

**REPORT TO THE TWENTY-SEVENTH HAWAII STATE
LEGISLATURE 2014**

**IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HAWAII REVISED STATUTES**

**HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS
DECEMBER 2013**

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

**BY COLIN KIPPEN
CHAIR OF THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

EXECUTIVE SUMMARY

A report to the 2014 Hawaii State Legislature from the Hawaii Interagency Council on Homelessness, referred to hereafter as “Council”, is attached.

Section I begins with an overview of the mission of the Council and then discusses its primary approach of calling for “*all hands on deck*” to tackle one of the most difficult and complex social, health, and economic issues facing Hawaii- - ending and preventing homelessness.

Section II reviews the plans created by the Council and the working groups which have formed.

Section III discusses the collaborations and working relationships which have been established between the Council and a diverse set of partners. It is intended to demonstrate who the people, agencies, and organizations are who have responded to the Council’s call for “*all hands on deck*” and to highlight the work we all are accomplishing *together*. It is the heart of the report.

It begins with the working relationships established between the Council and federal agencies such as the Department of Housing and Urban Development (HUD), the United States Interagency Council on Homelessness (USICH), the Substance Abuse and Mental Health Services and Administration (SAMHSA), and the Veteran’s Administration (VA). (See Section III. a. of Report.)

It is followed by a description of collaborations and working relationships which have been established between the Council and State agencies such as the Department of Health (DOH), the Department of Human Services (DHS), the Department of Labor and Industrial Relations (DLIR), the Department of Business and Economic Development (DBEDT) and the Hawaii Housing and Finance Development Corporation (HHFDC), the Hawaii Public Housing Authority (HPHA), the Office of Hawaiian Affairs (OHA), and the Department of Hawaiian Homes (DHHL). (See Section III. b. of Report.)

Collaborations and working relationships between the Legislature and the Council are next described including the Homeless Assistance Working Group (HAWG) created by Act 222 of the 2013 Hawaii State Legislature, Senator Chun Oakland’s two ad-hoc task forces addressing Mental Health and Affordable Housing, and the Na Kauhale report

completed by the Council in response to Senate Concurrent Resolution 137 of the 2013 Hawaii State Legislature. (See Section III. c. of Report.)

Collaborations and working relationships between the Council and the counties, beginning with the City and County of Honolulu followed by the neighbor island counties, including the continuum of care for Oahu known as Partners In Care (PIC), and the continuum of care for the neighbor islands known as Bridging the Gap (BTG) are next discussed. (See Section III. d. of Report.)

Working relationships between the Council and a broad range of organizations such as with the Hui Kupa'a/PHOCUSED; with the Hawaii Community Foundation; with the ICON LOCAL initiative; with the graduate school of Architecture at the University of Hawaii; with neighborhood boards, community associations, business owners and associations, and concerned community leaders; with 9-1-1 emergency responders, emergency rooms, and hospitals with a high census of homeless patients; and with PlayBuilders to produce a play about being "Houseless in Hawaii" are finally described. (See Section III. e. of Report.)

The Council's report concludes by summarizing past accomplishments and future opportunities, acknowledges our present lack of a sufficient supply of affordable housing to end homelessness, and re-issues its call for "*all hands on deck*" to create more housing for those who are homeless or who are one or two paychecks away from living on our streets due to the high cost of housing in Hawaii. (See Section IV of Report.)

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I. Overview of the Council and Its Mission.

The Hawaii Interagency Council on Homelessness (HICH) was created by Act 105 of the 2012 Hawaii State Legislature and includes 24 members. It was amended by Act 76 of the 2013 Hawaii State Legislature, when the Executive Director of the Hawaii Public Housing Authority was added as a member. By statute, it is chaired by Colin Kippen, the Governor's Coordinator on Homelessness, and its purpose is to prevent and end homelessness in Hawaii. Brian Matson is Colin Kippen's assistant. (See Appendix 1.)

II. Adoption of Plans by the Council

By law, the Council is mandated to meet at least 4 times annually, and, over the last year, it has met a total of 5 times. These meetings are intended to develop plans, strategies and to increase communication, collaboration, and cooperation amongst federal, state, and local governments, the business sector, the faith based community, and the general public to end and prevent homelessness. The breadth of the stakeholders needed to end and prevent homelessness is reflected in the membership of the Council

The causes of homelessness are broad-ranging, varied, and interrelated, and so the plans and strategies we are creating to prevent, reduce, and end homelessness are also equally broad-ranging, varied, and interrelated. The approach of the Council can best be summarized by the phrase "all hands on deck", meaning that the breadth of those who must be involved in ending and preventing homelessness must mirror the broad, varied, and interrelated nature of the work to be accomplished. The composition of the Council reflects an understanding of this key principle, and both Council and staff are constantly seeking to build bridges among all sectors of the community and to recruit the broadest range of partners to assist us in this work and increase our success.

In the report which follows, these efforts of the Council at collaboration and cooperation with many varied and different partners will be highlighted to inform the reader of the progress being made in ending and preventing homelessness.

a. The Council's Plan

The Council's plan to end homelessness is divided into four sections, and each of these sections has a corresponding working group that has been formed to accomplish the work within that section of the plan. The four pillars of the plan, and the four corresponding working groups are:

- Retooling the Homeless Crisis Response System,
- Increasing Access to Stable and Affordable Housing,
- Increasing Economic Stability and Self-sufficiency, and
- Improving Health and Stability.

The Council's plan is modeled after the national plan created by the USICH, and was adopted on September 10, 2012 at an official meeting of the Council. It contains a number of objectives and action steps which the HICH is now in the process of implementing.

Each of the four working groups have met frequently and have been working on different aspects of the plan. The work product of these working groups is attached. (See Appendix 2.)

b. Hale 'O Malama Plan

It became apparent that various sections of the Council's plan to end homelessness were interrelated, such as "retooling the crisis response system" and "increasing the health and stability" of those who are homeless. It also became apparent that our collective rate of permanent housing placement for those who were chronically homeless (e.g. homeless for more than a year or having experienced 4 bouts of homelessness within a three year period, and suffering from a disability) was low, and that substantial changes would immediately be required to improve our rate of housing placement and service provision.

In order to address this situation, Chair Kippen and some members of the Council recruited national experts to travel to Honolulu to assist us in measuring and tracking our performance, improving and creating a better homeless response system, and increasing our ability to help chronically homeless individuals become permanently housed.

On October 3rd and 4th national experts (funded by HUD and with the support of donations received from service providers and the business community) traveled to Honolulu to train a set of service providers responsible for housing and providing services to those who are chronically homeless. The group met for two days and established a 100 day plan to double the current housing placement of chronically

homeless individuals into permanent housing. The Council will pioneer this project in Honolulu and will later expand it to the neighbor islands. Ending chronic homelessness is a national priority of the Department of Housing and Urban Development, the United States Interagency Council on Homelessness, and the Veteran's Administration and they are involved in assisting the Council in its efforts.

Several points immediately surfaced at this training with respect to Hawaii's collective efforts to address homelessness.

First, there is no common intake, assessment, and referral system used by all homeless service providers engaged in housing and serving the homeless to prioritize the acuity and severity of a given homeless person's housing, treatment and other needs.

Second, there is no uniform and organized system used by all service providers to match and link the housing and related services needed by a homeless person with the housing and services available to meet those needs.

Third, there is not an accurate or robust data system to track the rate we are able to house and place homeless individuals in "real time".

Fourth, at least 45 other major cities across the United States are in the same or worse position than Honolulu in assessing the need for housing and services, prioritizing the placement of a chronically homeless individual into housing based on the severity of their needs, and tracking and measuring their ability to house these chronically homeless individuals. Stated another way, the organizational issues we in Honolulu face confront many other cities across the United States, and it is for this reason that changing the way we operate so that we can permanently house more chronically homeless individuals more quickly has become a national priority for HUD, the USICH, and the VA.

Four working groups were established, each of which meet on a weekly basis, and improvements were made. The team leaders of each of these groups meet every two weeks, and the entire group of all participants meets every 30 days. This initiative was named by participants as "Hale 'O Malama" ("House of Caring"). The first phase of this system change is slated to be completed the beginning of February, 2014.

A summary of some of the work accomplished to date is attached. (See Appendix 3.)

III. Collaborations with Partners

The collaboration and sharing of resources (e.g. personal, fiscal, and other) amongst partners is a key strategy to ending and preventing homelessness. Each of these collaborations will be discussed briefly below.

a. Collaborations With Federal Agencies

Federal agencies are committed to ending and preventing homelessness as the result of the passage of the HEARTH Act and the President's policy initiatives to accomplish these same ends. A brief recitation of the manner in which the Council relates to, assists, and is assisted by each of these organizations in its quest to prevent and end homelessness follows.

i. Housing and Urban Development (HUD)

The Department of Housing and Urban Development of the federal government implements the terms of the HEARTH Act and provides the majority of federal housing and homeless related programming for the continua of care both on Oahu and on the neighbor islands. As such, the Council's relationship with HUD is crucial to assure that the State of Hawaii is able to maximize federal resources to end and prevent homelessness as well as to assure consistency and coordination between State and federal implementation of homeless programs funded by both levels of government. The continuum of care for Oahu is "Partners in Care". The continuum of care for the neighbor islands is "Bridging the Gap".

The Council includes the HUD representative in Hawaii as a member by statute, and the Council staff meets and consults with the HUD representatives in Hawaii on a frequent and routine basis. Policy matters relating to federal legislation, executive and administrative requirements, and present and future funding for existing programs are some of the matters that are discussed in the normal course of business. HUD is a reliable source of information on evolving policy and program administration at the national level and of technical assistance in the operation of a whole host of federal programs presently being funded and managed under its aegis.

HUD staffers in the Hawaii office attend all of the meetings of the various working groups of the Council and provide technical and other assistance in the normal course of business.

In recent months HUD has assisted the continua of care by providing technical assistance requested by them to improve their internal governance structures, to improve their data and information systems, and to create an intake, assessment and referral system for enrolling and prioritizing the delivery of services to homeless individuals and their families.

HUD has also assisted the continua of care in complying with the terms of the HEARTH Act, in understanding changes in federal funding requirements including an increased emphasis on rapid rehousing and permanent and supportive housing, and in assisting grantees in creating the systems to measure and track their results for grants funded by HUD.

HUD has been an active participant in all the planning activities undertaken by the Council and the trainer/facilitators who assisted with our Hale 'O Malama initiative were hired by HUD.

Council staff meets regularly with the Assistant Secretary of HUD on matters related to Hawaii's efforts to end and prevent homelessness. HUD's on-going assistance is very helpful to the work of the Council and its staff.

ii. United States Interagency Council on Homelessness (USICH)

The USICH is a federal administrative agency whose organizational structure is similar to that of the Council, and the Council is patterned after it. General Shinseki, the director of the Veteran's Administration, is the USICH chair and has ties to Hawaii.

USICH has regional and national staff and perform an information clearinghouse function on all matters relating to "Homelessness". Council staff routinely meet and confer with our USICH regional representative over the phone and less frequently in person. USICH was consulted in the creation of the Council's plan as well as with respect to the Hale 'O Malama initiative. USICH also provides Council staff with the names of local, regional, and national resources available to assist the Council in its work.

iii. Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is a sub agency of the Department of Health and Human Services at the federal level and provides information and funding to address the substance abuse and mental health issues of individuals, some of whom are homeless.

Council staff have been involved with two federal SAMHSA initiatives relating to homelessness. The first initiative was a planning initiative sponsored by SAMHSA, which Council staff attended to address the substance abuse and mental health needs of active duty service members, veterans, and their families. A State plan was developed and adopted for this target group, including a homeless prevention strategy. That planning process continues to the present and Council staff is actively involved in assisting in the implementation of this plan.

The second SAMHSA initiative was a competitive grant for a "Housing First" program for three years in the amount of \$2.1 million dollars for chronically homeless individuals who are suffering from substance abuse or substance abuse and mental health disorders. The grant funds assertive community treatment and intensive case management. The Department of Health for the State of Hawaii was the only State entity eligible to apply for this grant and Hawaii was one of only 11 States nationally

who were awarded funding under this grant. The grant has recently been received and work has begun on it.

More information on this SAMHSA grant is provided in section b. i. which follows, relating to the State of Hawaii Department of Health.

iv. Veteran's Administration (VA)

The VA serves homeless veterans through its Veteran's Homeless Program's Office at the Spark Matsunaga Veteran's Hospital. Andrew Dahlburg, Director of the VA Hospital Homeless Program's Office, serves as a member of the Council by statute and is actively involved in formulating and implementing the Council's State Plan to End Homelessness as well as the Hale O' Malama planning effort on behalf of those who are chronically homeless. The fact that many veterans are homeless makes this partnership between the Council and the Veteran's Administration extremely timely and relevant.

Council staff assisted the Veteran's Administration in planning veteran's stand downs and service fairs (where community service providers are invited to gather together to assist homeless veterans) on Oahu and the neighbor islands. Council staff also assisted the VA homeless program in building bridges and meeting with service providers and community members from across the state, including representatives from the neighbor islands.

The VA has piloted some of the changes suggested under the Hale 'O Malama initiative and has assisted the Council in adapting and sharing some of the cutting-edge technological advancements available to the VA to assist homeless providers in the continua of care. The VA has assisted Council staff in arranging meetings with key veteran and continuum of care homeless policy makers in Phoenix, Arizona, as well as arranging meetings with a developer of project-based housing for veterans in Phoenix, Los Angeles, Houston and Honolulu. The VA is a key partner to the Council, and the Council is assisting the VA in meeting its national goal of ending veteran homelessness by the end of 2015.

b. Collaborations With State of Hawaii Agencies

The Council is specifically comprised of State agencies that have a role to play in the prevention and remediation of homelessness. Council staff have surveyed each of the Council's member agencies as to the role they play, the plans their agencies have constructed, and the actions their agencies have taken in ending or preventing homelessness. These responses are now in the process of being analyzed by Council staff.

This section highlights some of the activities of its state members this year.

i. State of Hawaii Department of Health (DOH)

The Director of DOH is a member by statute of the Council. DOH staff serve on several key committees having to do with Health and Stability, reducing the frequency and cost of uncompensated medical care, and obtaining and managing the SAMHSA grant previously mentioned under the SAMHSA section earlier in this report. The Alcohol and Drug Abuse Division (ADAD) and the Adult Mental Health Division (AMHD) are two key sub-agencies of DOH that provide vital services relating to homelessness and with whom Council staff work closely.

DOH applied for and was awarded a \$2.1 million dollar competitive grant for three years duration from SAMHSA entitled the "Hawaii Pathways Project". The purpose of the grant is to provide intensive case management and wrap around services for those individuals who are chronically homeless with substance use and co-occurring substance use and mental health disorders.

Hawaii's success in receiving this grant was based on the many partnerships and collaborations already developed under the auspices of the Council, Hawaii's high per capita rates of chronic homelessness, the commitments to "Housing First" by both the State of Hawaii and the City and County of Honolulu, and the excellent grant proposal written by the Department of Health under a very tight deadline.

This "Hawaii Pathways Project" grant will require that the national evidence-based "Pathways Housing First" model be implemented with fidelity to house and treat those chronically homeless individuals with co-occurring disorders who are recruited into this program. The grant further requires that housing be provided on a "Housing First" basis, with no preconditions on the chronically homeless individual to cease or reduce their alcohol or drug use. The grant requires the Council to assist in building sustainable partnerships, infrastructure, and practices that will help to improve the housing and treatment of this target population through updates and improvements to its existing statewide plan to end homelessness. It is anticipated that the "Hawaii Pathways Project" grant will serve a minimum of 40 chronically homeless individuals a year for each year for a total of 120 individuals. The grant has recently begun operation.

ii. Department of Human Services (DHS)

The Director of DHS is a member of the Council and the Administrator of the Homeless Program's Office, who is part of DHS, is also a member of the Council as well. The Office of the Governor's Coordinator on Homelessness, while reporting directly to the Governor, is embedded within DHS for administrative purposes. All of these positions are established by state statute.

The Administrator of the Homeless Program's Office is an active member of the Council and routinely assists Council and staff in accomplishing the mission of the Council. The

Homeless Program's Office procures and manages the various homeless programs authorized and funded by the State legislature and possesses a wealth of information about the homeless individuals served, the service providers who are responsible to assist those who are homeless, and the impact these programs are having on meeting the needs of those who are homeless.

The DHS funds and implements a number of entitlement and financial benefits programs authorized by federal and state statute to those individuals who meet the qualifying criteria established by law. These programs provide financial resources for individuals who are homeless or at risk for becoming homeless who meet a given program's requirements, even though these programs are not specifically characterized as "homeless serving programs."

DHS recently began implementing a plan to integrate and expand behavioral health services for Medicaid beneficiaries with Serious Mental Illness (SMI) and Serious and Persistent Mental Illness (SPMI) within the Community Care Services (CCS) program at DHS. This combining of behavioral services that were previously managed by both DOH and DHS within the DHS will provide more and better services to a greater number of beneficiaries who are homeless or at risk for becoming homeless, will simplify the system navigation for them and their providers, and will optimize the use of federal matching funds. The DHS is requesting permission from the federal government to expand the State Medicaid program to fund some of the key services that those who are homeless or at risk for becoming homeless require such as peer specialists, clubhouses, supportive housing, supportive employment, and representative payees.

Increasing the access of those who are homeless or at risk for becoming homeless to the federal Medicaid program is seen as one means of shifting the cost of treating those individuals who have SMI or SPMI from the state to the federal government. It is being vigorously pursued as a means to conserve state funds.

DHS advocated for extending the age of youth in foster care who but-for the change in Hawaii law would age out of foster care at 18 years of age, would receive no further foster care support, and could possibly become homeless. A bill was passed by the Legislature and signed into law by the Governor extending support for those who had formerly been enrolled in the foster care program by giving these foster youth the ability to voluntarily extend foster care to age 21. (See: Act 252, 2013 Hawaii State Legislature.)

iii. Department of Labor and Industrial Relations (DLIR)

The Director of DLIR is a member of the Council by statute. DLIR provides job training and employment opportunities for individuals who are homeless or at risk for becoming homeless. Representatives of DLIR are working in tandem with other members of the Council to increase the economic stability and self-sufficiency of those who are

homeless or at risk for becoming homeless and the DLIR representative is the co chair of the Economic Stability working group of the Council.

- iv. Department of Business, Economic Development, and Tourism (DBEDT) and the Hawaii Housing and Finance Development Corporation (HHFDC)

The Director of the Department of Business, Economic Development, and Tourism (DBEDT) is a member of the Council by statute. A sub-agency of DBEDT is the Hawaii Housing and Finance Development Corporation (HHFDC), an agency whose primary function is to oversee the development and financing of affordable housing in Hawaii. A staff representative of HHFDC routinely attends our meetings on behalf of DBEDT, and leads the “Increasing Access to Stable and Affordable Housing” working group of the Council. This group meets frequently with a wide range of individuals from across the state to vet ideas and to create strategies to build more affordable housing, particularly for those individuals whose annual income is at or below 60% of Area Median Income.

HHFDC has engaged the Graduate School of Architecture of the University of Hawaii to assist in designing modular micro units that are desirable and less expensive to build. It is hoped that these designs will inform future efforts to build more affordable housing.

- v. Hawaii Public Housing Authority (HPHA)

The Executive Director of HPHA is a member of the Council by statute and is responsible for building and maintaining public housing here in Hawaii. There are 6,195 total units of public housing in Hawaii, with 5,331 units, or 86%, which are funded by the Federal government, and 864 units, or 14%, which are funded by the State of Hawaii. The percentage of public housing units occupied has substantially increased from 89% a year ago to 96% presently. The HPHA Executive Director has implemented a number of improvements to both the housing stock and the internal management procedures presently in use at the HPHA.

The Executive Director of HPHA has participated in Council staff’s Hale ‘O Malama housing initiative and in the creation of a plan to substantially reduce homelessness amongst those individuals who are chronically homeless. The HPHA Director’s involvement in our work is crucial because there is a substantial shortage of affordable housing for low income individuals and families, some of whom are homeless. HPHA’s involvement in these plans and conversations is much needed, in part because Public Housing is frequently the only housing choice for many who are homeless and also because there is a need to marshal all available resources to increase our housing supply for these low income homeless individuals and families. Council staff are working to assist HPHA in building relationships and agreements with existing homeless and other service providers to assist HPHA in augmenting and supplementing the services needed

to assist an individual or family in transitioning from homelessness to a stable and productive tenancy at HPHA.

At the national level, HUD Secretary Shaun L. Donovan and Assistant Secretary for Public and Indian Housing Sandra B. Henriquez have also issued a call for more collaboration and partnerships between Public Housing Directors (such as the Director of HPHA) and local entities (such as the Council and homeless service providers) because they have been proven effective. (See: PIH Notice 2013-15 attached as Appendix 4.)

Both the Council and staff look forward with optimism to working with HPHA to create more housing opportunities to help end homelessness.

vi. Office of Hawaiian Affairs (OHA)

OHA is a member of the Council by statute. Their mission is to “better the conditions of Native Hawaiians” and the lack of sufficient affordable housing has been identified as one of the key issues affecting the quality of life and the health and stability of Native Hawaiians. A representative of OHA routinely attends the meetings of the Council and participates in the Stable and Affordable Housing working group as well as in the work related to Senate Concurrent Resolution 137, a study by Council staff relating to Na Kauhale. Given the disproportionate overrepresentation of Native Hawaiians on the rolls of the homeless, OHA involvement is relevant and much needed.

vii. Department of Hawaiian Homelands (DHHL)

DHHL is a member of the Council by statute. Their mission is to administer the Hawaiian Homeland’s Trust to provide leasehold housing opportunities to beneficiaries of the trust who are native Hawaiian. The State of Hawaii built homeless shelters on DHHL land under a leasehold arrangement with the previous Administration, and those leases are expected to expire in 5 years. A policy discussion as to the future use of these emergency and transitional homeless units once these leases with DHHL expire has yet to occur. Similar to OHA, DHHL staff routinely attend the Council meetings and participate in the Stable and Affordable Housing working group as well as in the work relating to Senate Concurrent Resolution 137 (Na Kauhale).

c. Collaborations With Elected Representatives of the State Legislature

i. Homeless Assistance Working Group

The Homeless Assistance Working Group (HAWG) was created by Act 222 of the 2013 Session Laws. The HAWG was intended to . . . “work within each local neighborhood in each county to identify, plan, and implement housing options for homeless persons in each local community by December 31, 2013.” The HAWG was established within the Department of Human Services and was appropriated \$100,000 for the “construction

and demonstration of innovative temporary housing solutions. . .” Hawaii State Senator Chun-Oakland is the chair.

Council staff attend the meetings of the HAWG and have assisted Senator Chun-Oakland in accomplishing the work mandated by this Act. It is anticipated that a report will be filed with the 2014 Hawaii State Legislature on behalf of the HAWG.

ii. Mental Health Task Force

Hawaii State Senator Chun-Oakland has created a voluntary ad-hoc Mental Health Task Force which meets regularly to discuss mental health issues. Members of the voluntary group represent mental health advocates, the Department of Health Adult Mental Health Division (AMHD), homeless service providers, and mental health advocates from public and private health care agencies involved in caring for those individuals with mental health issues as well as those agencies involved in financing and funding mental health services.

Many of the volunteers in the Mental Health Task Force also are part of the Council’s “Improving Health and Stability” working group since individuals who have serious untreated mental health issues may be homeless or at risk for homelessness if they do not receive the mental health treatment and assistance they need. Council staff attend these meetings and assist their work as needed.

iii. Affordable Housing Task Force

Hawaii State Senator Chun-Oakland has also created a voluntary ad hoc Affordable Housing Task Force which meets regularly to discuss the need for and the strategies to create more affordable for-purchase and for-rental housing across the income spectrum.

Given that there is a substantial shortage of rental housing for those who are low income (60% to 30% of Area Median Income) and very low income (30% of Area Median Income or below) and which may be a cause for homelessness or a limiting factor in being able to move people out of homelessness into housing they can afford, Council staff routinely attend these meetings. Many of those who are a part of this task force are also participating members of the Council’s “Increasing Access to Stable and Affordable Housing” working group. Council staff assist the work of this group as needed.

iv. Senate Concurrent Resolution 137

Senate Concurrent Resolution 137 was passed by the Hawaii State Senate during the 2013 legislative session. It directed the Chair of the Council, Colin Kippen, to assemble a group of knowledgeable individuals and to meet, discuss, and suggest innovative

housing practices for homeless Native Hawaiian families. A series of meetings were held and a report in support of Na Kauhale, a Native Hawaiian culturally-based approach to designing and implementing traditional community-based housing, has been completed. That report is being sent to the legislature and to 21 other state, federal, and not for profit entities as mandated by its terms. (See Appendix 5.)

d. Collaborations With Counties

The Mayor of each County is a member of the Council by statute. A designee from the two continua of care, one from Oahu, and the other from the neighbor islands, are also members of the Council by statute.

i. City and County of Honolulu

The Mayor of the City and County of Honolulu adopted a plan to fund and implement “Housing First” on Oahu with funds derived from the sale of buildings owned by the City and County of Honolulu. \$7.3 million was committed by the City to fund its “Housing First” initiative over a three year period and 75 individuals were expected to be housed.

The Mayor of the City and County of Honolulu has both his Executive Director of Housing and his Director of the Department of Community Services attend meetings of the Council. Both are involved in the Hale ‘O Malama plan and the Mayor’s Executive Director of Housing is the chair of the Housing First working group established as a result of that planning process. Both of these City directors are active in working with the Council and its staff and serve on the Council’s working committees.

Another key collaborator for the City and County of Honolulu is the Oahu continuum of care known as “Partners In Care” (PIC). PIC is a consortium comprised of homeless service providers, most of whom receive funds to provide services to the homeless from HUD. The City and County of Honolulu administers a portion of the HUD homeless program funds and PIC is a central organizing point for the formation and implementation of policy for homeless service providers on Oahu.

PIC’s key agenda items for the coming year are to improve their internal governance policies, to implement a coordinated intake, assessment and referral process, and to improve their data collection and reporting system relating to those who are homeless. The chair of PIC is a member of the Council by statute, and their members participate on all of the Council’s working groups as well as the Hale ‘O Malama initiative to increase the rate of permanent housing placement of those who are chronically homeless. The subject matter expertise of PIC’s members in addressing and preventing homelessness is a key asset used by the Council to accomplish its mission.

ii. Other Counties

The mayors of Maui, Kauai, and Hawaii are members of the Council by statute and send their representatives to attend in their stead. Their representatives assist with the general business of the Council and are specifically involved on issues relating to the building of affordable housing at both the state and individual county level. These neighbor island mayoral representatives also participate in the Council's Stable and Affordable Housing working group led by the Department of Business and Economic Development representative on the Council.

Just as was previously mentioned with respect to "Partners In Care" (PIC), the continuum of care for Oahu, Bridging the Gap (BTG), the continuum of care for the neighbor islands, is a key collaborator in the work of the Council. The chair of BTG is a member of our Council and attends both the general and working group meetings of the Council on a routine and regular basis. BTG is involved in many of the same issues as is PIC inasmuch as the two continua have similar purposes. Council staff attend the meetings of BTG when the island representatives come to Oahu to meet with the Administrator of the State's Homeless Program's Office, who is an administrative partner of BTG. The BTG members are knowledgeable on the needs of the homeless on their islands and with the programs created to meet their needs. BTG's subject matter expertise in addressing homelessness is a key resource and asset in accomplishing the work of the Council.

e. Collaborations With Other Organizations

The Council and its staff routinely partner with non-governmental organizations concerned with preventing or eliminating homelessness. A short summary of each of these organizations with whom Council staff have worked follows.

i. Hui Kupa'a/PHOCUSED

The 2013 Hawaii State legislature created a \$100,000 grant in aid for Hui Kupa'a (translation: "Many Hands Together"), otherwise known as the Collective Impact Initiative. The not-for-profit entity known as "PHOCUSED" (Protecting Hawaii's Ohana, Children, Underserved, Elderly, and Disabled) was selected by the Department of Human Services to facilitate and assist with the Hui Kupa'a grant. The Hui Kupa'a grant is intended to support several social service collective impact proposals, including housing and treating the chronically homeless, which is also known as the Hale 'O Malama initiative created by Council staff and others.

PHOCUSED collects and summarizes weekly data from some of Oahu homeless service provider's on their rate of housing the chronically homeless over the last 80 days, something which was not previously possible without conducting a weekly survey of each of the service providers involved. PHOCUSED's assistance has demonstrated the importance of data and information in measuring our progress in placing the chronically homeless into housing and in setting policies to improve our collective effectiveness.

PHOCUSED has enabled Council staff and others to define the systemic changes required to increase the rate at which we collectively are able to permanently house those individuals and families who are chronically homeless.

ii. Hawaii Community Foundation

The Hawaii Community Foundation provided the Homeless Programs Office of DHS with grant funding in the amount of \$116,500 in 2011 through its Community Stabilization Initiative Fund Grant to stabilize communities due to a nationwide recession which affected low income Hawaii residents at risk for becoming homeless.

Grant funding enabled the hiring of a facilitator and the payment of expenses to hold meetings across the state to draft and review a Statewide Plan to End Homelessness, to facilitate the work of the four working groups of the Council, and to adopt a final plan. Remaining funds were used to hire an assistant to the Governor's Coordinator on Homelessness. That grant has ended and a final report is being prepared.

The Council and staff are appreciative of the assistance of the Hawaii Community Foundation.

iii. ICON LOCAL

Council staff have participated in organizing a gathering of volunteer IT designers, entrepreneurs, and developers in Kaka'ako known as ICON LOCAL to apply their talents to create and build computer Icons and applications that can be used to inform the homeless and others about the availability and location of a wide range of homeless services over the internet. Approximately 30 volunteers have donated their time and talent to assist Council staff in this work. This voluntary effort continues under the direction of Mr. Burt Lum, an IT expert and the host of a weekly IT program on Hawaii Public Radio entitled "Bytemarks Café".

iv. School of Architecture

The Graduate School of Architecture at the University of Hawaii has assisted in organizing both practicing architects and architectural graduate students to create and develop affordable modular and micro-unit housing designs to address the needs of homeless individuals. Numerous proposals and designs have been generated and these designs are being considered and reviewed by the Council's "Increasing Access to Stable and Affordable Housing" working group, which includes Council members and staff, developers, architects, planners, government officials, and representatives from the county planning and building departments. It is hoped that these designs will increase innovation, attractiveness, and functionality while reducing the cost to build affordable modular micro-units for those who are at or below 60% of Area Median Income and who are of low income or very low income status.

v. Neighborhood Boards, Community Associations, Business Owners and Associations, and Concerned Community Leaders

Council staff meet routinely with neighborhood boards, community associations, business owners, business associations, and community leaders as needed to inform them about the causes of and the solutions to ending homelessness, and to build partnerships to respond to addressing homelessness in their communities. These meetings have occurred in Waikiki, Chinatown, Downtown Honolulu, Kaka'ako, Wahiawa, West Oahu, and Makiki to name a few. In these cases Council staff assemble the key state, city, and federal partners as well as the knowledgeable service providers to address a given concern and to work towards a solution. The key idea is “all hands on deck” and the Council staff assist in calling the relevant people together to build a coordinated and compassionate approach to addressing the homeless issue in each particular community.

vi. 9-1-1 Emergency Services, Emergency Rooms, and Hospitals With A High Census of Homeless Individuals.

National statistics demonstrate that chronically homeless individuals have a disproportionately higher rate of using 9-1-1 services, emergency rooms, and hospitals, most of these visits which are uninsured and uncompensated, and the costs of which are borne by the emergency room, the hospital, other consumers, and taxpayers. The national data also suggests that when a chronically homeless individual is admitted to a hospital they are sicker and their stays are longer.

A study was completed by the Star Advertiser last year and found that on Oahu, 8 of the 10 most frequent users of 9-1-1 emergency services were homeless, with the most frequent user having used 9-1-1 services 142 times within a year. At nearly \$1,000 per 9-1-1 call, that amounts to nearly \$142,000 a year, not counting the number of emergency room visits and hospital admissions required to stabilize the health of that person as a follow up to the 142 9-1-1 responses.

Council staff have met with members of 9-1-1 services for the City and County of Honolulu, the Hawaii Healthcare Association of Hawaii, the Hawaii Primary Care Association, the Queen's Hospital, and the Straub Clinic and Hospital, the Department of Health, and the Department of Human Services to discuss ways to identify and target these homeless individuals for housing in order to improve their lives and reduce uncompensated costs to these health systems, other health care consumers, and taxpayers.

Health care advocates with whom we met suggested that issuing a prescription for stable and permanent housing for the chronically homeless that could immediately be filled would go a long way towards improving their health outcomes and saving

substantial public funds, if only that were possible. It would mean that once housed we could stabilize their lives, sign them up for health insurance or Medicaid coverage, and begin to treat their underlying health and other needs on a routine and regular basis. Stated another way, housing is a key health intervention that could save lives, increase the quality of their health, and save money for taxpayers and other health care consumers who are now subsidizing their care.

The Council's "Health and Stability" working group, the "Housing First" grant from SAMHSA to the State Department of Health, the Council's Hale 'O Malama initiative for the chronically homeless, and the City and County of Honolulu and the State of Hawaii's "Housing First" grants are some of the bridges that have been built to increase the health and stability of the chronically homeless by housing them. Council staff will continue to work on these issues with these and other partners because it is an evidence-based practice that has been shown to be effective.

vii. "Houseless in Paradise" by PlayBuilders of Hawaii Theater Company.

Council staff participated in "Houseless in Paradise", a play comprised of the . . . "actual words and stories of [those] . . . who have been involved in homelessness, either as houseless people or as volunteers, employees, or activists trying to help the homeless." ("Houseless in Paradise" program, page 4).

Mark Tjarks, playwright for PlayBuilders and Terri Madden, Director, respectively wrote and directed this play. Hundreds of hours of narratives from 60 volunteer contributors were transcribed, selected, and weaved into a 90 minute story about "being houseless in Hawaii." Actors were auditioned, rehearsals were held, and the play took shape. It was presented in various venues in Honolulu over three weekends in November of 2013.

Many community partners were involved in helping bring this play to fruition such as Catholic Charities Hawaii, Family Promise, Gregory House, Senator Chun Oakland's homeless working group, Honolulu Community Action Program, Institute for Human Services, Mental Health Kokua, Partners In Care, River of Life Mission, US Vets, Weinberg Village, the Housing Director for the City and County of Honolulu, and the Governor's Homeless Coordinator.

PlayBuilders was the entity responsible for producing and giving life to this play.

PlayBuilders . . . "is a roving, multi-ethnic ensemble of experienced theater makers who help Hawaii's communities explore their identity, history, peoples and cultures through theater. Playbuilders' original works are based on shared stories, and feature community members performing alongside our professional actors." (PlayBuilder's Mission, "Houseless in Paradise" program, page 3.)

“Houseless in Paradise” lives on, as PlayBuilders is considering presenting this play to a wider audience, “thereby providing connections of understanding and friendship between all of Hawaii’s people.” (PlayBuilder’s Mission, supra.)

Council staff will assist this effort as needed.

IV. Past Accomplishments and Future Opportunities

Ending homelessness is difficult and complicated, in part because those who have fallen into homelessness have had one or a combination of financial, employment, health, mental, social, relationship, sobriety, psychological, or housing-related setbacks which together have overwhelmed them and caused them to be in the most unstable, unhealthy, and unsafe living situation possible - - - being homeless.

The strategies to end homelessness are as varied as are the causes but they all share one thing in common: the person who is homeless lacks a stable and permanent place to live and ending their homelessness will require helping them find a safe and permanent home as soon as possible.

As the information in this report reveals, much has been accomplished over the last year. We are building bridges across governments, across agencies, across communities, across businesses, across service providers, across the political spectrum, and with a whole host of people in Hawaii.

We are working together to understand the causes of homelessness and how to create a systemic and organized response that asks a simple question: does what we are doing work?

This question is easy to ask but difficult to answer, in part because the information we need to answer it is hard to come by and is currently being developed, because we are at times overwhelmed by the complexity of the problem, and because we have become too complacent in “doing what we have always done” rather than seeking out innovative and evidence-based best practices that have been proven to work in other venues. Our collective reluctance to accept “best practices” from outside Hawaii because they were not created here is something we have vowed to change, and our present efforts reflect a conscious change in our attitude and approach.

Although it is difficult, we are methodically creating the mechanisms to answer these questions and are making progress, *together*.

There is, however, one glaring shortcoming which must be highlighted and which makes ending homeless anytime soon unlikely.

We lack a sufficient supply of affordable housing to move people off the streets and into permanent and stable housing.

This is so for those who are homeless as well as for so many individuals who are teetering on the edge of homelessness who are one setback away from finding themselves homeless on our streets. They are low income or very low income, and, if they are able, are those who will spend a disproportionate amount of their disposable income on housing, leaving little money for the other necessities of life.

The solution again lies in the oft-repeated call echoed throughout this report: *all hands on deck*.

Federal, state, and county policy makers, the community writ large, and all of us must work *together* to create the policies and incentives to help us build more affordable housing, we must embrace the fact that there is growing divide between the haves and the have-nots in our community, that the percentage of have-nots in our community is growing, and that a disproportionate number of Hawaii's citizens are one or two paychecks away from the streets because of the high cost of living here, especially the high cost of housing.

We can do this. And we must begin now.

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

APPENDIX 1:

The purpose of the Act is to establish the Hawaii interagency council on homelessness in the Hawaii Revised Statutes, which will further enhance the ability of the council to provide solutions for ending homelessness in Hawaii. By establishing the interagency council on homelessness in the Hawaii revised Statutes, the importance of ending homelessness will be highlighted, and continuity through future administration will be strengthened.

The Hawaii Interagency Council on Homelessness shall:

- (1) Serve as the statewide homelessness planning and policy development entity with broad representation from state and county government and the community;
- (2) Formulate, and advise the governor on the implementation of, a unified ten-year statewide plan to address homelessness in all Hawaii counties;
- (3) Facilitate the acquisition of funding and resources for state and county homeless programs;
- (4) Recommend policy, regulatory, and statutory changes, and identify resource strategies for the successful execution of the ten-year plan;
- (5) Assemble accurate fiscal and demographic information to support policy development and track outcomes;
- (6) Consider collaborative homelessness initiatives of other states that have demonstrated positive measurable outcomes as possible models for state and local programs;
- (7) Promote systems integration of social, health, training, and housing services to reduce duplication among homeless assistance programs;
- (8) Advise on the development and implementation of a public education program on homelessness in Hawaii and disseminate information including data and best practices; and
- (9) Report annually to the governor, the legislature, and the mayor of each county on the progress of its activities, including formulation and progress of the ten-year plan no later than twenty days prior to the convening of each regular session.

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

APPENDIX 2:

Goal 1: Retool the Homeless Crisis Response System

Objective 1:

Refocus homeless services into a crisis response system that prevents homelessness and rapidly return people experiencing homelessness to stable housing

Strategy 1: Promote best practices for crisis response programs (e.g., transition in place, prevention of homelessness, and rapid rehousing).

Strategy 2: Use mainstream resources to provide housing stabilization assistance.

Strategy 3: Develop implementation strategies for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that sustains best practices.

Strategy 4: Increase number and diversity of community stakeholders.

Strategy 5: Review and develop strategies which assist homeless non-residents in accessing the most appropriate resources.

Strategy 6: Continue to support the state-wide outreach network which engages and identifies unsheltered homeless persons (see Hawaii's Homeless Assistance Act).

Strategy 7: Develop and implement a comprehensive plan of education and communications for the general public and organizations such as, Neighborhood Boards, to facilitate community understanding and engagement on homelessness.

Objective 2:

Ensure that all critical services are prioritized for funding

Strategy 1; Conduct fiscal mapping study for all services which address homelessness.

Strategy 2: Based on the fiscal mapping study, develop a comprehensive revenue plan which includes federal, state, counties, service providers, business community, philanthropic organizations, and the faith community.

Objective 3:

Ensure that all information systems are appropriately integrated to improve effectiveness and efficiency of service provision to those who are homeless and to better support providers who serve the homeless.

Strategy 1: Identify ways to track those who are homeless through various service systems to establish baseline cost utilization, e.g., improve linkages between HMIS and various data systems.

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

Goal 2: Increase Access to Stable and Affordable Housing

Objective 4:

Create and preserve affordable housing for people at 50% and below of area median income

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

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

Objective 5:

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

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

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

Objective 6:

Improve access to government-funded affordable housing by eliminating barriers

Strategy 1: Review government policies and practices in government funded affordable housing (including Hawaii Public Housing Authority – HPHA) which impact eligibility and eviction

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

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

Goal 3: Increase Economic Stability and Self-sufficiency

Objective 7:

Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

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

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

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

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

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

Objective 8:

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

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

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

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

Strategy 4: Coordinate with various agencies, State and federal, to promote employment and released offenders.

Goal 4: Improve Health and Stability

Objective 9:

Integrate primary and behavioral health care services with homeless assistance programs and housing.

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

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

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

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

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

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

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

Objective 10:

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

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

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

Objective 11:

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

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

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

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

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

APPENDIX 3:

Hale O Malama

Chronic Homeless Housing Report

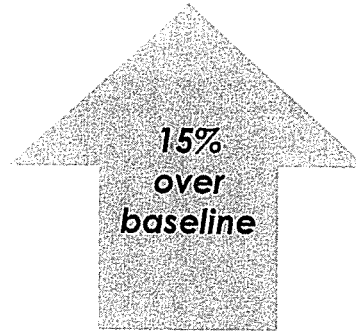
Month 2: November 9, 2013 – December 9, 2013



Prepared by
PHOCUSED
Housing & Community Development
Program
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Honolulu, HI 96813
(808) 535-1111

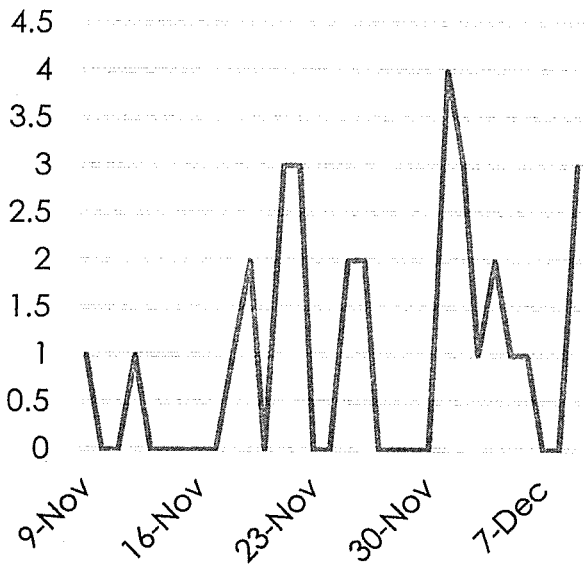
Month 2: 11/9/13 – 12/9/13

- **31** Chronic Homeless Households Placed
 - 0 Families
 - 1 Couples
 - 30 Single Adults
- 77% into Private Rental Units



This indicates progress for 11/9 – 12/9 only. For overall progress, please refer to page 2.

Placement Rate by Date



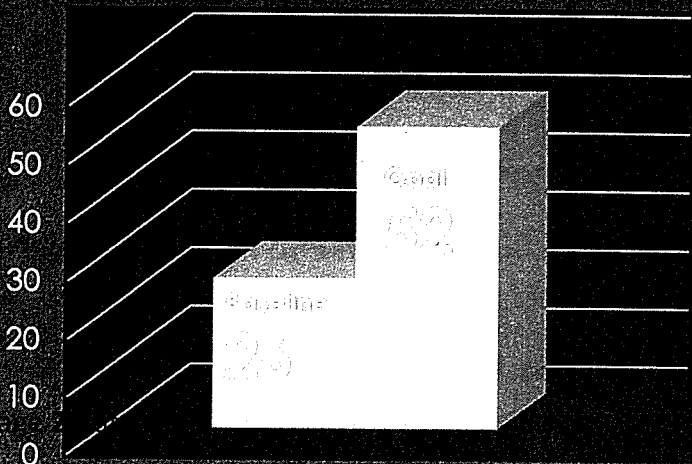
Placements by Provider*

Institute for Human Services	13
Waikiki Health	6
U.S. Veteran's Administration (V.A.)	5
Steadfast Housing Development Corp.	5
Waianae Coast Comprehensive Health Center	4
U.S. Veterans Initiative	1
Shelter of Wisdom	1
Gregory House Programs	0
Hale Kipa	0
Kalihi-Palama Health Center	0
Mental Health Kokua / Safe Haven	0
River of Life / Lighthouse Outreach	0
Waianae Coast Comprehensive Health Center	0
Waianae Community Outreach	0

* Some clients received assistance from multiple providers. Numbers may exceed total number of households placed during the period.

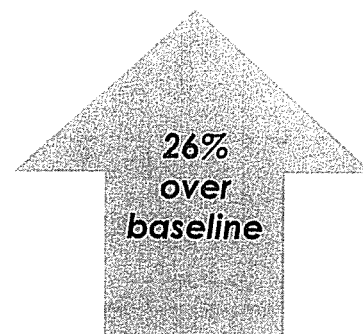
Our Goal:

Double the number of chronic homeless placed into permanent housing on Oahu each month



Total Progress as of 12/9/13

- Month 1 (10/8 – 11/8): 35 permanently housed
- Month 2 (11/9 – 12/9): 31 permanently housed



TOTAL HOUSED TO-DATE: 66
HOUSED

An average of 33 chronically homeless permanently housed per month.

Key Highlights (10/8/13 – 12/9/13)

- 100% of Permanent Supportive Housing (PSH) turnover was committed to chronically homeless clients until January 2014.
- 100% of new HUD VASH vouchers were committed to chronically homeless clients.
- Hawaii Public Housing Authority identified 214 chronically homeless clients who are currently on the wait list for Public Housing or State Section 8.
- A "Program Weekly Report" form was developed to track chronic homeless placements into permanent housing on a weekly basis.
- Weekly chronic homeless placement reports are cross-referenced with HMIS data to strengthen data quality.
- A common assessment tool – the VI-SPDAT – was identified and adopted by participating homeless service providers.

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

APPENDIX 4:



OneCPD Mailing List

Developing Viable Communities through Housing, Services, & Economic Opportunities

Secretary Donovan Encourages PHAs to Collaborate with CoCs to End Homelessness

On June 10, 2013, HUD issued [PIH Notice 2013-15 \(HA\)](#) to provide Public Housing Agencies (PHAs) with strategies for documenting and housing individuals and families experiencing homelessness through the Housing Choice Voucher program and Public Housing. This guidance builds on the lessons learned from two convenings held last year by HUD's Offices of Public and Indian Housing (PIH) and Community Planning and Development (CPD) and the U.S. Interagency Council on Homelessness to address the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

In follow up to this Notice, Secretary Donovan and Assistant Secretary Sandra Henriquez sent a letter to PHA Executive Directors encouraging them to reach out to CoCs and other homeless service providers to explore ways to collaborate and forge partnerships to increase progress towards ending homelessness. [Read this letter.](#)

SNAPS will be participating in a series of webinars later this summer with HUD's Office of Public and Indian Housing (PIH) to provide CoCs and PHAs with additional information and guidance on ways to engage. CoCs and homeless service providers are encouraged to review the Notice and related materials.



Visit the OneCPD Resource Exchange at <https://www.onecpd.info>

FORWARD TO A FRIEND

UPDATE SUBSCRIPTION

UNSUBSCRIBE FROM THIS LIST



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

Special Attention:

Public Housing Agencies administering the Housing Choice Voucher and/or Public Housing Programs; Public Housing Field Office Directors

NOTICE PIH 2013-15 (HA)

Issued: June 10, 2013

Expires: Effective until amended, superseded, or rescinded
Cross References:
PIH Notice 2012-34 (HA)

Subject: Guidance on housing individuals and families experiencing homelessness through the Public Housing and Housing Choice Voucher programs¹

1. **Applicability:** This Notice applies to public housing agencies (PHAs) that administer the Public Housing and/or Housing Choice Voucher (HCV) programs.
2. **Purpose:** The purpose of this Notice is to provide strategies that PHAs can pursue to expand housing opportunities for individuals and families experiencing homelessness through the Public Housing and HCV programs. This Notice clarifies the definition of homelessness for the purpose of IMS/PIC reporting, and provides guidance on HUD policies and program regulations related to the following topics: waiting list management and preferences; admissions policies regarding criminal activity, substance use/abuse, and rental history; program termination and eviction policies; and project-based vouchers for Permanent Supportive Housing (PSH).
3. **Background:** On June 22, 2010, the United States Interagency Council on Homelessness (USICH) presented the nation's first comprehensive strategy to prevent and end homelessness titled, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (Opening Doors), to the Office of the President and Congress. Opening Doors is focused on four key goals:
 - a. Finish the job of ending chronic homelessness by 2015;
 - b. Prevent and end homelessness among Veterans by 2015;
 - c. Prevent and end homelessness for families, youth, and children by 2020; and
 - d. Set a path to ending all types of homelessness.

¹ Throughout this Notice, when referring to people experiencing homelessness, the term "individuals and families" is used to indicate both individual persons who are experiencing homelessness, as well as homeless families, which may include children. When referring to HCV or Public Housing applicants or participants, the following terms are used intentionally, based on their definition and the relevant statute, regulation or rule being referenced: 1. Family – A person or group of persons with or without children, based on their definition and the relevant statute, regulation or rule for HCV or Public Housing program. The number of family members is used to calculate subsidies and payments; 2. Household – Includes everyone who lives in the unit, including foster children/adults and live-in aides. Household members are used to determine unit size.

The Office of Public and Indian Housing (PIH) is committed to working with our PHA partners to expand opportunities for individuals and families to access quality affordable rental homes, thereby achieving HUD's goal of utilizing housing as a platform for improving quality of life. PIH, in cooperation with the Office of Community Planning and Development (CPD) and USICH hosted two national convenings of PHAs and Continuums of Care (CoCs) titled, *Opening Doors: Expanding PHA Opportunities to House People Experiencing Homelessness*, one in Los Angeles on February 8, 2012, and the other in Washington, DC on May 24, 2012. These convenings allowed participants to: share best practices; identify barriers that PHAs encounter in meeting the needs of this population; and allow PHAs and Continuums of Care to provide feedback and ask questions of HUD.

This Notice builds on the lessons learned from the two convenings and seeks to provide guidance on issues related to serving individuals and families experiencing homelessness.

4. **Reporting Homelessness in IMS/PIC:** The HUD Form 50058 module in the IMS/PIC data system allows HUD to obtain information about participants in the Public Housing and HCV programs, including the homeless status of persons entering the program. The accuracy and reliability of this information is critical to tracking the collective progress in ending homelessness.

Based on a review of PIC reporting on 4C (homeless at admission), many PHAs are not reporting in this field accurately, or are reporting "no" for all applicants, whether homeless or not. For all new admissions, PHAs must determine whether an individual or family was homeless at admissions. This information must be reported at question 4C on HUD Form 50058. PHAs may need to verify that their IMS/PIC software is compliant with this reporting requirement. The following section provides guidance on how to determine whether an applicant is homeless at the time of admission, including questions that a PHA may ask an applicant in order to determine their homelessness status. For additional information on the Form 50058, please see the Form HUD 50058 Instruction Booklet at <http://portal.hud.gov/hudportal/documents/huddoc?id=50058i.pdf>

5. **Definition of Homeless for the Purpose of Completing Question 4C on Form 50058:** The definition of a homeless family currently provided in the Appendix of the Form HUD 50058 Instruction Booklet reflects the original McKinney-Vento Homeless Assistance Act definition. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) revised the definition of homeless for HUD's homeless assistance programs, and on December 5, 2011, HUD published its final rule implementing this definition. This rule applies specifically to the Emergency Solutions Grants program, the Shelter Plus Care program, the Supportive Housing program and was incorporated into the Continuum of Care (CoC) Program interim rule, which HUD published on July 31, 2012; however, PIH is adopting only a portion of this new definition to apply to question 4C of the Form 50058 as well. While the HUD regulations maintain four categories for defining people who are homeless, the PIH definition for IMS-PIC reporting (Form 50058) is narrowed to the following two categories:

Category 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or

- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); *or*
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 4: Any individual or family who:

- i. *Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and*
- ii. Has no other residence; *and*
- iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing

This definition shall be effective as of this Notice, and the Form HUD 50058 Instruction Booklet will be updated accordingly. **Note:** A PHA is permitted to adopt an alternative or narrower definition of homeless for the purpose of a waiting list preference based on local need. PHA's that do this, however, will still be required to use the definition cited above for purposes of reporting homeless of new admissions on the Form HUD 50058.

In order for PHAs to accurately report a new admission's homelessness status on line 4c of the Form HUD 50058, the PHA may find the following list of questions helpful in determining the appropriate response. If the answer to any of the following questions is yes, the PHA would mark "Y" for yes in field 4C of the Form HUD 50058 (homeless at admission).

1. Are you currently living in a car, on the street, or another place not meant for human habitation?
2. Are you currently living in an emergency shelter, transitional housing, Safe Haven², or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals?
3. Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less/If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?
4. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made the you afraid to return to your primary nighttime residence? If yes, do you currently have nowhere else to live and also lack the resources or support networks,

²A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services

including family, friends, faith-based, or other social networks, to obtain other permanent housing?

Example 1: A family that was evicted from the home they owned because they were no longer able to make the mortgage payments and is living in their car **would** qualify as homeless.

Example 2: An individual that had previously lived in an emergency shelter and was admitted to the hospital for a 5-day stay **would** qualify as homeless.

Example 3: An individual being released from prison after a 3-year incarceration **would not** qualify as homeless based on the length of incarceration.

HUD does **not** require PHAs to collect documentation or third-party verification of any kind in order to verify an applicant's homelessness status for purposes of reporting in 4C of the 50058. Verbal self-verification by the applicant that any of the above criteria are true is sufficient. However, in order to verify homelessness status for a preference, PHAs must follow the verification requirements they establish in their written policies.

6. **Waiting List Management:** PHAs' waiting lists can be a barrier to individuals and families experiencing homelessness having access to the Public Housing and HCV programs. When waiting lists are long, an individual or family who lacks stable housing and reliable contact information may not be able to be reached when they come to the top of the waiting list or when waiting lists are purged, especially if it has been months or years after the application was submitted. Also, when PHAs reopen waiting lists for short periods of time, people experiencing homelessness can be left out of the application process due to a lack of information about the opportunity to apply.

PHAs can take a variety of actions to allow homeless populations better access to their programs, including establishing a strong outreach strategy through service providers, strengthening their process for contacting applicants on their waiting list (e.g., contacting applicants via email or phone), establishing flexible intake and briefing schedules (e.g., provide a window of time for appointments), and establishing nondiscriminatory preferences in their admissions policies for persons experiencing homelessness, or a subset of such persons (e.g., chronically homeless, homeless veterans, homeless identified as most vulnerable through community-based assessment strategies, etc.). All actions taken must be in compliance with all applicable fair housing and civil rights laws. See 24 CFR 5.105(a).

7. **Homeless Admissions Preference:** A PHA's greatest tool for increasing program access for individuals and families experiencing homelessness is establishing a preference in their admissions policies. This section describes the criteria that may be considered when setting preferences based on local housing needs and priorities, as well as the process for establishing preferences.

a) **Assessing local housing needs.** A PHA's system of local preferences must be based on local housing needs and priorities by using generally accepted data sources and information obtained through the PHA Plan public comment process³. HUD encourages PHAs to work collaboratively with health care providers, social service providers,

³ 24 CFR 960.206(a)(1) for Public Housing and 24 CFR 982.207 (a)(2) for the HCV program.

homeless services providers, Continuums of Care (CoCs), and local offices of government and community organizations to establish a system of preferences based on local housing needs collectively identified by the community. HUD recommends that a PHA's local housing needs assessment specifically include people experiencing homelessness. For example, PHAs may look to their Community Plan to End Homelessness, Consolidated Plans, HIV/AIDS Housing Plan (if available) and/or data from their jurisdiction's Continuum of Care (CoC) Homeless Management Information Systems (HMIS) and Point in Time (PIT) Counts to identify whether and to what extent there is need for a homeless preference.

b) Applying and limiting preferences. PHAs may apply preferences for admission to the HCV, Project-based Voucher (PBV), and/or Public Housing programs, or to a particular public housing or project-based voucher development (or set number of units within a development). PHAs may limit the number of applicants that may qualify for a particular preference. PHAs must incorporate such a preference into their HCV program Administrative Plan and/or their Public Housing program Admission and Continued Occupancy Policy (ACOP). If adopting the preference constitutes a significant amendment to the PHA Plan as defined by the PHA, the PHA must comply with the amendment provisions of 24 CFR 903.21, including soliciting public comment and consulting with the resident advisory board.

c) Opening waiting lists and public notice. All recipients of public housing or HCV assistance must be selected from the PHA's waiting list(s). If a PHA does not have enough applicants on its waiting list who qualify for a preference, the PHA may open its waiting list strictly to people to whom the preference applies. When opening a waiting list, PHAs must give public notice. See Section 12 for more information on opening separate waiting lists for project-based voucher units.

Any public notice announcing a waiting list opening and application procedure should be simple, direct, and clear but with sufficient detail to inform applicants of the processes through which they can apply, any limitations on who may apply, and any other information the applicant may need to successfully submit the application. The notification process, as well as the preferences themselves, must also comply with HUD fair housing requirements, such as adopting suitable means to assure that the notice reaches eligible individuals with disabilities and those with limited-English proficiency. HCV program regulations require the public notice to appear in a local newspaper of general circulation, minority media, and other suitable means (24 CFR 982.206). These practices are strongly encouraged in the Public Housing program.

When trying to reach people experiencing homelessness to apply to the program(s), PHAs could consider reaching out to shelters, homeless service providers, agencies that work closely with people experiencing homelessness and homeless consumer advocacy groups to assist with advertising the opening of the waiting list, to seek referrals, and/or to provide assistance with application processes. The CoC Program interim rule requires Continuums of Care to establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services with the intention of matching the homeless individual or family with the most appropriate resources. PHAs are strongly encouraged to participate in the coordinated assessment system that covers the PHA's geographic location in order to establish a means for referrals once the coordinated assessment has been established.

5

Once an adequate number of persons experiencing homelessness meeting the preference have been placed on the waiting list, the PHA may choose to close the waiting list. A PHA may leave the waiting list open only for the population qualified for the preference (i.e., continue to accept applications only from applicants that qualify for the preference), while keeping it closed for all other applicants. HUD recommends the PHAs maintain up-to-date information on the PHA's website as to whether the waiting list is open or closed, who may currently apply for assistance, and specific information regarding the application process.

d) Identifying preference-qualified applicants currently on the waiting list. When adopting a new preference in the Public Housing program, PHAs must offer the opportunity for current applicants on the waiting list who qualify for the preference to receive the benefit of the preference and move up on the waiting list accordingly. This practice is strongly encouraged in the HCV program. The PHA should specify on any public notice of a waiting list opening that current waiting list applicants will also be given the benefit of the preference. The notice should also include any other information new applicants and current applicants on the waiting list will need to know about how to successfully apply and establish their preference status, including any partnering agencies with whom the PHA may be working to receive referrals or determine preference eligibility. PHAs and partnering referral agencies may consider sharing waiting list data in order to cross-check for eligible applicants, if allowed under applicable program requirements and privacy laws.

e) Limiting preferences to people referred by a partnering organization. PHAs may create a preference or limited preference specifically for people who are referred by a partnering homeless service organization or consortia of organizations (for example, an organization that refers people transitioning out of a shelter, transitional housing program, or rapid re-housing program). The PHA may not limit the source of referrals to an agency, organization, or consortia that denies its services to members of any Federally protected class under fair housing laws, i.e., race, color, religion, national origin, sex, disability, or familial status. See section 12 of this Notice for information on preferences in the PBV program.

A PHA may also have a preference for individuals and families transitioning, or "moving up," from Permanent Supportive Housing (PSH) units. These are persons that were previously homeless prior to entry into the PSH program but who no longer need that level of supportive services. While these persons would not be considered homeless for reporting purposes on the Form HUD 50058, creating such a "move up" preference will contribute significantly to the community's overall efforts to end homelessness by freeing up units for currently homeless families and individuals with disabilities who need housing combined with services.

Example of a homeless limited preference process: A PHA limits the number of families that qualify for a homeless preference to 100 families. The PHA administrative plan/ACOP clearly states the criteria to qualify for the preference, including any partnering service agencies from whom the PHA will be taking referrals, and whether the preference is restricted to those referrals. The PHA opens the waiting list and provides public notice, but restricts who can apply to those that meet the preference criteria. Once the PHA is serving 100 families under the preference, and one family leaves the program, the next family on the waiting list who meets the preference criteria will be served. If there is no one on the waiting list that meets the preference criteria, the PHA would issue the voucher to the next family on the waiting list. The PHA reaches out to local partners for referrals, and the waiting list is kept open (or re-opened for applicants that qualify for the preference) in order to accept

6

these new referrals. If the PHA has not limited the preference to only people referred by certain organizations or agencies, then the PHA also accepts applications from anyone who self-identifies as qualified to meet the preference criteria.

f) Verifying preference eligibility. If a PHA adopts a preference or limited preference for people experiencing homelessness, or for a particular subset of this population, the PHA may require the individual or family to provide documentation to prove that they qualify for the preference, or may rely on a partnering homeless service organization (for example, the Continuum of Care designated collaborative applicant) to verify that the individual or family qualifies for the preference. When a PHA establishes a partnership for referrals from a homeless service organization, they may allow the partnering organization to verify the individual's or family's preference qualification, before the individual or family is referred to the PHA.

g) Ensuring Fair Housing compliance. When adopting a preference or limited preference for people experiencing homelessness, and opening the waiting list only for families and individuals that qualify for the preference, a PHA must ensure that the preference would not have the purpose or effect of excluding other eligible families from the program on the basis of race, color, national origin, religion, sex, disability, or familial status, or would have the effect of creating, increasing, or perpetuating segregation. A PHA must ensure that the adoption of a homeless preference and the opening of the waiting list, including site-based waiting lists, only to homeless families and individuals that qualify for the preference is done in a manner that is consistent with all fair housing and civil rights laws and affirmatively furthers fair housing.

h) Residency preference. PHAs that have a residency preference as allowed under the regulations at 24 CFR 960.206(b) and 24 CFR 982.207(b) may include in their definition of the term, "residence," shelters and other dwelling places where homeless people may be living or sleeping. PHAs may also consider the circumstances leading to a family's current dwelling place when defining residency for homeless applicants. For example, in some communities, there may be a lack of suitable shelters in the community covered by the PHA's residency preference forcing the family or individual to seek shelter in another community. If an applicant family or individual is residing in a shelter located outside of the area covered by the PHA's residency preference, the PHA may establish policies considering the applicant's previous residency and circumstances. PHAs with a residency preference may need to change their definition of residency in their Administrative Plan and ACOP for the purpose of allowing such flexibility.

For additional guidance related to waiting list administration, please see Notice PH 2012-34 *Waiting List Administration*.

8. Admissions Policies Regarding Criminal Activity, Substance Use/Abuse, and Rental History: Under federal laws and HUD regulations, there are certain policies for admission to a PHA's HCV or Public Housing program which are mandatory for all PHAs, and other policies which the PHAs have authority/discretion to adopt, but are not required.

The following is a complete list of statutorily mandated prohibitions of admissions regarding criminal activity and substance use/abuse to the HCV and PH programs:

1. **Lifetime sex offender registrant.** A PHA must prohibit admission for any household that includes a person subject to a lifetime registration requirement under a State sex offender registration program.⁴
2. **Methamphetamine production in federally assisted housing.** A PHA must prohibit admission if any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.⁵
3. **Within 3 years of federally assisted housing eviction for drug-related crime.** A PHA must prohibit admission for three years from date of eviction if a household member has been evicted from federally assisted housing for drug-related criminal activity (the PHA may admit if the PHA determines the member successfully completed a supervised drug rehabilitation program approved by the PHA, or the circumstances leading to the eviction no longer exist).⁶
4. **Currently engaged in illegal drug use or threatening activity.** A PHA must prohibit admission of households with a member who:
 - a. The PHA determines is currently engaging in illegal use of a drug,⁷ or
 - b. The PHA determines that it has reasonable cause to believe that a household member's illegal drug use, pattern of illegal drug use, abuse of alcohol, or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.⁸

Where the HCV or public housing applicants' conduct or activities falls outside the scope of the statutorily mandated prohibitions, PHAs have wide discretion whether to admit or deny admissions to these individuals. Unfortunately, PHAs' discretionary admissions policies can sometimes be a barrier for vulnerable populations, including people who are homeless, to accessing the programs. For example, a PHA may have strict policies related to criminal backgrounds and previous rental housing history which can have the effect of screening out the most vulnerable people experiencing homelessness who are more likely to have past convictions, past evictions, or previous debts, due to a variety of reasons, including mental illness and substance use disorders.

In June 2011, Secretary Donovan wrote a letter to PHAs⁹ across the country to encourage more flexible, reasonable admissions policies for people re-entering communities following incarceration. Incarceration and homelessness are highly interrelated as the difficulties in reintegrating into the community increase the risk of homelessness for released prisoners, and homelessness in turn increases the risk for subsequent re-incarceration. PHAs wishing to serve more people experiencing homelessness may consider amending their discretionary admissions policies regarding criminal activity and substance use/abuse to be more inclusive of vulnerable

⁴ 42 U.S.C. § 13663 (e); 24 CFR 982.553(a)(2)(i) for HCV, and 960.204(a)(4) for public housing

⁵ 42 U.S.C. § 1437n (f)(1); 24 CFR 982.553(a)(1)(ii)(C) for HCV, and 960.204(a)(3) for public housing

⁶ 42 U.S.C. § 13661 (a); 24 CFR 982.553(a)(1)(i) for HCV, and 960.204(a)(1) for public housing

⁷ 42 U.S.C. § 13661 (b)(1); 24 CFR 982.553(a)(1)(ii)(A) for HCV, and 960.204(a)(2)(i) for public housing

⁸ 42 U.S.C. § 13661 (b)(1); 24 CFR 982.553(a)(1)(ii)(B) and 24 CFR 982.553(a)(3) for HCV; 960.204(a)(2)(ii) and 960.204(b) for public housing

⁹ <http://portal.hud.gov/hudportal/documents/huddoc?id=soldreentryltr.pdf>

populations who may have criminal backgrounds or histories of incarceration. PHAs are encouraged to establish strong partnerships with homeless service providers to ensure that those vulnerable individuals and families admitted to the program are provided the services necessary to remain stably housed and compliant with the family obligations and other requirements of the program.

A PHA wishing to serve more people experiencing homelessness may consider reviewing their discretionary admission policies to determine if any changes can be made to remove barriers. It is important to note that all discretionary admission (and program termination) policies must be applied to all applicants broadly. In other words, a PHA cannot have a certain set of admission/termination policies that apply specifically to a certain population, such as the homeless population, which are different than the admission/termination policies for all other applicants, unless there is express legal authority to do so (e.g. HUD-VASH program). Therefore, if a PHA is not comfortable or willing to revise its general discretionary policies, the PHA is strongly encouraged to consider relevant circumstances as described in Section 10 of this Notice.

9. **Program Termination and Eviction Policies:** Federal law and HUD regulations provide only limited instances where a PHA must terminate assistance or evict a family¹⁰. Outside of those limited instances, PHAs or owners may terminate program assistance or evict a family only for serious or repeated violations of material terms of the lease. Many of the policies for termination of assistance and eviction are in fact at the discretion of the PHA or owner. A PHA or owner's discretionary policies for termination of assistance and eviction for lease violations is an important consideration in the effort to prevent homelessness.

HUD encourages PHAs to review their termination and eviction policies in light of their discretionary authority. HUD recommends that PHAs work with homeless service providers to establish discretionary termination and eviction policies best suited to the community and to develop partnerships that can implement effective eviction prevention strategies.

Additionally, PHAs should be aware of protections for victims of domestic violence, dating violence, or stalking to ensure that they do not face eviction because of the lease violations of their abusers. 24 CFR 5.2005 (c) states that an incident of actual or threatened domestic violence, dating violence or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of the domestic violence, dating violence, or stalking, or as good cause to terminate the tenancy or, occupancy rights of, or assistance to the victim.

As mentioned in Section 7 of this Notice, PHAs are encouraged to establish strong partnerships with healthcare, supportive services, and homeless service providers to make services available to vulnerable individuals and families admitted to the program. PHAs are also strongly encouraged to consider relevant circumstances when considering the termination or eviction of any family, as described in Section 10 of this Notice.

10. **Consideration of Circumstances Regarding Admissions and Terminations/Evictions:** As discussed in Section 7 of this notice, a PHA cannot establish separate admissions/termination

¹⁰ 24 CFR 982.553(a)(2)(i); 24 CFR 982.553(b)(1)(ii) and 24 CFR 982.553(e) for HCV, and 24 CFR 960.204(a)(3) and 960.204(a)(4) for Public Housing

policies for a certain population, such as the homeless population, which are different from the admissions/termination policies for all other applicants, unless there is express legal authority to do so (e.g. HUD-VASH program). However, the public housing regulation at 24 C.F.R. 960.203(a) (Standards for PHA tenant selection criteria) and the HCV program regulation at 24 C.F.R. 982.552(c)(2) (Consideration of circumstances) imply that **individual consideration of factors** should be a basis for a PHA's decision to deny or terminate assistance. For example, in the HCV program, in determining whether to deny admission or terminate assistance because of an action of a family member that would normally screen the family out or cause the family to lose their assistance, under the PHA's policy, the following **may** be considered:

- All relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial or termination of assistance on other family members who were not involved in the action.¹¹
- The PHA may impose, as a condition of admittance or continued assistance for other family members, a requirement that family members who participated in or were culpable for the action will not reside in the unit. The PHA may permit the other members of a participant family to receive or continue receiving assistance.¹²

In public housing, in the event of receipt of unfavorable information about an applicant, consideration **must** be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). Consideration **may** be given to factors which might indicate a reasonable probability of favorable future conduct, including: evidence of rehabilitation, and applicant's willingness to participate in social services.¹³

For both the HCV and Public Housing program, in determining whether to deny admission or terminate assistance for illegal use of drugs or alcohol abuse by a household member who is no longer engaged in such behavior, the PHA may consider whether such household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program, or has otherwise been rehabilitated successfully.¹⁴

For both the HCV and Public Housing program, if the family includes a person with disabilities, the PHA decision regarding denial of admission or termination of assistance is subject to reasonable accommodation requirements in accordance with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act, Title II of the Americans with Disabilities Act, and their implementing regulations at 24 CFR part 8, 24 CFR part 100, and 28 CFR part 35, respectively.

11. **Service Provider as a Resource in Continued Occupancy:** Service providers are important resources in ensuring housing stability, including compliance with program and family obligations and other program requirements, for homeless individuals and families newly admitted to the program.

¹¹ 24 CFR 982.552(c)(2)(i) for HCV

¹² 24 CFR 982.552(c)(2)(ii) for HCV, and 960.203(c)(3)(i) for public housing

¹³ 24 CFR 960.203(d)

¹⁴ 42 U.S.C. § 13661 (b)(2); 24 CFR 982.552(c)(2)(iii)

PHAs may establish working relationships or consider service agreements with the service providers to provide greater access to services for tenants. The PHA may consider making available an empty office space or community space for the service provider to offer voluntary services to the residents.

12. Project-Based Vouchers: Under the HCV program, PHAs are allowed to project-base up to 20 percent of their budget authority. Project-based vouchers (PBVs) are a useful tool in the development of affordable housing, because the guaranteed rental income provided by the vouchers helps to finance project operating costs and secure capital investments. PBVs are also important in the development of projects that pair services for people who are formerly homeless with housing assistance. PHAs looking to increase the supply of affordable housing for people experiencing homelessness or other low-income families may consider project-basing. PHAs interested in working with a homeless service provider to develop housing for people experiencing homelessness may also consider project-basing for this purpose.

PHAs must select applicants for PBV units from the waiting list in accordance with the policies in the PHA administrative plan. The PHA may use a separate waiting list for its PBV units, or for PBV units in individual projects or buildings, or for sets of such units. The PHA may also adopt a different set of admissions preferences for each separate waiting list. A PHA that wishes to partner with a homeless service provider to project-base vouchers may consider creating a separate waiting list for this project and adopting a preference for people who are homeless. PHAs may also adopt a preference for services offered for families with disabilities that need services at a particular project. However, such a preference is limited to those individuals and families with disabilities that significantly interfere with their ability to obtain and maintain themselves in housing, who without appropriate supportive services, will not be able to obtain or maintain themselves in housing, and for whom such services cannot be provided in a non-segregated setting. See 24 CFR 983.251(d).

If a PHA opens a site-based waiting list for PBV units, all new applicants and families or individuals currently on the PHA's tenant-based waiting list must be provided with the option to have their names placed on this list as well. As described in Notice PIH 2011-54, *Guidance on the Project-Based Voucher Program*, PHAs do not have to notify each family on the tenant-based waiting list by individual notice. A PHA could notify these applicants by the same means it would use in opening its waiting list under 24 CFR 982.206(a), including advertising through local and minority newspapers and the internet, posting at local post offices, libraries, and community center, and outreach to social service organizations, such as homeless shelters.

Normally, PHAs may not provide project-based assistance to more than 25 percent of the number of units (assisted or unassisted) in a project. See 24 CFR 983.56(a). However, a PHA that makes units in a project available specifically to elderly or families with disabilities or families receiving supportive services ("excepted units") may exceed this 25 percent cap with these excepted units only. In these circumstances a PHA may place project-based vouchers in up to 100 percent of the units in the project. For units that are excepted because they are made available to elderly or disabled families, the PHA may not require participation in any type of services as a condition of tenancy, although services may be offered. For units that are excepted because they are made available to families receiving supportive services, a PHA may not require participation in medical or disability-related services other than drug and alcohol treatment in the case of current abusers as a condition of living in an excepted unit; however, other supportive services as defined by the PHA, including Family Self-

11

Sufficiency (FSS) services, may be required as a condition of tenancy. The PHA Administrative Plan must describe the type of services offered to these families or individuals for a project to qualify for the exception to the 25 percent cap and the extent to which the services will be provided. See 24 CFR 983.56(b).

Note: PHAs are reminded that PBV projects with up to 100 percent of the units committed to people with disabilities continue to be allowed under federal statute at 42 U.S.C. 1437(f)(13)(D)(i) and the HUD regulations cited above. On the services side, policy direction related to health reform implementation, behavioral health care integration, and state *Olmstead* planning will shape how services are defined, delivered, and financed for different populations. HUD recommends that PHAs establish strong relationships with state and county Medicaid authorities and health services agencies to discuss how Medicaid services might work in different housing settings and for different population groups going forward.

For more details related to Project-based Vouchers, please see Notice PIH 2011-54, *Guidance on the Project Based Voucher Program*.

13. Paperwork Reduction Act: The information collection requirements contained in this document have been submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520) and assigned OMB control number 2577-0083. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

14. Information Contact: Inquiries about this Notice should be directed to Ryan Jones at Ryan.E.Jones@hud.gov for Public Housing or Amaris.Rodriguez@hud.gov for Housing Choice Vouchers.

/s/

Sandra B. Henriquez, Assistant Secretary for
Public and Indian Housing

12

**REPORT IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-381(9), HRS
RELATING TO THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS**

APPENDIX 5:

**REPORT TO THE TWENTY-SEVENTH HAWAII STATE
LEGISLATURE 2014**

**IN ACCORDANCE WITH THE PROVISIONS OF SENATE
CONCURRENT RESOLUTION 137, S.D.1, ADOPTED BY THE 2013
HAWAII STATE LEGISLATURE**

**HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS
DECEMBER 2013**

REPORT TO THE LEGISLATURE FOR SENATE CONCURRENT RESOLUTION (SCR) 137, S.D.
1, ADOPTED BY THE 2013 HAWAII STATE LEGISLATURE

BY COLIN KIPPEN
CHAIR OF THE HAWAII INTERAGENCY COUNCIL ON HOMELESSNESS
December 20, 2013

Background.

Senate Concurrent Resolution SCR 137, SD1, was passed by the Hawaii State Legislature during the 2013 Legislative Session.

SCR 137 directs the Governor's Coordinator on Homelessness (Mr. Colin Kippen) to . . . "assemble a working group to identify innovative housing solutions for homeless Native Hawaiian families, [which] may include traditional, culturally based solutions, such as re-creating "kauhale" housing complexes." (SEE: SCR 137,SD1).

Na Kauhale is not defined in the resolution. The intent of the resolution is for knowledgeable individuals to share their ideas of what Na Kauhale has to offer distressed and homeless Hawaiians, paying particular attention to the cautionary view that our understanding and adherence to past Hawaiian cultural practices varies from one island to another, from one moku to another, from one 'ohana to another, and from one individual to another. A second dimension of this cautionary view is that any attempt to define Na Kauhale is to risk the adoption of one monolithic definition of Hawaiian cultural history to the exclusion of other interpretations of that same history. The writer endorses these cautionary principles on both grounds and instead adopts an approach that leaves to each Hawaiian community the power to adopt patterns of living that are consistent with their cultural understanding of what Na Kauhale meant in the past, and its relevance to improving the resilience and well being of homeless Hawaiians in modern day Hawaii.

Colin Kippen assembled a group of interested individuals to discuss these matters. Invitations were sent to electronic mailing lists of the Hawaii Interagency Council on Homelessness and meetings were held on August 8, 2013, September 5th and September 9th. Many conversations were also held with Hawaiian housing advocates experienced in addressing the needs of homeless Hawaiian individuals and families in person. While this report is not intended to be exhaustive, it does reflect the sentiments, opinions, and ideas of a large cross section of the Hawaiian community attempting to end homelessness amongst the Hawaiian population.

Summary of Comments, Conversations, and Discussions Relating to Establishment of Na Kauhale.

The methodology employed was to assemble a group of knowledgeable individuals to discuss the feasibility of building Na Kauhale for homeless Hawaiian families. This issue has been frequently discussed in Native Hawaiian communities over the years as a cultural response to the growing number of homeless Native Hawaiian individuals and their families. The purpose of the meeting was to build a base of ideas from which each community may plan and launch initiatives to build Na Kauhale within their own communities as meets their individual and community needs.

The methodology was to discuss key terms, key elements of the Kauhale system, key considerations, and potential next steps.

A copy of the resolution was read and reviewed before each of the meetings. The Resolution and other research are attached.

I. Key thoughts regarding Na Kauhale.

- Na Kauhale is steeped in practices of aloha, kuleana, ho'oponopono and other Hawaiian cultural values. It is culture-in-action and is being viewed as a desirable way for Hawaiians to live together to help heal and rehabilitate themselves, their families, and their communities who have fallen into homelessness, economic difficulty, poor health, and personal despair. The concepts of aloha, malama 'aina (caring for the land), malama kekahi i kekahi (caring for one another) need to be part of the underlying foundation for any plan to restore Hawaiian housing, health, resiliency, and overall well being through the creation of Na Kauhale.
- Na Kauhale is a place for multigenerational families to live together to heal, learn from one and build trust with one another, and to improve their lives.
- Na Kauhale is a place to care for and educate children and families who desire to live in this form of culturally based housing.
- Na Kauhale may be located in any community where Hawaiians live. Each ahupua'a, moku and island should consider whether or not they want to organize and build Na Kauhale. Each kauhale should form on its own in response to the needs and desires of the Hawaiians within each respective community.
- Na Kauhale may be located and sited in urban communities, and the physical structure of Na Kauhale may be planned and designed consistent with the land and zoning requirements applicable in that locale as well as with the intentions of the community planning Na Kauhale. Na Kauhale may take the form of a vertical, multi storied building if desired by the community and if the other aspects of Na Kauhale are attended to in the planning and design of the building and those intending to live there.
- The structure of Na Kauhale may vary from community to community but the common denominator is that it be organized and overseen by a konohiki who embodies the various cultural values and spirit of the kauhale. The role of

the konohiki is to ensure cultural congruence and a uniting and overarching sense of spirituality. The role of the konohiki is also to make Na Kauhale sustainable, to establish a system of governance, to establish a system of conflict resolution, and to help define the role of each member to ensure the overall success and growth of the members of Na Kauhale. A set of rules, guidelines, protocols, or principles are a key necessity of establishing this community. A kupuna council to assist in setting policies, mentoring and assisting members in living harmoniously together, and fostering intergenerational learning may be established as part of Na Kauhale.

- Na Kauhale is a place where Native Hawaiian cultural and traditional practices are fostered and encouraged. The design features must take into account the ability to practice one's Hawaiian cultural traditions.
- Na Kauhale is a place where self-sustained living is practiced. The goal is to have one's employment, educational, physical, mental, social health, spiritual, and cultural needs met within the community. (If these needs cannot be met on site and in proximity to housing, adequate transportation will be required.) Creating Na Kauhale will require sharing, collaboration and coordination with various service providers and resources in the surrounding community to meet the needs of those living in Na Kauhale.
- Na Kauhale is a place where those families opting to live within the kauhale agree to a set of cultural and family based protocols as a condition of living there. A key consideration is "fit" between Na Kauhale and the person and family desiring to live there.
- The focus of Na Kauhale is to rehabilitate, educate, empower, and care for those Hawaiians who have been homeless.

II. Potential Barriers to Creation of Na Kauhale.

- County zoning ordinances which ban 'ohana housing may need to be modified to allow multigenerational and unrelated families to live together.
- The Department of Hawaiian Homelands (DHHL) should consider developing rental or leasehold housing in a way that enables related and extended native Hawaiian family members to live together in Na Kauhale. A key need will be for the DHHL to assess its present statutory, administrative, and policy framework and to create the necessary changes in these laws, administrative rules, and policies to facilitate and support such living arrangements. An additional step could be for the DHHL to consider the development of rental or leasehold housing for unrelated native Hawaiians. Again, a key need will be for the DHHL to assess its present statutory, administrative, and policy framework and to create the necessary changes in these laws, administrative rules, and policies to facilitate and support the creation of Na Kauhale.

- County zoning ordinances which prohibit unrelated members from living together should be amended to enable Na Kauhale to be built and implemented.
- County building codes may need to be relaxed to minimize costs of construction. (Is double wall construction really necessary? What about the number of electrical outlets per room? Etc.)
- Na Kauhale may be viewed as a planned community and some of the baseline studies relating to who the residents will be, what the costs of construction, maintenance, and operations will be in comparison to the revenue required to construct, maintain, and operate Na Kauhale, as well as to provide the services necessary for Na Kauhale and the people who live there. This planning effort should include pricing points for individuals living here to ensure the economic feasibility of the project.
- Na Kauhale could leverage the resources of Hawaiian serving agencies such as the Office of Hawaiian Affairs (OHA), the DHHL, the Native Hawaiian Education Act, the Native Hawaiian Health Care Act, Queen Liliuokalani Children's Center, and the Kamehameha Schools to flesh out the feasibility of Na Kauhale and to potentially fund a Na Kauhale demonstration project.
- An opportunity exists at Ulu Ke Kukui , a family transitional center in Waianae, because the property will revert back to ownership by the State of Hawaii, Department of Hawaiian Homelands, in five years. Presently there are 5 clusters of transitional apartments, comprising a total of 80 units. The design is consistent with the Na Kauhale concept and it is not clear how these units will be used after they are returned to DHHL ownership. A suggestion was made to determine if these units could be used to develop Na Kauhale for homeless Native Hawaiian families when they revert back to State control.

IV. Bridges to Other Ideas

- Grandaides: "community helpers and mentors funded within a federal housing project." A Grandaide has attributes similar to a kupuna, an elder council, and a konohiki. Indicates a path to establish funding and authority for kupuna and konohiki within a federal government funding structure.
- Both the Federal Native Hawaiian Education and Health Care Acts provide culture based education and culture based health care services to at-risk Native Hawaiians with the intention of improving their lives and well-being and reducing the costs of leaving their at risk status unaddressed. Further, the Native American Housing and Self Determination Act (NAHASDA) provides a similar cultural rationale to provide U.S. Department of Housing and Urban Affairs (HUD) support for housing programs for low-income native Hawaiians at the DHHL. These ideas could be incorporated into a model created at the State level for Na Kauhale and grant opportunities under these

federal acts could also be considered as means to fund various aspects of Na Kauhale.

- Demonstration projects to accomplish Na Kauhale in interested communities should be considered by the State legislature (eg. Creation of Authorizing Legislation; Grants in Aid).

V. Summary

- Na Kauhale embodies Hawaiian cultural concepts to address the needs of homeless Hawaiians wanting to live within a community guided by traditional Hawaiian values and cultural practices.
- Governmental programs at the federal, State, and county level, as well as foundations and trusts whose mission it is to better the well being of homeless Hawaiians, should consider funding pilot projects to create and establish Na Kauhale within interested Hawaiian communities.