consultation with the target population, service providers, property managers, and neighbors to create successful projects that best serve residents and the neighborhood

Overview of Supportive Housing

Supportive housing serves our community members with the most need and can greatly improve outcomes for residents and the community as a whole. While there are many benefits, there also are various barriers to developing supportive housing units.



Photos (clockwise from upper left: Interior unit of Kama'okū Kauhale; Exterior of Kealaula on Pua Loke; Interior unit at Hale Maluhia; Interior unit at Kumuwai.

What is Supportive Housing?

Supportive housing is a type of housing intervention that serves our higher needs households by combining a housing unit with 1) a rental subsidy to keep the unit affordable and 2) access to services to ensure that the resident has the support that they need. The rental subsidy and services in supportive housing are not time limited and participation in services is [voluntary but assertively offered](#) even to residents that do not want to participate. This intervention benefits community members who may not be able to stay independently housed with a housing unit alone.

Unlike other housing development, supportive housing generally consists of three main components that need to be accounted for when planning development of these units: capital/development, operating rental subsidization, and supportive services. Without the rental subsidies and services, the population that would benefit from supportive housing would be at-risk of falling out of housing.

While supportive housing may often be associated with housing our community members experiencing chronic homelessness, also known as Permanent Supportive Housing (PSH), this housing intervention serves a much broader group of people that may fall into various different vulnerable sub-populations. This includes our aging neighbors, survivors of domestic violence, households experiencing homelessness, persons with Intellectual and Developmental Disabilities (I/DD), community members reentering from incarcerated settings, those with mental health needs, persons living with substance use disorders, veteran households, our youth, and others.

A Few Local Examples of Site-Based Supportive Housing

More information on these and other local examples can be found in Appendix B

Kama'okū Kauhale



- Tiny homes/micro-units
- For single adults experiencing homelessness

Safe Haven



- Single Room Occupancy
- For chronically homeless adults with serious mental illness

Hale Maluhia

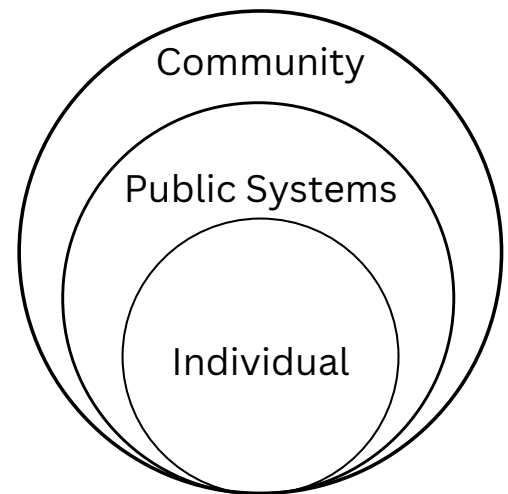


- Apartment units
- For survivors of domestic violence & their children

What are the Benefits of Supportive Housing?

Studies across the country demonstrate the huge benefits of using supportive housing interventions on the individual, systems, and community levels (Figure 1). While there is a wealth of research available from studies done in other states and jurisdictions, our local studies evaluating these programs for outcomes are building. Local research includes the 3-year study conducted for the [Hawai'i Pathways Project from 2014 through 2017](#), and the program evaluation now in its seventh year as of 2022 for the [City & County of Honolulu's Housing First program](#). While this report will look toward our local analyses as much as possible, research from other jurisdictions show comparable results. These studies analyzed programs serving our community members experiencing chronic homelessness, but individual and societal impacts likely remain somewhat similar across other high-needs populations. Additionally, for those households with higher needs who are not able to access the supportive housing that they would benefit from, they may unfortunately fall into homelessness as well if their housing needs are not met. A conglomeration of studies elsewhere looking at individual and systems level impacts can be found through the [Corporation for Supportive Housing's \(CSH\) literature review](#) and on the [cost study map from the National Alliance to End Homelessness](#).

Figure 1. Levels of Benefits for Supportive Housing



Individual Benefits

On the individual level, supportive housing improves housing retention, health, and quality of life. The housing retention rate indicates the percentage of program participants who have not returned to homelessness or other non-permanent housing situations. The Hawai'i Pathways Project had a housing retention rate of 90% and the City's Housing First program rate remains high at 86%. Stable affordable housing paired with supportive services allow these higher-needs participants to access ongoing and as needed service connections, including stability for doctor's visits, treatment, and case management. As is noted in the Hawai'i Pathways Project report, this access and stability results in better health outcomes for the majority of program participants and decreases negative psychological, emotional, and behavioral challenges, including substance use.

Systems Benefits

There are many public systems level benefits associated with supportive housing interventions, including lowering the burdens on already stretched crisis systems and saving taxpayer money, as can be seen in Figure 2. In the [2017 evaluation snapshot of the City & County of Honolulu's Housing First program](#), the analysis showed that the annual cost of incarcerating an individual at the O'ahu Community Correctional Center (OCCC) was around \$51,000 while the annual cost of housing a person through the Housing First program was between \$20,000 – \$30,000. The savings from the actual cost of incarceration is coupled with decreased arrests and police contact costs. Individuals that have histories of cycling in and out of incarceration [often can break this cycle](#) through supportive housing interventions. The 2022 City Housing First evaluation observes that there were zero exits from the program to incarceration for the second year in a row.

In addition to decreased interactions with the criminal justice system, supportive housing also leads to health cost savings and decreased burden on our emergency medical services. Individuals living in unsheltered places often have to rely on medical care in emergency settings, including through emergency room visits and longer need of in-patient care. Living outside or in other places not meant for human habitation leads to many medical issues, in addition to underlying conditions, that likely would not occur if the individual was housed. Underlying conditions can also greatly worsen living in these circumstances. The Hawai'i Pathways Project showed a 76% decrease in health care costs when observing the cost difference from pre- to post-program participation. After consideration of the costs of housing and supportive services through the program, there was a health care cost savings of \$4,247 per person per month. Living in stable housing with regular access to services enables more preventative and ongoing care and shifts medical visits to more appropriate out-patient settings.

Figure 2: Public Systems Level Cost Savings from PSH

Health Care Costs

Cost
decreased
by 76%



Cost savings of
\$4,247/person/month

Incarceration Costs



Cost
decreased by
~40-60%

Cost savings of
~\$2,000/person/month

Sources: [Hawai'i Pathways Project Final Report, 2018](#); [City & County of Honolulu's Housing First program evaluation snapshot, 2017](#).

Community Benefits

Besides the benefits of supportive housing to residents and our public systems, our entire community as a whole is enhanced by providing this type of housing. While there may be common misconceptions that supportive housing developments depress property values or increase criminal activity in the area, studies have demonstrated otherwise.



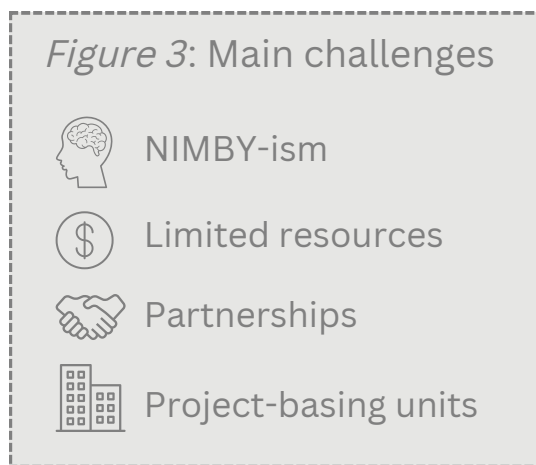
Photos: The Pu'uuhonua Wellness Centers for women (left) and men (right) are clean & sober homes on Hawai'i Island for individuals with justice-involvement. The provider (Going Home Hawai'i) has noted the importance of maintaining the properties and being good neighbors.

The New York University Furman Center for Real Estate & Urban Policy published a [policy brief in 2008 based on a large-scale longitudinal study](#) which indicated that property values actually increased in neighborhoods surrounding supportive housing sites. This research looked at supportive housing units that were developed over a 20-year period that amounted to around 7,500 units. As will be discussed later in this report, the Work Group met with local providers of supportive housing who noted their intentionality of being good neighbors and keeping the properties well-maintained, which would contribute to outcomes similar to what the Furman Center found.

Studies also find no impact or a positive impact on crime rates in the neighborhood surrounding supportive housing developments as compared to the overall area. A [2013 analysis of Permanent Supportive Housing developments established by National Church Residences in Columbus, Ohio](#) is a demonstration of this. This study looked at five supportive housing developments, each in different areas of Columbus, representing 450 units. As was seen with property values, supportive housing developments either 1) had no impact on crimes rates, 2) may have seen a rise in crime if the larger community as a whole also saw a rise in crime, or 3) in some instances crime in the immediate surrounding area had increased at a much lower rate than the rate of that for the larger community.

What are the Challenges to Supportive Housing?

While there are many benefits of supportive housing, there are also a variety of challenges. A few of the key struggles in developing Hawai'i's stock of supportive housing are listed in Figure 3, including: NIMBY-ism, limited availability of funding and financing mechanisms, lack of partnerships between developers and service providers, and a local focus on scattered-site supportive housing instead of project-based units.



Affordable housing development in general in Hawai'i like elsewhere usually faces some level of opposition, or Not In My Backyard (NIMBY) sentiments. Supportive housing, especially for certain populations, confronts additional barriers because of stigmas associated with the residents that would live in the developments. For example, there are many stereotypes and assumptions made about youth, individuals with mental health needs, those reentering the community from incarcerated settings, persons with substance use disorders, and others.

Funding and financing affordable housing is onerous, often with the need to pair multiple sources together to ultimately develop the project. Once again, there are additional layers of difficulty for supportive housing projects in terms of funding because of the various components that need to be involved. In addition to capital funds to develop, acquire, or rehabilitate the units, rent subsidies and supportive services also need to be somehow paired with the units. Households in need of supportive housing tend to have low- or very-low-incomes, which requires more subsidization for them in comparison to other units. Ongoing funding to sustain the subsidies and services over time can be problematic, limited, and very competitive. Funding and financing limitations and strategies that other jurisdictions are using will be discussed later in this report as examples of what may be beneficial for Hawai'i.

A unique challenge to supportive housing that is not present in the development of solely affordable housing is the often siloed relationships between developers and service

providers. Supportive housing requires expertise not just in the development of the units, but also in the population that would be served by the housing. Housing development often starts years ahead of when residents can move in, making the partnerships difficult if there is no guarantee of a particular service provider being chosen years down the line. Property management also can have a role in the planning process. Service providers and property managers can make the difference in the planning process to cater the supportive housing units to best fit the needs of the intended residents, who would also be beneficial partners to loop in as consultants in the planning and development process. As can be seen in the 2022 report entitled [“Non-Traditional Housing for People Exiting Homelessness: Lessons Learned & Best Practices,”](#) partnerships from the beginning of the concept can prevent problems down the line.

Scattered-site supportive housing is useful as it allows for rental subsidies and services for a household to be paired with the household’s choice of location and type of housing unit in the community. While this is one tool that should be sustained, to scale supportive housing at the rate that we need, this will require a commitment to create more project-based supportive units. This can include projects with 100% supportive units as well as set-aside units for supportive housing within a larger affordable housing development. There are pros and cons to both project options, with 100% sites bringing more of these vital units to our community, but set-aside units allowing for more community integration for our higher-needs households.

While there are a number of challenges to developing and sustaining supportive housing units at the rate that Hawai’i needs, there are ways for us to overcome these barriers. Best practices will be discussed later on in this report, which can assist us in scaling to meet our community’s supportive housing needs, which will be discussed next.

Supportive Housing Needs in Hawai'i

To have a general direction to move forward toward as we scale supportive housing, it is important to understand our community's needs.

Currently, there is no ongoing comprehensive data collection

method in Hawai'i that can fully indicate the approximate number of supportive housing units that we need statewide for all of the populations that may need this type of housing intervention. That said, there are various data sources that we can look at to get a better sense of the need and can serve as a starting point foundation that can be built upon.



Existing Data

Corporation for Supportive Housing

The Corporation for Supportive Housing (CSH) is the leading agency nationwide driving research, education, and policy and systems reforms based on best practices regarding supportive housing. [CSH developed data estimates of supportive housing needs for each state in the country](#), which can serve as a ballpark starting point to build upon and update. The intention of generating these estimates is to serve as a starting position to engage states and localities in discussion on their supportive housing needs to further refine and make their own. CSH supportive housing needs estimates for Hawai'i can be seen in Figure 4, with an estimated total of 3,840 supportive housing units needed.

The CSH estimates were formed through the review of various national reports and studies showing trends and considerations for each of the sub-groups, including rates of homelessness, disability, health conditions, and other factors that would indicate high-needs. An example of how CSH reached its

Figure 4. Supportive Housing Estimates for Hawai'i

Sub-Group	# of Units Needed	% of Total Need
Aging	577	15%
Child Welfare Families	170	4%
Child Welfare Transition Age Youth	18	0%
Chronic Homeless	1,433	37%
Developmental Disabilities - Intermediate Care Facility (ICF)	146	4%
Developmental Disabilities - Residential	51	1%
Homeless Families with Children	99	3%
Justice-Involved Transition Age Youth	12	0%
Mental Health - Institutional	73	2%
Mental Health - Residential	63	2%
Non-Chronic Homeless	283	7%
Prison	528	14%
Substance Use	240	6%
Unaccompanied Transition Age Youth	148	4%

Source: [CSH Supportive Housing Estimates](#)

Figure 5. CSH Method to Reach its Data Estimates - Example: [Justice-Involved Population](#)

- 1) Used Bureau of Justice Statistics census counts of jail, prison, probation, and parole systems to identify total people incarcerated and total people under community supervision.
- 2) Developed estimates of supportive housing needs based on academic studies and reports looking at:
 - Rates of homelessness before & after incarceration, and
 - Rates of behavioral, cognitive, & primary health issues in custody.



CSH data estimates assume that roughly:

- 19% of people in jail have needs consistent with supportive housing
- 10% of people in prison have needs consistent with supportive housing

estimates for one population, the justice-involved group, can be seen in Figure 5. The agency recognizes the difficulties in collecting data and notes the estimates' shortcomings, such as for the [I/DD population](#) as this group historically has a high rate of family caretaking and institutional placement. Data estimates and methodology used for all sub-groups can be found on [CSH's needs assessment page](#).

As can be noted in Figure 4, nearly half of CSH's estimated need in Hawai'i is for individuals and households experiencing homelessness. There may be some mixing of sub-populations (e.g., individuals with mental health conditions within the population of those experiencing chronic homelessness), but CSH did its best to give estimates with the least amount of duplication among sub-groups.

In all of the sub-population discussions held, the CSH data estimates were seen as a starting point that can be used as a foundation but members said that there likely is only more need than the data estimates show. This is to be expected since, as noted above, the intention is for these figures to be refined. Sub-group participants did agree that the CSH estimates can be utilized as figures to begin from or a floor.

Hawai'i Housing Planning Study

[At the Hawai'i State level](#), we have a beneficial resource available in the Hawai'i Housing Planning Study (HHPS) that is regularly prepared for the Hawai'i Housing Finance and Development Corporation (HHFDC), which is in addition to annual and five-year plans that the agency publishes as well. The HHPS has been conducted statewide since the early 1990s and identifies the state of housing throughout the islands and analyzes housing needs based on resident household characteristics, among other elements. Over the years, this study has expanded to include housing data that can be identified for our households experiencing homelessness as well as for those among groups that it identifies as special needs populations.

The [2019 HHPS](#) recognizes the difficulties of estimating the housing needs of homeless and special needs households (pp. 49). This includes challenges understanding those who may be able to live independently in the community with no rental assistance and no supportive services versus those who would need these supportive components to stay housed. Additionally, those with needs for housing paired with services differs depending on a person's situation, with some requiring temporary stabilization placements while others need long-term indefinite housing with rent subsidization plus services.

While challenging and imperfect, the 2019 HHPS utilized available statewide data sources to provide an overview of potential housing needs for these populations and how many of these households may require temporary or permanent housing placements. We will look

Figure 6. Breakdown of Needs Type for Unhoused Households

Population	O'ahu	Hawai'i	Maui	Kaua'i	State
Unhoused households with no special needs	1,306	67	279	108	1,760
Unhoused households with a single condition (main categories listed below)	---	---	---	---	1,462
Substance use only	422	17	64	55	558
Mental illness only	368	42	63	26	501
Physical disability only	159	23	48	37	367
Developmental disability only	20	2	10	4	36
Unhoused households with multiple conditions	1,235	160	179	114	1,688

Source: From [Hawai'i Housing Planning Study 2019](#), pp. 60.

at the study's analysis of housing needs for our households experiencing homelessness and then we will turn to the information laid out for the special needs populations which includes those: 62+ who have limitations that impair their ability to live independently, with severe mental illness, with alcohol and other substance addictions, with physical disabilities, with developmental disabilities, with HIV and AIDS, survivors of domestic violence, emancipated foster youth, and who are justice-involved.

The HHPS in 2019 used statewide Homelessness Management Information System (HMIS) data to find that 4,910 households that were served by the homelessness system over the year still remained unhoused (pp. 56). This figure was used

to establish unmet market demand for this group that would be added to our State's overall required new housing units. The study then broke this group into three types of households: households with no special needs that would prevent them from maintaining housing but may need very limited short-term services, households with a single special need, and households with multiple conditions. Each

Figure 7. Housing Units Needed for Unhoused Households

Type of Household	Transitional Units	PSH Units	Affordable Housing Units
Individual/Couple			1,471
Family (3+ persons)			289
Substance Use Households	558		558
Mental Health Households	251	250	251
Physical Disability Households		183	184
I/DD Households		18	18
Mixed Conditions	844	844	844
Total Housing Needs	1,653	1,295	3,615

Source: From [HHPS 2019](#), pp. 61.

group represents approximately one-third of the total 4,910 households, as can be seen in Figure 6. Then estimates of transitional placement units, PSH units, and general affordable housing units are made, which can be seen in Figure 7. It should be noted with these

figures that those in transitional placements need a longer-term housing solution, therefore, the transitional category is also counted in the general affordable housing category. However, it may be the case that some of those that begin with a transitional unit may be seen to require PSH as well. The study estimates that the unmet market need in 2019 for households experiencing homelessness was around 1,295 PSH units, which is in the general neighborhood of the CSH estimate of 1,815 supportive housing units for those experiencing homelessness (1,433 for those who are chronically homeless, 283 for those who are not chronically homeless, and 99 for homeless families with children).

In addition to our households experiencing homelessness, the 2019 HHPS also analyzes as much as possible about the needs of the special populations noted above based on existing data sources. These groups also may require assistance accessing and staying in housing and may become homeless if they do not have housing that meets their needs. The study mentions three major reasons why it is difficult to estimate how many special needs households have unmet housing needs. These reasons specified are (pp. 49):

- Difficulties estimating the number of people within these special needs populations in general, with or without housing challenges,
- Many agencies serving these populations either do not provide housing, do not know clients' housing needs, or provide referrals but don't keep track of them, and
- Co-occurring situations are prevalent among the identified special needs populations, which can inflate or obscure estimates.

The study goes on to identify resources that show the data available looking at the total group of each of the special needs populations but voiced that a new type of data collection would be necessary to better estimate and project housing needs for these groups, including data broken down by type of housing intervention needed (pp. 49-53). The HHPS breaks down housing units that are needed into three categories: need for care home or in-home services, need for transitional placements prior to permanent housing, and permanent housing for those coming out of programs. The study notes certain total special population increases over the period of 2020 to 2025, but the gap lies in better understanding the types of housing needed by these groups if not being served by the current housing market. The 2019 HHPS is a very helpful State reference that hopefully can be built upon in the future with a more comprehensive way of understanding the needs of our homeless and special needs populations.

Other State Data Collection

Besides the HHPS, some additional State housing needs projections are starting to be gathered for specific sub-populations. The Hawai'i State Department of Health's Adult Mental Health Division (AMHD) projected its housing need statewide broken down by

Figure 8: Hawai'i Adult Mental Health Division Projections of Housing Need

	Short-Term Stabilization Beds*	Therapeutic Living Program (TLP) Beds*	24-Hour Group Home Beds	8-16 Hour Group Home Beds	TOTAL ESTIMATE OF BEDS NEEDED
O'ahu	16	8	48 (est. six 8-unit group homes)	40 (est. five 8-unit group homes)	112 total beds
Maui	8	8	8 (est. one 8-unit group home)	16 (est. two 8-unit group homes)	40 total beds
Kaua'i	8	N/A	8 (est. one 8-unit group home)	N/A	16 total beds
Hawai'i Island	8	8 (East Hawai'i)	8 (est. one 8-unit group home)	8 (est. one 8-unit group home; West Hawai'i)	32 total beds

*These are for behavioral health programs that are not categorized as 'permanent housing.'

island and by type of housing intervention. See Figure 8 for these estimates, totaling 200 beds statewide. State departments relevant to the other sub-groups can potentially assist in honing in on localized data to help pinpoint our full supportive housing need and break this need down by county.

Other Data Trends to Consider

Additional data trends for certain higher needs populations must be considered as well. Some individuals with higher needs that would otherwise be able to benefit from living in supportive housing are currently living with family members who may serve as caretakers. This may be most applicable to certain sub-groups within the wider supportive housing umbrella, including the I/DD, aging, and mental health populations. [Fuller Lives conducted a survey in 2018](#) here in Hawai'i of individuals with I/DD that showed that 67% of the adults surveyed lived in their family home. The point that must be noted here is that around 25% of family caregivers said that they will need to find alternative housing for their dependent within the next five years and the remaining three-fourths of caregivers said that they will need to find a new housing placement for their dependent in the future in more than five years. Much of this may be due to aging family caregivers or an anticipation of additional future care needs. Recognizing these types of trends shows us that our supportive housing needs may be even greater than we can actually quantify and can help us prepare for the [projected increase in Hawai'i's elderly population](#) in the coming decades.

Data Needs

While we have these various data sources to serve as a starting point for estimating our supportive housing needs, as reflected in the 2019 Hawai'i Housing Planning Study, Hawai'i would benefit from investing in ongoing comprehensive data collection across all populations that may benefit from supportive housing. This data should be able to be broken down by sub-group as well as by county.

Reviewing the way that supportive housing is officially defined, we are looking at the population that likely needs long-term subsidies and supports with an indefinite need, potentially for the remainder of the resident's life. During our sub-group discussions, a few of the groups made a distinction between those with indefinite needs and those who need temporary housing placements with a subsidy and wraparound services to be able to go on to live independently after participation in a program. For example, in the youth group it was noted that while there is a small sub-set of youth served by providers that would need those long-term supportive housing placements, the majority of this group may require just a few years of a supported living situation and then most can live independently outside of the program after that. While this may not be officially considered supportive housing, these temporary supported living placements are also very real needs for many residents to be able to stabilize and go on to live independently. Ensuring that these bridge needs are accounted for statewide for the sub-groups that may need them is crucial to set people up for success and to thrive in their communities instead of lengthening experiences of homelessness, falling into homelessness, cycling into incarceration, or experiencing some other negative situation.

In addition to the need for more comprehensive ways of collecting data on supportive housing needs in Hawai'i, it would also be beneficial to look into modeling projections of needs over time. This would help us to understand not just what amount of units and for what populations are needed right now, but also can help with planning efforts for five, ten, or twenty years down the line. Projection estimates could help the State to proactively prepare for ensuring that our highest-needs residents are housed and provided with the supports that they may require.

All of this being noted, the data sources outlined above in the "Existing Data" section can serve as a foundation to build upon and sharpen. There is a clear need throughout our islands for more of these housing units; therefore, Hawai'i can move forward on developing more comprehensive data collection and projection tools while at the same time also creating and scaling the mechanisms needed to develop and sustain these units, which will be discussed throughout the remainder of this report.

Best Practices for Successful & Sustainable Supportive Housing

Between presentations at our monthly Work Group meetings, smaller discussions with sub-group representatives, and materials that we have collectively gathered, the Work Group has garnered a better understanding of best practices for supportive housing. This includes insights into the populations that would be served by these units, usage of agency partnerships to leverage each other's expertise, approaches on how to engage the surrounding community and minimize NIMBY-ism, and funding and financing strategies.



Photos (top to bottom): Rendering of the Rice Street Apartments which will include 15 Section 8 Project-Based Voucher units and 5 units through the HUD-Veterans Affairs Supportive Housing (VASH) program; Wahiawa Town Hall, hosted by Achieve Zero.



Understanding the Population Served

Different populations served may come with different considerations to make for supportive housing projects in terms of features, services, and more. Our sub-group discussions touched upon some of the elements that can set a project up for success, including some similar considerations across the sub-groups as well as some unique elements needed depending on the intended residents.

There were many considerations brought up in the sub-group discussions that came up across a number of the sub-group meetings, all of which can be seen in Appendix C. Various groups noted the benefits of the following elements:

- Inclusion of at least one staff person who generally understands the population served on-site at all times to tend to any emergencies that may arise and respond in an appropriate manner
- Use of inclusive unit design to allow for accessibility among people of all abilities
- Access to case management, counseling, and other services as needed
- Access to transportation to and from activities in the community and needed trips, such as to the grocery store or to medical appointments
- Access to technology for tele-healthcare, staying connected with others, etc.
- Creation of a sense of community within the project, through communal spaces, gardens, activities, etc.

As for other aspects of the design and services provided to residents, this can be dependent upon the specific population being served. For a fuller list of these more specific elements, please review Appendix C. These include the following:

- Depending on the needs of certain groups, including those with mental health needs, residents may benefit from different supportive housing types (e.g., smaller group setting versus larger building)
- For units intended for aging residents, there are a number of design features that the sub-group noted, including use of lever door handles instead of knobs, grab bars, walk- or roll-in showers instead of tubs, elevator access with the elevators large enough to allow emergency personnel equipment to access higher floors, etc.
- Services needed can vary greatly depending on the population, and may include case management, mental health supports, chore services, access to treatment, vocational training, nutritional programs, trauma counseling, skills development (e.g., social skills, tenancy skills, life skills, financial skills), family services, etc.

- Access to peer supports can be helpful for certain populations to connect with individuals who understand first-hand their situation and what they may be going through

For vertical developments, it was noted by one developer partner within the Work Group that it can be helpful to include commercial space on the ground level of the building as it can ultimately help serve the residents. From a financial viability standpoint, businesses on-site would generate rental income for the property. These businesses can also serve as a path for job training and employment for residents of the supportive units. This may be most suitable for certain sub-groups, including I/DD, youth, reentry, and those transitioning from homelessness. Depending on the population, this ground-level space can also serve the residents in other ways, such as with services or activities.

Understanding the population to be served by supportive units can greatly help with the project's long-term success. Consultation with the intended resident population and with service providers representing these groups can be hugely beneficial to implement certain features and services from the start instead of having to revise the project later.



Photos (top to bottom): Bathroom in unit at Kumuwai Permanent Supportive Housing for seniors experiencing or at-risk of homelessness, with grab bars, walk-in shower, and lever door handles; Communal spaces at Kama'okū Kauhale to enable the development of community among residents as they transition out of homelessness.



Partnerships

One developer member of the Work Group noted that there has been success on the mainland when service provider agencies partner with private developers for supportive housing projects. This brings needed expertise on construction as well as on the population served together from the planning stage and throughout the development. In this type of partnership, the experienced developer can tend to the complexities of development while the experienced provider agency can tend to the intricacies of understanding the residents to be served and their needs.

An example of this co-developer partnership can be found through the [Kinser Flats Permanent Supportive Housing development](#) in Bloomington, Indiana, which houses individuals experiencing homelessness and substance use disorder, including those with co-occurring mental health disorders. [Centerstone](#), a non-profit provider of mental health and substance use disorder services, functioned as a co-developer of the project along with developer consultants experienced with Permanent Supportive Housing, [Milner & Caringella, Inc.](#) With a knowledgeable service provider as a co-developer of the project, it led to the inclusion of features within the development that best serve this population in a trauma-informed manner, including with a warm color scheme and wide hallways with windows.

While the Work Group is unaware of any co-developer partnerships so far occurring in Hawai'i like the example noted above in Indiana, there are partnerships among local providers that leverage each other's expertise to bring up supportive housing units. [The Hale'iwa Project](#) is a [good example of this](#). This project brings together three entities to provide supportive housing for youth experiencing homelessness and those at-risk. Residential Youth Services & Empowerment (RYSE) brings its expertise in serving homeless youth including through case management, Alternative Structures International (ASI) brings experience in managing affordable rental housing and administering Rapid Rehousing, and Achieve Zero (formerly ALEA Bridge) provides its knowledge and understanding of the community and obtained a master lease from the City & County of Honolulu for the property. With each partner bringing its own unique skills to the table, this project has been successful in housing our at-risk homeless youth.



Source: [RYSE, 2020](#). Photo of the Executive Directors of the three organizations that formed The Hale'iwa Project, RYSE, Achieve Zero, and ASI.

Community Engagement

With NIMBY-ism being a hurdle that supportive housing projects face, our group heard from a few provider agencies that have experience providing housing for special populations that require supportive living environments. Community engagement from the very beginning planning stages and ongoing throughout the life of the project is a best practice that all of these agencies utilize. As one of our local providers noted, there is a need to be proactive, present, and personable. This can take many forms, with some main engagement strategies that providers shared with the Work Group listed below in Figure 9.

Figure 9: Community Engagement Strategies

Communicate Value	Connect with Community	Openness to Dialogue	Good Neighborliness
<ul style="list-style-type: none"> • Tell the story of those who have or could benefit to be able to put a face on potential outcomes. • Use data to show the benefits of supportive housing for the entire community. • Demonstrate past work and outcomes. • Provide information on programming, rules, and services included. • Emphasize the goal of safety for residents and the larger community. 	<ul style="list-style-type: none"> • Work with coalitions and networks in the community from the beginning. • Open community volunteer events with neighbors and residents to collectively improve and benefit the area. • Hold open houses at the project. • Residents can create ways to connect with neighbors (e.g., regular walks in the area). • Show up to events being held in the community to engage with people and provide updates. 	<ul style="list-style-type: none"> • Host town halls or other open forums to have honest discussions and work together toward solutions. • Solicit input from community leaders and others. • Remain open to questions and concerns. • People want someone to hear them and follow up to resolve their concerns. Have a centralized contact where people can express any issues and know that someone is working to fix them. 	<ul style="list-style-type: none"> • Be friendly neighbors. • Properly maintain the grounds and property. • Take responsibility if something goes wrong and fix issues as soon as possible.

The providers that spoke with the Work Group stressed that the community needs to be a part of the project. Community members and networks who are informed on the development and understand the needs of those in their neighborhood can be a project's biggest ally in the face of opposition. Being engaged and being part of the solution to lift up struggling community members and the neighborhood as a whole creates buy-in from people. The voice of the surrounding area can either make or break a project, but the strategies above have enabled local providers to create and keep more housing for our households most in need.

Funding & Financing

As noted earlier, a major challenge for supportive housing development is the identification and acquisition of the funding and financing resources needed to cover the costs of the different aspects of projects. The three critical cost components of supportive housing are capital/development, operating/rental subsidies, and services. There are a number of existing federal, state, county, and private funding sources and financing mechanisms that have the potential to be used for one or more of the main cost components of supportive housing developments, which are enumerated in the grid in Appendix D. While there may be other resources that exist, these are the main resources that Work Group members identified, including through the sub-group discussions.

Resource Leveraging

Starting a housing project can be a "chicken or the egg" situation as it is beneficial to have certain commitments to be able to acquire other resources. Supportive housing projects can benefit from starting with land that can be leased from the State or County for no or low cost (e.g., \$1/year lease, using public funding to acquire land). This can create an initial buy-in from the governmental entity and allows developers to leverage the control over the property to apply for governmental and private funds to develop the project.



Photos (right and above): Mohouli Senior Residences, low-income rentals, includes 92 Section 8 PBVs.

Multiple funding and financing resources are normally required for any affordable housing project, which only increases for supportive housing. This requires special care in pairing resources and utilizing certain supports as leverage to acquire additional resources. As an example, Section 8 Project-Based Vouchers (PBVs) that are tied to the unit for a certain number of years instead of being tied to the person can help to make a project more viable as a steady rental subsidy is included. One example

of a local project that has leveraged PBVs is the [Mohouli Senior Residences in Hilo](#). Hawai'i County's Public Housing Agency dedicated 92 PBVs to this project for a contract period of 20 years. As these units serve senior citizens, the [normal cap](#) of 25% of units with PBVs in the project can be exceeded. Project-based commitments of any type of rental assistance can benefit supportive units to first be developed and then to be sustained for years to come. This can improve scores for the project on other resource applications, such as for State development funding through the Hawai'i Housing Finance and Development Corporation. While these resources can be crucial to a project's stability, project-basing vouchers is more administratively burdensome than other vouchers.

Resources for Development

For a developer to be able to commit to an affordable housing project, it is justifiable that there needs to be a level of certainty that it can generate enough revenue to recoup the costs to build it. As those with supportive housing needs generally have lower incomes with many being at or below the 30% area median income (AMI) level, a high degree of subsidization is needed to build these units. For example, the [2019 Hawai'i Housing Planning Study](#) noted that the average income for an individual experiencing homelessness, based on HMIS data, is \$375/month statewide or \$4,500/year (pp. 62), which is far below the [HUD 2022 30% median income level](#) for an individual in Hawai'i of \$22,500/year. The same 2019 study also noted that higher-income level units are best taken care of through the market, therefore, the lower-income units are where resources are most needed (pp. 44). Resources set-aside specifically to finance the development of these units would greatly incentivize better serving these households.

One of the many jurisdictions that has put aside resources specifically for the development of PSH units is the City of Los Angeles, California, which has allowed the City to scale this type of needed housing at [a production rate increase of over 600%](#) as compared to prior to this resource prioritization. Through [Proposition HHH](#) that was passed in 2016, \$1.2 billion in bonds was allocated for these unit development purposes, with 80% of the funds specifically for Permanent Supportive Housing and the remaining 20% able to be used for other affordable housing. This designated resource is [expected to bring nearly 13,000 units](#) to the City to take care of its residents who are most in need.

Another strategy that some jurisdictions are using is the creation of a housing fund specifically for the 0 – 30% AMI population. This is what the City of Saint Paul, Minnesota has done through the establishment of its [30% AMI Deeply Affordable Housing Fund](#) that can provide funding for projects either with supportive housing units or simply units for households that fall within this income level. The [2019 Hawai'i Housing Planning Study](#) shows that the income classification group with the most units needed by far in the 2020 to 2025 timeframe is for the population below the 30% HUD median income level at around 10,500 units needed (pp. 38). As there is a larger number of resources required to subsidize these units, a strategy like what the City of Saint Paul has implemented could make a big impact in closing the gap on the huge need for our community members with the lowest incomes. Minimum set-asides for supportive units could also be added to a tool based on the Saint Paul model.

In addition to designated development funds for these populations, another tool that can be leveraged to prioritize supportive housing units is through the Qualified Allocation Plan (QAP). The QAP is the major state funding and financing mechanism to “. . . evaluate and allocate LIHTC [Low-Income Housing Tax Credits] to projects which best meet the housing needs of the State . . .” (pp. 2, [State of Hawai'i 2022/2023 QAP](#)). The agency that

administers the QAP in Hawai'i and disburses these housing resources is the Hawai'i Housing Finance and Development Corporation (HHFDC). The QAP can create funding prioritization based on the needs that the community and the Board identify and include in the application for resources.

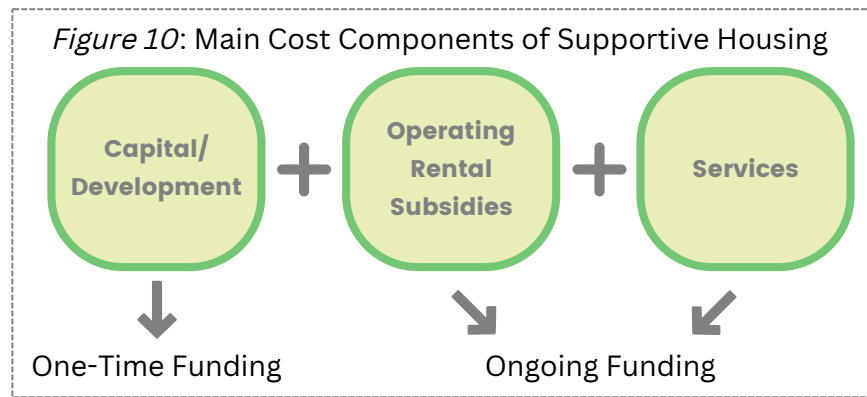
The way that the current Hawai'i State QAP is set up requires 5% of the units funded each year to be for households at 30% AMI and below. For units serving our lowest-income households, the QAP can allocate up to 10 points (out of a potential total of 120 points), which accounts for 8.3% of the total points. Additionally, our QAP can award two points (out of 120 points) for projects with commitments of services for special needs or homeless households, which accounts for 1.6% of the total points. There is much more that can be done through the QAP to truly prioritize our lower-income populations and households with supportive housing needs, as can be seen in the success that other states have had through varying approaches by using the QAP as a prioritization tool.

One example of prioritization through the state QAP [can be seen in Indiana](#), with 10% of its tax credit allocation set aside for community integration units for individuals with I/DD, and an additional 10% set aside for Permanent Supportive Housing for those transitioning out of homelessness (Housing First). [California is another state](#) that prioritizes supportive housing units through its QAP by having higher point values for elements that would serve their lowest-income residents and households who would benefit from supportive services. Out of California's potential total of 109 points, the California QAP includes 10 points for on-site services for residents (9.2% of the total points) and up to 52 points for serving their lower-income households (47.7% of the total points). While there are different ways to prioritize vulnerable households through the QAP, this tool is assisting other states to scale supportive housing to meet residents' needs. More resources on supportive housing prioritization through the QAP can be found through this CSH [webpage](#) and [report](#).

Resources for Ongoing Components of Supportive Housing

An observation that can be made of the existing public sources noted in the funding & financing grid in Appendix D is that the majority of resources that can cover services and to a certain extent rental subsidies tend to be specialized to serve specific populations, are highly competitive, or are limited or one-time-only sources. A main challenge facing the operating/rental subsidy and services components of supportive housing is that, as can be seen in Figure 10, unlike the capital costs, these are ongoing budget items that are required to make sure that people can stay housed. Recognizing this resource gap that leads project plans to difficulties, inconsistency, and unsustainability points to the need for what some other jurisdictions have already implemented and are seeing success with: a dedicated flexible revenue stream for these purposes.

One example of a jurisdiction with a dedicated funding source for rental assistance and services for people experiencing or at-risk of homelessness can be seen in the Greater Portland Metro Region in Oregon. Affordable housing bond initiatives were passed in the [City of Portland in 2016](#) and in the [Greater Portland Metro Region in 2018](#), with both including goals for



supportive housing units as well as units for households at or below 30% AMI. As plans for these initiatives moved forward, there was an acknowledgement that funding was needed to ensure and sustain the rental subsidies and services that would be paired with the supportive housing units developed. This led to the passage of [Measure 26-210 in 2020](#) to fund these crucial elements. This measure is implemented for a period of 10-years to allow for sustainability over time, to enable developments to leverage assured operating and services funding, and to permit enough time to prove the efficacy of the program. The funding for this program is generated from two revenue sources: 1) a 1% tax on high income earners, which as of 2020 applied to around 10% of residents, and 2) a 1% business net profits tax on big businesses or businesses with high gross incomes, which as of 2020 applied to around 6% of businesses (percentages of residents and businesses impacted are references from the discussion with a representative from HereTogether Oregon on September 23, 2022 listed in Appendix A).

What We Can Do in Hawai'i

While it is up to Hawai'i to see what tools and revenue generation mechanisms make the most sense here, we do need to move in the direction of prioritizing our community members with supportive housing needs because of the many challenges to developing and sustaining these units that are unique to these housing units in comparison with other affordable housing development. One enhancement that we could make here that would build upon what other jurisdictions have done would be to create prioritizations that can benefit any and all of the sub-populations within the larger supportive housing umbrella instead of limiting it to certain groups. It is necessary to ensure that there are ample funding and financing resources for all components of supportive housing – development, operating rental subsidies, and supportive services – to make these units viable and sustainable in the long-run to ultimately benefit individual residents, our public systems, and our communities as a whole.

Recommendations

Based on the Work Group's learnings, there are five main recommendations to conclude this case statement report.

Recommendation 1



Prioritize the development of supportive housing units.

Recommendation 2



Create dedicated funding sources for the ongoing components of supportive housing.

Recommendation 3



Work with the Public Housing Authorities to ensure adequate capacity for administration of Project-Based Vouchers.

Recommendation 4



Invest in ongoing data collection and projections of need.

Recommendation 5



Incentivize consultation with key stakeholders.



01. Prioritize the development of supportive housing

As the population that is served by these units has high needs and a low level of income, resources need to prioritize this population to incentivize the development of these crucial units. Capital funding set aside for these units as well as prioritization through the State's main affordable housing financing application, the Qualified Allocation Plan (QAP), would be the best path forward to develop more supportive housing units. Having the funds available specifically for these units paired with the incentivization for them through the consolidated State financing application would set Hawai'i up for the most success in scaling these units. While the creation of public designated development funds for this population would go through a legislative process at the State and/or County level, any amendments to the QAP would go through the HHFDC Board of Directors.



02. Create dedicated funding sources for the ongoing components of supportive housing

The ongoing elements of supportive housing, namely the operating rental subsidies and services, are crucial pieces that ultimately can make a project 'pencil out' and be sustainable in the long-term. Unlike the capital costs, these costs need to be continuous to ensure that residents do not fall out of housing. While there are a number of existing funds that may be able to go toward these ongoing costs, these funding sources tend to be highly specialized, competitive, or limited. The establishment of dedicated flexible funding streams for the operating and services components of supportive housing can create opportunities to serve as leverage as well as gap funding for projects, which can lead to successful and sustainable supportive housing units. Additionally, a dedicated funding source for these purposes can also help to fund non-traditional or communal housing types, such as *Kauhale*, that may not always be able to receive funding through traditional sources yet would benefit our residents.



03. Work with the Public Housing Authorities to ensure adequate capacity for administration of PBVs

Administering Section 8 Project-Based Vouchers (PBVs) requires substantially more administrative work than Section 8 Housing Choice Vouchers (HCVs). It would be beneficial for advocates and leaders to work with the State and County Public Housing Authorities to ensure adequate staffing levels for PBV projects and work together to create opportunities for the inclusion of supportive housing units. This is an existing resource that can be leveraged further to serve our community members with the highest needs.



04. Invest in ongoing data collection and projections

Fortunately, we have a few good starting point data sources, including from the Corporation for Supportive Housing, that the Work Group agrees can serve as a starting point for estimating Hawai'i's supportive housing needs. As we look to implement tools and mechanisms to scale these units to meet the needs of our community members, we should also be investing in ongoing data collection and modeling projections for supportive housing across the many sub-groups that may need it. Ongoing data collection would enable us to understand the current need and look at trends through past years, while modeling projections would allow the State to proactively anticipate and meet our community's needs going forward.



05. Incentivize consultation with key stakeholders

Consultation with the intended resident population, service providers, property managers, and neighbors can set a development up for success. It can do this by designing the project to best serve residents, anticipating and avoiding certain problems later on, minimizing NIMBY sentiments, and ultimately being developed in a way that best serves the neighborhood. The benefits of this consultation can also be seen in the report published in September 2022 entitled "[Non-Traditional Housing for People Exiting Homelessness: Lessons Learned and Best Practices](#)." Incentivization of this practice can be embedded within State and County development contracts.



Appendices

Appendix A

Meetings Conducted for the Supportive Housing Work Group in 2022

1) June 21, 2022 – Work Group Monthly Meeting #1

Supportive housing 101: Overview, review of goals for the Work Group, efforts that have already occurred in Hawai'i to start building toward this movement, examples of local site-based supportive housing projects, and brief review of supportive housing needs estimates from the Corporation for Supportive Housing (CSH).

2) July 19, 2022 – Work Group Monthly Meeting #2

Guest speakers from CSH, Heather Lyons & Lori Gutierrez who shared with us about the work that CSH does (including what has been done in Hawai'i), their data estimates, the resources that can be looked at to create supportive housing (federal, state, local, and private resources), and provided a few examples of what other jurisdictions have done. In addition to hearing from the guest speakers, we also reviewed County-level funding for affordable housing and AMHD projections of housing need. Between July and August asked group members for additional stakeholders that should be brought into these discussions.

3) August 16, 2022 – Work Group Monthly Meeting #3

Guest speakers who have developed supportive housing projects: Rob Van Tassell, currently with Catholic Charities Hawai'i, and previously oversaw project development in Washington State for Catholic Housing Services; and Audrey Awaya with the Pacific Housing Assistance Corporation.

4) August 31, 2022 – I/DD Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

5) September 1, 2022 – Reentry Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

6) September 1, 2022 – Youth Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

7) September 6, 2022 – Mental Health Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

8) September 7, 2022 – Substance Use Disorder Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

9) September 8, 2022 – Discussion with Homeless Service Provider Group

Sub-group question prompts included as part of the conversation with agencies on the O'ahu Outreach Provider Bi-Weekly Meeting organized by OHHS. Responses included in Appendix C.

10) September 12, 2022 – Aging Sub-Group Meeting

Discussion of sub-group question prompts, responses included in Appendix C.

11) September 20, 2022 – Work Group Monthly Meeting #4

Guest speakers discussed community engagement strategies that have been able to help minimize NIMBY sentiments. Speakers included: Lorraine Coleman from the Acacia Network, Nicky Winter from Achieve Zero, Kimi Palacio from Going Home Hawai'i, and Greg Payton and Les Gusman from Mental Health Kokua. We also discussed some of the main reflections and common takeaways from all of the sub-group discussions. OHHS highlighted a few related takeaways from the September 2022 report publication of "Non-Traditional Housing for People Exiting Homelessness: Lessons Learned & Best Practices."

12) September 23, 2022 – Joint Continua of Care Advocacy Meeting (Work Group invited)

Guest speakers Cole Merkel (HereTogether Oregon) and Claudia Monterrosa (Los Angeles City Homelessness Initiative within the Office of Mayor Garcetti) invited to discuss dedicated funding sources for the purposes of building affordable housing, especially supportive housing, and for homeless services and programs. The group also received a presentation from Emma Grochowsky (OHHS) about main takeaways from the report "Non-Traditional Housing for People Exiting Homelessness: Lessons Learned & Best Practices."

13) October 18, 2022 – Work Group Monthly Meeting #5

Guest speakers Adam Roversi (Kaua'i County Housing Agency) and Michael Yee (Hawai'i County Office of Housing & Community Development) to speak to the group about Section 8 Project-Based Vouchers. We also briefly discussed the major funding mechanisms used in Portland, OR and Los Angeles, CA for those who were unable to make it to the 09/23/2022 meeting. Lastly, we went through a brief outline of the case statement report.

14) November 9, 2022 – Special Discussion with Guest Speakers



Guest speakers Jesse Wu (HUD Honolulu Field Office) and Lindsay Pacheco (Ka Po'e O Kaka'ako & the O'ahu Lived Experience Council). Jesse provided an overview of affordable housing, HUD funding resources, difficulties producing housing for lower-income households, and gave us an example of a tool that California is using with its QAP to prioritize housing for our lower-income households and for supportive housing development. Lindsay discussed her experience with a Housing First voucher living in a development (Ola Ka 'Ilima Artspace Lofts in Kaka'ako) that makes efforts to build community among residents and others, including through communal spaces and activities.




15) November 15, 2022 – Work Group Monthly Meeting #6

Discussion of content and recommendations provided in the case statement report.

Appendix B

A Few Examples of Local Site-Based Supportive Housing Models

Type of Housing	Local Example	Description
<p><u>Apartment</u></p> <ul style="list-style-type: none"> Individual living units (sleeping, bathroom, kitchen) Multifamily setting Traditional construction 	 <p>Hale Maluhia (confidential location) Domestic Violence Action Center (DVAC) and Housing Solutions Inc. (HSI)</p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> 20 1BR apartment units for survivors of domestic violence and their children Self-contained units Building is owned by the City & County of Honolulu and leased to provider Property management services provided by HSI through City & County of Honolulu 'Ohana Zone contract Tenants pay no more than 30% of their income toward unit rent of \$1,000; subsidy provided through City & County of Honolulu 'Ohana Zone allocation <p><u>Services</u></p> <ul style="list-style-type: none"> On-site case management, legal assistance, and wraparound services provided by DVAC through City & County of Honolulu 'Ohana Zone allocation
<p><u>Single Room Occupancy (SRO)</u></p> <ul style="list-style-type: none"> Individual sleeping rooms Bathrooms, kitchens, or both are shared Multifamily setting May be conversion or rehabilitation of existing structures, such as former military barracks or dormitories 	 <p>Safe Haven Mental Health Kokua (MHK)</p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> 25 SRO units for chronically homeless adults diagnosed with a serious mental illness Individual bedrooms with shared bathrooms and kitchen Building is owned by the City & County of Honolulu and leased to MHK Property management services provided by MHK as required by lease Tenants pay no more than 30% of their income toward unit rent; subsidy provided through HUD CoC funds <p><u>Services</u></p> <ul style="list-style-type: none"> 24-hour staffing Ground floor multiservice center with hygiene, community room, case management, etc. Behavioral health case management services through DOH AMHD or CCS agencies

<p><u>Group Home</u></p> <ul style="list-style-type: none"> • Individual or shared sleeping rooms • Shared bathrooms and kitchen • Single-family setting (e.g., single-family home with multiple bedrooms) • Subject to local permitting requirements depending on number of unrelated individuals living in the residence • Level of on-site supervision varies (8-hr, 16-hr, 24-hr, independent) 	 <p>Ikulani Group Home Steadfast Housing Development Corporation (SHDC)</p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> • 5BR single-family dwelling for adults diagnosed with a serious mental illness • Individual bedrooms with shared bathrooms and kitchen • House is owned by HHFDC and leased to DOH • DOH subleases home to SHDC • Property management services provided by SHDC as required by sublease • Residents pay a moderate program fee amount and may be asked to contribute to common household goods, such as cleaning supplies • Residents must be authorized by DOH AMHD <p><u>Services</u></p> <ul style="list-style-type: none"> • On-site supervision (full-time) • Behavioral health case management through DOH AMHD or CCS agencies
<p><u>Modular/Prefabricated Construction</u></p> <ul style="list-style-type: none"> • Self-contained living units (sleeping, bathroom, kitchen) • Often assembled off-site and transported to final location, may be portable • May be allowable under local building codes 	 <p>Kauhale Kamaile Alternative Structures International (ASI)</p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> • 16 modular housing units for families with minor children experiencing homelessness or at-risk of homelessness • Units are self-contained with full amenities • Preference for families who are working and have children attending school on the Leeward Coast • Property is owned by the City & County of Honolulu and leased to ASI as required by lease • Property management services provided by ASI • Tenants pay rent based on 50% AMI limits, outside subsidies are accepted <p><u>Services</u></p> <ul style="list-style-type: none"> • On-site property management (full-time) • Light-touch case management
<p><u>Tiny Homes/Micro-Units</u></p> <ul style="list-style-type: none"> • May be self-contained units (sleeping, bathroom, kitchen), self-contained units with limited amenities (e.g., kitchenette vs. full kitchen), or single room occupancy with individual sleeping areas and shared bathrooms and kitchen • May require exemptions to local building codes 	 <p>Kama'okū Kauhale U.S. VETS</p>	<p><u>Housing</u></p> <ul style="list-style-type: none"> • 36 tiny home units for single adults experiencing homelessness • Individual sleeping units with shared bathrooms and kitchen • Property is owned by the Hawai'i Public Housing Authority and leased to U.S. VETS • Property management services provided by U.S. VETS as required by lease • Tenants pay no more than 30% of their income toward unit rent of \$500; subsidy provided by City & County of Honolulu 'Ohana Zone allocation <p><u>Services</u></p> <ul style="list-style-type: none"> • On-site property management (full-time) • Light-touch case management • On-site space for medical provider, community garden, community room and pavilion, and industrial kitchen

Appendix C

Consolidated Responses from Sub-Group Meetings

Data Needs Estimates (starting point estimates from CSH)	
Sub-Group	Responses
Aging	<ul style="list-style-type: none"> • Potential floor #, probably more • CCH has been collecting a lot of data around the elderly population. A lot of rent increases, renovations to units leading to homelessness and housing concerns. Chronically homeless and the newly homeless becoming homeless b/c of these issues. A lot of people are couch-surfing, staying with friends or family. For rental assistance, when data was run for elderly households, this included 100s of households. • In elderly space - lots of different terms and types of housing. • Can think about projected need as well, based on the projected increases in the elderly population. • Potentially reach out to Center on the Family or UH Center on Aging to see if they have additional data that could help. • EoA - in alignment with admin, but have the Policy Advisory Board for Elderly Affairs (PABEA) that includes advocacy. County Offices on Aging do collect a lot of data, EoA collects statewide. Will check if have housing need data. EoA is short-staffed - may be good to get on agenda for PABEA to connect. But have "flavors of the month" and the data may not always reflect the actual need. • Feel that EoA should be the main source of this type of data. A lot of opportunities that they could help us collect this data across the state.
Homeless	<ul style="list-style-type: none"> • CSH estimates may be low • Incremental progress toward adding housing units and services • Buildings + subsidies + services
I/DD	<ul style="list-style-type: none"> • Residential Information Systems Project (RISP) longitudinal study of long-term supports and services for people with IDD, University of Minnesota - https://risp.umn.edu/ • UH Center on Disability Studies - Housing Mobility Study for HHFDC. Supposed to work on updating this. • Fuller Lives survey from 2019 - ~104 respondents. • Waiver participants - Maui, 50-60 of 300 in need of housing. • Arc -- long long waiting list for independent living units. • Counties and State housing plans - but often not detailed enough data for IDD pop. • Cities and Counties and States that receive fed funds - required to do consolidated plans with impediments to Fair Housing. These should also address barriers among the IDD pop. -- Tied to fed funding. Need to ensure IDD pop voice is heard. Should familiarize ourselves with this process and the plans. C+C DCS preps this, HHFDC for state, in collaboration with other agencies. • DOH should conduct a larger survey to ask similar questions to Fuller Lives survey • DD Council sees that an issue is that parent v. individual needs show up differently; if just looking at IDD pop, data-wise unsure how to make claim on # - don't have data on many people.
Reentry	<ul style="list-style-type: none"> • HSAC - estimates earlier this year ~710 individuals in need. • Hawaii Island - a bit over a year ago did a count - clean and sober housing ~170 current beds here in use, waitlists for all. High percentage of individuals in clean and sober housing have justice involvement. • May be good to break up between short-term and long-term, since people have different needs. A lot of people would do well with temp-term. • Discharge planning for data collection? This may be a question for PSD Reentry? This could give us a broader view of needs, including housing needs. • California is in process to be able to use Med-Quest services for support services. Here in Hawaii we have similar waivers - in conversations with CA and others for additional supports. • When coming out of WCCC, no ID - discharge planning almost non-existing. Goes back to the prison system cooperating to support. • Is there any data on women turned down for housing because of their charges? Maybe can reach out to HSCSW to see if they have this data. • Maybe can see if there are additional protections that could be put into law, through the Landlord-Tenant Code.

Mental Health	<ul style="list-style-type: none"> • These CSH data estimates are from 2016. Unsure yet of a timeline, but there are plans to update the estimates. Even so, this data is a starting place. Sounds like there is only even more of a need. • Dual-diagnosed population. Where are they included? Once cleaned up, often need Specialized Residential Services Program (SRSP) type of place (psycho-social rehab). There are people that need more intensive rehab. These are the ones that typically fail if just placed into housing. • Also we now have stabilization units, unsure if they were counted by the estimates (e.g., Leahi, Ekolu, Waikiki). • Wonder if we know from CES how much PSH is full right now? • Big Island - in 2020 did research with HOPE Services - at least 64% of individuals surveyed had mental illness (housed, shelters, etc.). On any given night, around 600 people sleeping outside. • Homeless population includes a lot of people who are mentally ill. HSH now at 260 people, which has gone up greatly in the past few years. • Given that these #s are those who have already gone through HSH or other, they likely will be successful as they've already gone through treatment. • AMHD had a robust supportive housing bridge program at one time. Started adding component that had to be transferred to another subsidy to other permanent housing within one year - very difficult to meet. Came because of change in policy toward Medicaid, to help to address the DOH-AMHD budget. May be good to look at this again. Had to be pretty independent. When that change happened - case management reduced. • Hina Mauka receives people from HSH - struggling to find housing for this pop, keep them longer than anticipated. Could treat more if can move on. • Need support and assistance from the state to develop and sustain more. • Might be good to move forward in this way --- finding data for example from HSH, but using these as a starting point - lots of funding and support needed to get even those up.
Substance Use	<ul style="list-style-type: none"> • Numbers are low but may be a good starting point. • There may be more people coming forward if they think that they may be able to get into housing. • Have people coming into Hina Mauka and others that really have high needs. # could be closer to 400-500. But would they all go into treatment right away? • What was used to determine this? Need more info. • Talking about TLP or clean and sober homes? • By focusing on in-patient and res, lose out-patient which is a far # for us at Queens. By offering housing, more people likely would seek treatment.
Youth	<ul style="list-style-type: none"> • Unaccompanied TAY - 148 units at least what we need - probably on the low side. Young people ready and willing to move into housing may be different than those who may need it --- therefore, 148 may be more than we can fill. • I think if we are talking about folks who are high VI scoring that are likely to need long, long term supportive services may be close to the estimated numbers, but I think pretty much most of the RHY would all need 1 to 2 years of support (financial subsidy, life skill training, etc.). • I'd be willing to bet my left arm that there are more than 18 young adults who age out of foster care each year who need support. Maybe they don't fall in to homelessness right away, but way more than 18 end up on the streets. If we are only looking at the sub-set that are SMI, I still think that 18 is too low. • Difficult to pinpoint # of unaccompanied youth within DOE system because they are scared to come forward. • Youth who are newly homeless don't have many options to be able to end their homelessness rapidly. • Check out the youth homeless services report. • Type of subsidy or support. Youth on RRH vouchers on sliding scale - still only realize this around less than 10% of the time. For most RRH may not be the best subsidy for them. May need more focus toward shared housing and truly subsidized housing.

Other Similar Efforts on Supportive Housing or Housing Needs in General

Sub-Group	Responses
Aging	<ul style="list-style-type: none"> Honolulu Age Friendly Honolulu Report has an entire section on housing. Has a lot of recs - City is committed to the recs to be implemented. E.g., features of the development, etc. A lot of those in the aging space had provided their feedback to this report. If want to inquire about the status of these recs and to better navigate the political sphere, may be good to connect with City Managing Director. Age friendly report and materials found here: http://agefriendlyhonolulu.com/ Perhaps age friendly guidelines could be replicated in the other counties. Kauai County has several plans going on around housing infrastructure, not sure if some would include supportive housing. Mahelona Plan on Kauai - to include assisted living units for seniors. https://www.planmahelona.com/ Pam Whitty-Oakland now working for Stanford-Carr - Stanford is trying to make connections with services. Pacific Housing Assistance Corporation AARP will have housing and long-term care as top priorities going forward.
Homeless	<ul style="list-style-type: none"> HiHAC – advocacy Re-entry housing needs? Housing No Kakou HomeAid – tiny homes
I/DD	N/A
Reentry	<ul style="list-style-type: none"> HSAC - 5-year SAMHSA study grant with in-reach for getting people connected to treatment and housing as they begin to transition out of OCCC. Assessing those who are more chronic, etc. Grant pays for services and housing. Working in partnership with OCCC. Need for housing and motivating factor. HSAC - continuing to put research and data together. Opioid Initiative -- putting together report of needs for reentry. (ids, peer support, housing, etc.) - probably completed in next month. Started on Oahu, got connected with Kauai as well. Welcome feedback from other islands. GHH Consortium interested.
Mental Health	<ul style="list-style-type: none"> Hina Mauka has funding to buy large apartment building for ex-offenders, including those with MH needs.
Substance Use	<ul style="list-style-type: none"> There are efforts, but not as focused. E.g., use TLP to patch clean and sober homes. Need more housing options. Anything similar to what was the AMHD bridge housing? ADAD contracts allow to bill for 7 days \$100/day for housing for someone accessing your treatment services - stabilization beds. Have utilized this money until get a more permanent placement for an individual. Difficult to use. A long time ago - DOH applied to SAMHSA for pathways grant - was one of the first housing first programs in HI, paired with existing vouchers, some through HPHA. Would this be an option to cover support services?
Youth	<ul style="list-style-type: none"> Group on Maui working to open up shelter and transitional housing program for youth. HYSN has pending federal grant application for transitional living services, age 16-21. https://www.pointsourceyouth.org/

Special Considerations & Needs	
Sub-Group	Responses
Aging	<ul style="list-style-type: none"> • Some features: No tubs; Inclusion of grab bars; Lever door handles, not knobs • Broadband access • Parking is an issue - a lot of seniors drive. Need handicap parking close to the building. • For high rises, need to have elevator access, even if not a big building. • At Maluhia project - elevators were extra long for paramedic & gurney access. • Good example - Maluhia senior housing, for design aspects. • May want to review age friendly report for special design considerations. • Mental health supports - hoarding issues are common. Good to have chore services. Need this intervention provided on an ongoing basis. The intervention can cause trauma though - don't have the capacity available in Hawaii to properly treat this particular disorder. • CCH - case management program, built into the cost of the rents (like a maintenance type of fee). Services help them to stay in housing, so less turnover. • If don't have the case managers, they go to the property managers, who may not always be sensitive to/understand their needs. • Vistas - services embedded in these projects. CCH - case managers and services • A lot of times people find themselves getting evicted because property being sold, renovated, etc. Maybe ADRCs can ramp up info on this topic and coordination to find rental and housing assistance. • Seniors don't usually have the capacity to increase their income. They have a set income level, which can be the biggest challenge. May only be able to afford \$500-600/month. • Many seniors have to become the guardians of their grandchildren. Potentially forces people to leave affordable housing units or lose grandchildren to the foster care system.
Homeless	<ul style="list-style-type: none"> • The chronic homeless that are elderly (and disabled) need higher levels of care. Dedicate in home care/assistance (health and mobility issues). • Aging • Elderly + disabled + with SMI issues. Many care homes, foster care, etc. will not accept them into their programs. • Vocational training and employment opportunities • 24hr help line • Case management workforce • Community building activities • Carve out for health care supports • Housing on site for support staff • Pet friendly • Long-term affordability – 30% AMI or below • Workforce needs for special populations • ~1,800 units = ~100+ case managers • 24hr crisis response • CAN or nursing/wrap around services • Good program to include peer specialists (people with lived experience)
I/DD	<ul style="list-style-type: none"> • Nutritionist - dietary plans to meet the needs of the pop. • Residential manager. • Sense of community • Transportation through the homes. Can access religious services, doctor, to day-programming, etc. • Convenient locations near transportation. • Anecdotally on Oahu - housing choice issue on geographic location. • Creative housing solutions of inclusivity - real compliance with HCBS final rule (person-centered - addressing needs in a way that reflects individual preferences and goals). https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html • Patricia Morrissey, former director of Center on Disability Studies - universal design to provide for everyone (e.g., lighting that doesn't blink) • Some individuals have behavioral needs as well.

Reentry	<ul style="list-style-type: none"> • List that HSAC has has long list of needs. • Technology. • In-house services and training. If incarcerated for many years, lots of triggers may occur as reentering into community - need case management, 24/7 security is beneficial. ADA rooms. DVR. • Depending on conditions - sub abuse, mental health, criminality. Vocational rehab. Social skills development. Addressing criminality. • Security - centralized place for entrance and exit. Ingress & Egress --- there are Medicaid regulations, need to make sure that they can be covered by Medicaid. • Design -- GHH has various buildings - conditions for security. Have a variety of settings, including 1 building for PSH. Have contract with DPS - monitored high security on furlough. When not on furlough and on parole, less security. Variety of different people on one site. Needs and rules are different for each group. • Program fees - Not covered by homeless funds. Potentially looking at Hawaii County funds Ord 22-26 for these fees. Get support if they have rent, but so far not for program fees.
Mental Health	<ul style="list-style-type: none"> • Transportation to community integration activities and to health services, aftercare. • Hawaii Island - huge shortage of psychiatrists. Supports pre-2008 would be helpful. • On-site case managers/staff, including MH case managers, can be incredibly important. • Technology to be available for people - for tele-health, connecting with other people. • For this group, may be helpful to have smaller groups together. Scattered site can be lonely. Depends on the person though. • Those with trauma history seem to be more likely to exit back into homelessness - needs to be addressed.
Substance Use	<ul style="list-style-type: none"> • Have tried to locate clean and sober facilities centrally located to make sure that they have access to anything they may need. Access to doctors, court, etc. • For families, being close to schools and child care, bus lines • Vocational counseling. Help to keep job. • Training for financial management, budgeting. • PTSD and other responses to trauma is common for those with long-term substance use once they are not using to cope and therapy and mental health support • Skill building, social skills. Cognitive re-structuring. • Need for a combination of services available for supportive housing. For residential women and children - transition to another program to continue supports. Those just doing housing regularly drop out - kept losing these individuals. Need intensive case management, vocational services, family services, etc. • Supportive housing would need some case management, people may need out-patient treatment once leave. • Between Aloha House and PPW - 75-80 beds currently. Keep people engaged in treatment for as long as possible. Clean and sober living homes - step down from residential to out-patient (up to 12-weeks insurance will pay for). May stay in our beds for 3-6 months. People would benefit from longer term supportive housing. Even after treatment - peer support, etc. • Depending on severity of co-occurring disorder - have had difficulty putting those with SMI with those with substance use disorder. If put those with higher needs, needs to be more support for those individuals. Maybe those with severe depression, anxiety, drug-induced psychosis. • Tiny home village/kauhale type housing - has gained traction because peer support. Could this work for this pop? One size doesn't fit all, but if well-managed could work really well. Need good management and to address criminality/manipulative tendency and address any security issues. Peer supports would be beneficial. Families at Kahauiki - have become invested in the village (employed) and receive positive feedback, has turned people's lives around. Can help facilitate recovery. Antidote to addiction is connection. • Staff-to-resident ratio --- 1 to much more than 8 or 10. If co-located, would be easy to have CM in there 40 hours per week no issue. But scattered site it would be more challenging. Cannot imagine higher than 20-1 for scattered site. Tough to finance a building for site-based. • One challenge is that some people lose their chronic homelessness status because they are in SUD treatment for so long (90 days) so it makes it harder to link with PSH • Those who go into treatment 90+ days lose their homeless status. • Need variety of housing at every level of someone's point of substance use. • We need damp housing options (can be onsite while under influence) and wet housing (can use on site) for those who are using and those not ready, willing or able work on recovery • Supportive housing may look different for those still actively using, as well as those who are in recovery. While Hawaii doesn't have any wet or damp supportive housing, many of us feel it is needed.

Youth	<ul style="list-style-type: none"> • Lack of community if by themselves. (Kewalo project a good example of what is needed). It isn't developmentally appropriate for most youth/young adults to live alone. Importance of social belonging. • Need for community housing model. • Young adults may feel that they are ready to leave the program, but maybe a few months down the line that they need the supports again - there should be the option to reenroll. • Youth who age out of foster care are eligible for Medicaid through age 26 -- cannot be unenrolled for not completing the required documentation. Need to look at something like this for sustained eligibility for this type of housing - youth with these needs may not have the skills to submit docs in a timely fashion. • Youth/young adults are different and we shouldn't expect them to function like fully formed adults at this point. It is developmentally appropriate for them to push boundaries, rebel, and make poor choices; that's their job. I think one of the struggles we've had at TLP with implementing is that young adults really need more structure than just what would be in a regular, community lease. They need some "rules" that they can push against that will flex yet still have a basic framework with reasonable limits so that they can learn about actions and consequences. I think being too Housing First is actually less helpful, there needs to be some programming attached. Of course the flip side is that there shouldn't be structure/rules just for the sake of having them and folks need a lot of chances to mess up without it costing their housing. (In my ideal world there's a full youth/young adult continuum of care where folks and move back and forth as needed, but have to try really hard to ever get booted completely.) • Long-term case management. To ensure that they are keeping up with paperwork, building life skills, etc. The longer the case management, it makes a big difference. A lot of homeless \$ doesn't pay for case management once housed. • Teaching life skills. Many of the adult vouchers seem to think that just providing the housing is enough, but we need to remember that the youth/young adults don't know how to do many of the regular/day to day functions that adults have years of practice doing. • Supportive services for landlords and for youth for responsible tenancy • Our history with TLP over the years is that 9 to 15 months is probably the sweet spot for how long they need; it's long enough to learn enough of the basic life skills and save up some money, but not so long that they have gotten so tired of the rules and have pushed the boundaries so far that they get kicked out. So I'd argue for life skill training/case management being a strong component of the "supportive" part. BUT the financial/rental support may need to last longer as it is very difficult for someone to pay full rent when working entry level/minimum wage jobs and most clients aren't able to increase their incomes enough in a short timeframe to be able to afford their rent. • Hale Kipa has 8 beds of Transitional funded by HPO. It's not explicitly "supportive housing" but we tend to be more long term than HPO would really like. They are wanting quick transition times, but we've found that most folks need more time to learn/practice life skills. • Sub-sets of this group may have different needs. • Another sub-set: Parenting youth. • If we are really talking about typical supportive housing populations (SMI, high VI-SPDAT scores, folks that will need lifelong support) I don't think that's a very big number for the youth/young adult crowd. Yes, there are certainly some SMI folks who will need mental health case management/support for years, but for the majority of youth/young adults I think they mainly will grow up and not require that level of support in the long run. By long run I mean post 25 or 26 years old. I'd argue that almost all would benefit from some support as they make the transition to young adulthood. • DOE homeless liaisons - looking for assistance from providers to do VISPDAT. Most families through DOE are couch-surfing. Frustrating because there are no vouchers currently available. Would like to make it allowable for those sharing a house to get the subsidies. • FYI & FUP vouchers have been going underutilized. There may be issues on the landlord side with misconceptions of young people. It has gotten harder to qualify for the FUP vouchers, and now they've decided that someone can't "double dip" and get a voucher and still be eligible for the on-going foster care subsidy.
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Funding Sources Specific to the Sub-Group	
Sub-Group	Responses
Aging	<ul style="list-style-type: none"> • HUD Section 202 https://www.hud.gov/program_offices/housing/mfh/grants/section202ptl • Federal Title III of the Older Americans Act (OAA) and Kupuna Care usually are used, but can't really support at the level of what we are talking about with supportive housing. • Page 5-6 of doc for info RE: Title III of OAA - https://crsreports.congress.gov/product/pdf/R/R43414 • Pacific Housing Assistance Corporation put in senior daycare services on the ground floor, but had to tap into specific special funding for this, unsure of from where. • Would like to see research done on other states and their funding sources. • There may be potential to develop high-end assisted living projects with set-asides for the lower-income population with services needs. • Key is to have the steady funding for services. • May want to review age friendly report for funding sources.
Homeless	<ul style="list-style-type: none"> • HUD Continuum of Care • HUD Emergency Solutions Grant • County General Funds • CIS (Medicaid) • Ag/Rural areas • HUD Youth Homelessness Demonstration Project • SAMHSA • HUD HOME Investment Partnerships Program • CMS • DHS HPO State General Funds • Federal Youth Services Bureau
I/DD	<ul style="list-style-type: none"> • HUD • Private funders • CDBG grant funding • Medicaid waiver DOH-DDD, for service funding • SIS budget levels 1, 2, & 3 – SIS (support intensity scale) assessment determines level of care, but the funding is simply not enough. • Note: Medicaid waiver issue that comes up for homeless services - needs to be payor of last resort. For IDD related Medicaid waivers - budgets are very restrictive, but not last resort. • HAR 15-306-2 - provides low income housing exempt from GET. Maybe can also be extended to landlords renting to Section 8 HCV tenants.
Reentry	<ul style="list-style-type: none"> • Health Resources & Services Administration (HRSA) - Rural Residency Planning & Development Program grants, everywhere but Oahu could be eligible. For planning, workflow issues, connecting people as they are leaving. Connecting in to the Med-Quest providers and others. • SAMHSA • Bureau of Justice Assistance (BJA) and SAMHSA grants --- have to have housing and services in place though. Designed to create systems. Not ongoing funding mechanisms. To help states see the value of the changes/projects. • Hawaii County Ord 22-26 • DOJ grants reentry grants - difficult to get. • PSD Supportive Living Program - for high-needs females, unsure if able to ask for more than 3 beds. • Potential source that Hawaii could look at: California Medicaid -- hasn't been approved yet but would allow for services specifically for this population. Promising, 10 other states doing this as well.

Mental Health	<ul style="list-style-type: none"> • DOH-AMHD, Certified Clinical Behavioral Health Clinic (CCBHC) funding through SAMHSA has been applied for - could provide those wraparound services. Intended to be out-patient. Should get notice Sept/Oct -- first year planning, second year implementation. Target population -- SMI. Hina Mauka applying at the same time to be a provider to support. • CDBG and other block grant money could be used. • HUD Section 811 money - but usually not enough • Rehab expanded Medicaid services could help with these services possibly, under CIS. • Potential for health plans to match? Key is to integrate different funding streams. Kaiser is potentially developing a building for housing homeless individuals? • Potential for asking for a set-aside for this population? Legislature might be willing to do this. • Potential for using county and federal funds for this special pop?
Substance Use	<ul style="list-style-type: none"> • Medicaid contracts. • ADAD – but not enough. • SAMHSA • SAMHSA PPW Residential treatment grant and PSD Hawaii Paroling Authority for supportive living for high needs women. These are not permanent housing options of course. • Subsidies helpful. For those about to work, assist to get on the path to stable job etc right away. • A few people may want to stay together to share cost. • Maui County - several years ago created the Affordable Housing Fund - been able to purchase several properties - then just have to cover costs of operating and services. • C+C - special needs housing RFP-ed out to lease the property, no funding attached. Provider gets some revenue from rental income to sustain the property. May be able to pair with funds. Examples: Haleiwa House, Kauhale Kamaile, Kauhale Kewalo. • City GIA may be able to provide funding here and there. • City may be able to provide temporary funding • Foundations some are very supportive. • MEO has some rental assistance to help with security deposit, rent, program fees. A number of churches help people in the same way. • AUW?
Youth	<ul style="list-style-type: none"> • As previously mentioned, Family & Youth Services Bureau (FYSB) funding may be available for Transitional if it gets funded. • YHDP -- issue is that these funds are expended and can't increase. Renewable. Right now the grant is for diversion, but could shift in the future, could be TH. • Should talk with Liliuokalani Trust -- been doing a lot around housing and homelessness for Native Hawaiian youth. • CIS Medicaid • Hale Kipa has some Housing First vouchers through the City and County. The grant is going to be ending and not sure if we'll get it again so can't count on this. • Hale Kipa has HPO funding for our 8 beds of transitional. We'll probably end up losing money as we aren't going to be making the target outcomes (50 move out to permanent housing in 90 days)

Community Awareness – Ideas for Communications Planning	
Sub-Group	Responses
Aging	N/A
Homeless	<ul style="list-style-type: none"> • Art- Expression through various Arts i.e. Paintings, poetry, music. Story telling through the Arts. • Photo voice - what it means to be in housing • RYSE - quilt display • Start with service providers from various fields i.e health care, substance abuse, housing, mental health, CWS, and the many other fields homelessness touches. Offer training across fields/cross training. • Landlord summits • NIMBY --> YIMBY • Social media • Engagement with schools • Have high schools make a video about the importance and value of supportive housing and share the videos on social media • Open community forum (outside of NB meetings)
I/DD	<ul style="list-style-type: none"> • Most agencies have newsletters -- can create an item together to include, and then ask to share further. Info where can get more info, etc. • Stories -- someone who has overcome, someone in need of housing. People that can make the most difference are our policymakers -- lobbying, etc. • Fuller Lives - reso a few years ago to communicate the need. • Communication planning through the DOE as students age out at age 22. What they are planning on doing and where to go. • Connect with DOH or other agency that do info sessions for families that might need this type of housing. Maybe annual info session that includes what families should think about, options, to allow for families to start planning.
Reentry	<ul style="list-style-type: none"> • Opioid Initiative - one of its committees is around media and communications, have volumes of data and we can learn from them of what has been effective. • Sticking point - what types of people are going to be supported? Are we distinguishing between minor convictions and more serious convictions? Would be good to have more consensus. • There is a lot of negative views, hurtful and harmful. Lots of misinformation. This needs to be considered when messaging around this population.
Mental Health	<ul style="list-style-type: none"> • Would love to capture stories - would like to develop strategic plan to more regularly engage. • Maybe half day session to inform the public or even providers about the programs that fall into this category. • Could work more with HSH staff to make sure they are aware of programs.
Substance Use	<ul style="list-style-type: none"> • Need to fight the stigma associated with SUD • Requires very focused and carefully worded communications to show benefits not only for the residents but the surrounding community. • There is strong data that housing first works and fight the narrative that people who struggle with substance use don't care about themselves or their community • Where is the current patch-work deficient and how to fill the gaps. • To decision makers --- how supportive housing fits in addressing our unsheltered homelessness needs and support the community as a whole. • Inform community leaders, police, business, etc in the area of a potential project to better understand and create buy-in for the betterment of the community. Neighborhood Board mtgs.

Youth	<ul style="list-style-type: none">• Members willing to be a part of presentations to different community groups -- legislators, realtors, different clubs, etc.• Publish article, stories, etc. on Civil Beat• I might be able to track down some former TLP folks who might be able to record short videos of their experiences. Would depend on if we are calling transitional "supportive housing"• I think we also need to "educate" the funders (HUD, HPO, etc.) about how/why youth/young adults are different and that we don't want to keep plugging the round peg in to the square holes.• Convening a group of young people to ask these questions to --- maybe pose to OYAB?• Maybe some sort of statement about how homelessness is complicated and that there is no one "silver bullet"/quick fix and that we need a range of responses?• Ask young people with lived experience to create a PhotoVoice project on what supportive housing means to them. (include compensation)
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Appendix D

Existing Funding & Financing Resources Grid - Federal, State, County, & Private

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
HUD Section 202	Federal	Aging	X	X	X	About the program; Congressional appropriations have not been steady in recent years; There is currently a NOFO out for this funding – opened 09/21/2022 with deadline 01/25/2023. Applicants are 501(c)3 non-profits, need to become separate non-profit corporation to become the borrower.
Federal Title III of the Older Americans Act (OAA)	Federal	Aging			X	More information here . Administered by the U.S. DHHS and distributed to the states.
HUD Continuum of Care	Federal	Homeless	X (If created)	X	X	Administered by the Continuum of Care (CoC), as the CoC is the collaborative applicant to HUD.
HUD Continuum of Care - DV project grants	Federal	Survivors of domestic abuse and sex trafficking		X	X	Administered by the Continuum of Care (CoC), as the CoC is the collaborative applicant to HUD.
HUD Emergency Solutions Grants	Federal	Homeless, at risk	X (If created for emergency shelter)	X	X	The City & County of Honolulu receives its allocation directly, Neighbor Island allocation goes to HHFDC to be distributed.
HUD Emergency Solutions Grant – DV program grants	Federal	Survivors of domestic abuse and sex trafficking		X	X	
HUD Youth Homelessness Demonstration Project	Federal	Homeless Youth	X (If created)	X	X	These funds are expended and can't increase – right now the grant is for diversion, but could shift in the future. Administered by the Continuum of Care (CoC), as the CoC is the collaborative applicant to HUD.

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
Substance Abuse & Mental Health Services Administration (SAMHSA) grants	Federal	Mental Health; Substance Use Disorders			X	Hawaii FY22 SAMHSA grant funding . Includes: the Substance Abuse Prevention and Treatment Block Grant for people with SUDs (administered by the State, DOH-ADAD); the Community Mental Health Services Block Grant for adults with SMI and children with serious emotional disorders (administered by the State, DOH-AMHD and DOH-CAMHD); Homeless Services Grants for those with mental illness and/or SUDs also experiencing homelessness (administered by State, Counties, or non-profits); and Projects for Assistance in Transition from Homelessness (PATH) for homeless people with SMI (administered by the State).
HUD HOME Investment Partnerships Program	Federal	Income restricted to those ≤80% AMI	X	X (If created)		May be used to fund a wide range of activities including building, buying, or rehabilitating affordable housing for rent or homeownership; or providing direct rental assistance to low-income persons. HHFDC receives approximately \$3 million annually and allocates funds to the Counties of Hawaii, Maui, and Kauai on an annual rotating basis. (The City and County of Honolulu receives its own allocation directly from HUD.)
HOME American Rescue Plan Act (ARPA) Funds 2021	Federal (one-time funding)	Homeless and other vulnerable populations	X	X		HHFDC received \$6.4 million to be distributed to meet the needs of most vulnerable populations on Hawaii, Maui, and Kauai. See amendment #2 to State Annual Action Plan.
Transitional Living Program Grant	Federal	Runaway and homeless youth		X	X	Administered by the Family & Youth Services Bureau. Highly competitive grant process. Any eligible community organizations or government entities can apply. Serves youth ages 16-21, youth can remain in the program for up to 18 months. For services, it can provide skill-building services but cannot provide level of supervision and support for those with high needs.

Funding or Financing Resource	Source	Special Population?	Capital	Operating/Rental	Services	Notes
Maternity Group Home Program Grant	Federal	Pregnant & parenting youth		X	X	Administered by the Family & Youth Services Bureau. Highly competitive grant process. Any eligible community organizations or government entities can apply. Serves youth ages 16-21, parent may be any gender. For services, it can provide skill-building services but cannot provide level of supervision and support for those with high needs.
Community Development Block Grant (CDBG)	Federal	Low- to moderate-income households	X			About .
Community Services Block Grant (CSBG)	Federal	Low-income households (at or below 200% of the FPL)			X	Allocated from the State to each County using the most recent SAIFE. Funds are used to support programs that are identified within each county based on the Community Needs Assessment each service provider conducts. Service providers are the same every year as there are only four Community Action Agencies in the State of Hawaii. More here .
HUD Section 811	Federal	Persons with disabilities	X	X		Congressional appropriations have not been steady in recent years. About . Applicants are 501(c)3 non-profits, need to become separate non-profit corporation to become the borrower.
Bureau of Justice Assistance (BIA) grants	Federal	Justice-involved		X (Potentially)	X	Not ongoing funding mechanisms and have to have housing and services in place with purpose being to help states see the value of the project. Includes the Edward Byrne Memorial Justice Assistance Grant (JAG) program, and the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) .
Second Chance Act Grant Program	Federal	Justice-involved			X	Administered by the U.S. DOJ Office of Justice Programs. About .

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
Office of Juvenile Justice and Delinquency Prevention grants	Federal	Justice-involved youth		X (Potentially)	X	About.
Social Services Block Grant (SSBG)	Federal	Vulnerable populations			X	Administered by the U.S. DHHS. More info.
HUD Housing Trust Fund (HTF)	Federal	Income restricted to those ≤30% AMI	X			Purpose is to increase and preserve the supply of decent, safe, and sanitary affordable housing primarily for extremely low-income households. HHFDC receives approximately \$3 million annually. Currently, funds are being allocated to the Counties of Hawaii, Maui, and Kauai on an annual rotating basis (with the City and County of Honolulu currently excluded due to issues with administrative capacity).
HUD Section 8 Project-Based Vouchers	Federal	Generally can serve households ≤50%, with 75% allocated to those ≤30%		X		Administered by the State and County Public Housing Agencies; Vouchers stay with the unit. About. More info.
HUD Section 8 Housing Choice Vouchers (HCVs) Tenant-Based Vouchers	Federal	Generally can serve households ≤50%, with 75% allocated to those ≤30%		X		Administered by the State and County Public Housing Agencies; Vouchers stay with the household. More info.
Family Unification Program (FUP) Vouchers (HUD HCV Special Purpose Vouchers)	Federal	Child welfare involved families and at-risk youth aging out of foster care		X	X (Must be provided for at least 18 months)	Administered by the State and County Public Housing Agencies. About. More info.

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
Foster Youth to Independence (FYI) Program (HUD HCV Special Purpose Vouchers)	Federal	Current or former foster youth at-risk of homelessness, ages 18-24		X	X (Must be provided)	Administered by the State and County Public Housing Agencies. About . More info .
HUD Emergency Housing Vouchers (EHVs)	Federal	Households who are homeless, at-risk of homelessness, or are fleeing volatile situations such as DV		X		Administered by the State and County Public Housing Agencies in coordination with the CoC island chapters; Vouchers so far staying with the household; Provided through the American Rescue Plan Act; So far, time-limited if there is turnover as PHA cannot reissue previously leased EHV after 09/30/2023. HUD EHV Dashboard .
Mainstream Vouchers (HUD HCV Special Purpose Vouchers)	Federal	Households include non-elderly person with a disability – does not lose eligibility once over 62 y/o		X		Administered by the State and County Public Housing Agencies. About . More info .
Non-Elderly Disabled Vouchers (HUD HCV Special Purpose Vouchers)	Federal	Households include non-elderly person (18-62 y/o) with a disability		X		Administered by the State and County Public Housing Agencies. About . More info .
HUD-Veterans Affairs Supportive Housing (VAISH) program (HUD HCV Special Purpose Vouchers)	Federal	Homeless Veterans		X	X	Administered by the State and County Public Housing Agencies. About . More info .

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
Grant and Per Diem Program (GPD)	Federal	Homeless Veterans			X	Administered by Federal grant to non-profit grantees.
Supportive Services for Veteran Families (SSVF)	Federal	Homeless and at-risk Veterans		X	X	Funded through VA. For Rapid Re-Housing (unsheltered individuals), they are referred through the Coordinated Entry System. For prevention services (e.g., past due rent, eviction) the Veteran can self-refer, or they can be referred through any partner agency.
Homeless Veterans' Reintegration Program	Federal	Homeless Veterans			X	Focuses on job training and employment. Administered by the U.S. Dept. of Labor to the states and local organizations. About .
Housing Opportunities for Persons With AIDS (HOPWA)	Federal	Persons with HIV or AIDS	X (If created)	X	X	The Homeless Programs Office of DHS – Benefits, Employment and Support Services Division (BESSD) is responsible for administration of the HOPWA program.
Office on Violence Against Women (OVW) grants	Federal	Survivors of domestic abuse and sex trafficking		X (Potentially)	X	OVW grants and programs .
Home & Community Based Services (HCBS)	Federal	Aging; Persons with disabilities, including physical as well as I/DD			X	Administered by the State; services covered for qualified individuals to keep them living independently.
Hula Mae-Multi Family Bonds (HMMF)	Federal	Either 20% of units set-aside for those ≤50% HUD AMGI or 40% of units set-aside for those ≤60% HUD AMGI	X			Tax-exempt private activity bonds (PAB) used in conjunction with 4% LIHTC. Proceeds used to provide below-market-rate loans to developers of affordable-housing projects. Annual availability is limited by State of Hawaii private-activity bond cap (determined by the federal government based on population; 2022 cap = \$335,115,000). More info .

Funding or Financing Resource	Source	Special Population?	Capital	Operating/Rental	Services	Notes
Medicaid Community Integration Services (CIS)	Federal & State	For qualified Medicaid recipients that meet the health need criteria and risk criteria			X	Administered by the State through Medicaid health plans. More information on the Hawaii Medicaid CIS program here .
Low-Income Housing Tax Credits (LIHTC)	Federal & State	Income restricted to those ≤60% AMI	X			The primary financing program for development of affordable housing in the U.S. Provides investors with dollar-for-dollar reduction in federal tax liability in exchange for providing equity financing. State of Hawaii offers federal LIHTC amount. Generally, serves households earning ≤60% of the AMI. HHFDC is Hawaii's designated tax-credit allocating agency.
Temporary Assistance for Needy Families (TANF) / Temporary Assistance for Other Needy Families (TAONF)	Federal (TANF) and State (TAONF)	Families with minor children		X	X	Administered by State DHS.
Kupuna Care	State	Aging			X	Managed by each County's Aging & Disability Resource Center. For non-Medicaid eligible elderly residents. About , More info here .
Hawaii State PSD Reentry Coordination Office Clean & Sober Living Program	State	Justice-involved			X	PSD-contracted Statewide clean and sober housing for furlougees and parolees (female and male) that are referred to by facility staff. As of November 2022, currently have RFI process in progress.

Funding or Financing Resource	Source	Special Population?	Capital	Operating/Rental	Services	Notes
PSD Hawaii Paroling Authority legislative-allocated funding for high needs individuals	State	Justice-involved			X	Community Housing for Parolees (female & male). RELATING TO INCARCERATION – ACT 117 (HB2309-2022) . SECTION 3. “There is appropriated out of the general revenues of the State of Hawaii the sum of \$200,000 or so much thereof as may be necessary for fiscal year 2022–2023 for the development and maintenance of community housing for parolees”
Rental Housing Revolving Fund (RHRF)	State	Generally for households ≤60% AMI	X			HHFDC program that provides “equity gap” funding in the form of low-interest loans. Allowable uses include development, pre-development, construction, acquisition, or preservation of affordable rental housing. Generally, serves households earning ≤60% of the AMI. Gov/Legislature provide capital allocation from State Budget to fund the program.
Dwelling Unit Revolving Fund (DURF)	State	Low- and moderate-income households	X			HHFDC loan program that can be used for the acquisition of real property; the development and construction of residential, commercial, and industrial properties; funding of interim or permanent loans to developers; or the funding of loans for regional infrastructure projects in conjunction with counties, private landowners and developers. Establishing HRS .
Ohana Zones Pilot Program	State	Homeless	X	X	X	Limited pilot program administered by the State in collaboration with the Counties – began with the passage of Act 209 (2018) with \$30 million; pilot extended to 2026 and provided with additional appropriation of \$15 million through Act 235 (2022).
Grants-In-Aid	State & County	N/A	X	X	X	One-time funding, not sustainable.

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
City & County of Honolulu Affordable Housing Fund	County	Income restricted to those ≤60% AMI	X			Administered by the City Department of Community Services. Currently funded by minimum of ½ of 1% of real property tax revenue. City issues periodic RFP to developers for use of funds. Projects must be rentals and affordable for 60 years.
Maui County Affordable Housing Fund	County	Income restricted to those ≤160% AMI, preference for lower AMIs	X			Administered by the County Department of Housing & Human Concerns – Housing Division. Funded by minimum of 3% of real property tax revenue. Can be used for development of rental or for-sale projects including infrastructure. Competitive preference for projects targeting lower AMIs with longer affordability periods.
Kauai County Housing Development Fund	County	Income restricted to those ≤120% AMI	X			Administered by the County Housing Agency. Has been funded year-to-year through a general fund appropriation, now will be funded by minimum of 2% of real property tax revenue.
Hawaii County Housing Production Fund	County	Income restricted to those ≤140% AMI	X			Administered by the Hawaii County Office of Housing & Community Development. Minimum of \$5 million allocated annually. Can be used toward capital improvements if it will add affordable units to the County's inventory. Not intended to fund improvements to existing units.
Hawaii County Ordinance 22-26 – Funding for homeless & housing programs	County	Homeless, at-risk	X	X	X	Administered by the Hawaii County Office of Housing & Community Development through RFP; Sunsets in 2027.
Kaiser Permanente – Thriving Communities Fund	Private	Low-income populations	X	X	X	Revolving loan fund for affordable housing development. Interest rate tied to CPI

Funding or Financing Resource	Source	Special Population?	Capital	Operating/ Rental	Services	Notes
Healthcare agencies	Private	N/A	X	X	X	Potential for matching funds.
Financial institutions	Private	N/A	X	X	X	Potential for matching funds.
Community Development Financial Institution Fund (Grants or Loans)	Private	Low-income populations	X			About the CDFI Fund. More about the program.
Federal Housing Loan Banks (FHLB)	Private	For-sale properties for those ≤80% AMI; Rental properties for those ≤50% AMI	X			Grant and loan financing: Through the Affordable Housing Program (AHP). More information on the general program here and the regional FHLB that covers Hawaii, located in Des Moines .
Philanthropy/Foundation Grants	Private	N/A	X	X	X	Potential for matching funds.
Private grants/loans	Private	N/A	X	X	X	Could include funding from the healthcare sector, the tourism industry, and elsewhere.
Private donors	Private	N/A	X	X	X	Donations to non-profits.

Appendix E

Other Materials for Reference

Other Studies on Supportive Housing Outcomes

- [CSH Literature Review of Supportive Housing: By Study](#), CSH, 2020
- [Permanent Supportive Housing Cost Study Map](#), National Alliance to End Homelessness, 2015
- [City & County of Honolulu's Housing First IV Evaluation Report](#), 2022

Sub-Group Specific Resources

- [Supportive Housing Integrated Models Toolkit](#), CSH, 2015
- [Best Practices for Serving Aging Tenants in Supportive Housing](#), CSH, 2014
- [Impactful Innovations: Serving a Vulnerable Aging Population](#), CSH, 2020
- [Healthy Aging in Supportive Housing: Toolkit for Service Providers, Developers, and Property Managers](#), CSH, 2021
- [Supportive Housing & Olmstead: The Dialogue](#), CSH, 2016
- [Need for Housing Among Individuals with Access and Functional Needs in Hawaii 2019-2020](#), Prepared by the UH Center on Disability Studies for HHFDC, 2020
- [The Costs and Potential Savings of Supportive Housing for Child Welfare-Involved Families](#), Urban Institute, 2019
- [Annual Report: Age-Friendly Honolulu, 2021-2022](#), Prepared by UH Center on Aging
- [Hale for Kupuna: Home Adaptation for a Livable Environment](#), Age-Friendly Honolulu & Honolulu Elderly Affairs Division
- [Older Americans Act: Overview and Funding](#), Congressional Research Service, updated 2022
- [Residential Information Systems Project \(RISP\) Hawaii Profile](#), University of Minnesota - Institute on Community Integration, University Center for Excellence in Developmental Disabilities, FY2018
- [The State of the States in Intellectual and Developmental Disabilities - Hawaii Profile](#), University of Kansas - University Center on Developmental Disabilities, 2022
- [Universal Design for Seniors and People with Disabilities](#), National Low Income Housing Coalition, 2021
- [Student Homelessness in America - Data and Statistics](#), National Center for Homeless Education
- [Street Youth Study](#), UH Center on the Family, Waikiki Health, and Hale Kipa, 2018
- [The Homeless and Housing Resource Center \(HHRC\) - part of SAMHSA](#), events and webinars page
 - Webinar series: [Supportive Housing Models that Work](#), 2022

Financing

- [Housing Credit Policies in 2014 that Promote Supportive Housing](#), CSH, 2014
- [Leveraging Low Income Housing Tax Credits to Supportive Thriving Communities](#), CSH, 2020
- [A Quick Guide to Improving Medicaid Coverage for Supportive Housing Services](#), CSH & the U.S. Interagency Council on Homelessness, 2015
- [Guide to Service Funding in Supportive Housing](#), CSH & the National Equity Fund, 2016
- [Health System Investments in Housing: A Development Guide](#), CSH, 2020
- [Overcoming Challenges to Financing Supportive Housing](#), CSH, 2006
- [Types of Financing for Supportive Housing Development and Operations](#), CSH, 2006
- [Using Home and Community Based Services \(HCBS\) for Supportive Housing](#), CSH, 2021
- [HUD Housing Choice Voucher \(HCV\) Data Dashboard](#), updated monthly with most current data

Other Resources from Mainland Jurisdictions

- Washington State's Apple Health & Homes Act, connecting health care and housing for chronically homeless households
 - [Final legislation text, H.B. 1866 \(2022\)](#)
 - [WA House Democrats blog article](#)
- [2020 New York Housing & Justice System: Change Platform](#), CSH, 2020
- [The A Way Home Washington Centralized Diversion Fund: Using Flexible Funds to Prevent and End Youth and Young Adult Homelessness in Washington State](#), A Way Home Washington, 2021
- [Case Study – Frequent Users Systems Engagement \(FUSE\): Denver Supportive Housing Social Impact Bond Initiative](#), CSH, 2022
- [The Montana Business Case for a Supportive Housing Services Benefit](#), CSH, 2019
- [New Era of Supportive Housing in New York: A Resource Guide for Nonprofit Housing Sponsors](#), CSH, 2017
- [Advancing Supportive Housing Solutions to Reduce Homelessness for People Impacted by the Criminal Legal System: A Report for New York City Leaders](#), CSH, 2022
- [Using New Funding Streams to Develop Permanent Supportive Housing](#), National Council of State Housing Agencies, 2021