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

SCOTT MORISHIGE

Chair of the Hawaii Interagency Council on Homelessness
 Telephone (808) 586-0193

Agenda

Hawaii Interagency Council on Homelessness (HICH)
August 29, 2016
10:00 a.m. to 12:00 p.m.
Honolulu International Airport Conference Facilities
Interisland Terminal Conference Room 3 & 4
300 Rodgers Boulevard
Honolulu, HI 96819

- I. Call to Order, Taking of the Roll
- II. Overview and Approval of Agenda (Vote)
- III. Approval of Minutes (Vote)
 - A. Regular Meeting Minutes, July 11, 2016
- IV. New Business
 - A. Discussion and possible action regarding the adoption of the 2016 Hawaii State Framework to Address Homelessness, and incorporation of strategic vision from the 2012 HICH Strategic Plan to End Homelessness and H2 Draft Strategic Plan. (Vote)

Discussion will include an overview of the following items:

- Update from the U.S. Interagency Council on Homeless regarding national activities and framework from guest speaker Regional Coordinator Katy Miller.
- H2 (Healthcare and Housing) DRAFT Strategic Plan
- 2016 Hawaii State Framework to Address Homelessness
- HICH role in implementing the State Homeless Framework
- B. Discussion and possible action regarding the formation of a working group pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review HICH structure and make recommendations. (Vote)

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Discussion will include an overview of the following items:

- Recommendations of the National Governors Association
- H.R.S. §346-381, -382, and -383 relating to the HICH composition, structure, and duties
- C. Discussion and possible action regarding the formation of a working group pursuant to H.R.S. §92-2.5 to review and develop a sustainability plan for the Hawaii Pathways Project. (Vote)

Discussion will include an overview of the following items:

- Status of current grant and no-cost extension for the Hawaii Pathways Project, including project performance Update from DOH Deputy Director Lynn Fallin
- Intersection of the Hawaii Pathways Project with the Innovation Accelerator Program (IAP) –
 Update from DHS Med-QUEST Administrator Judy Mohr Peterson and Corporation for
 Supportive Housing Senior Program Manager Sue Augustus

V. General Announcements

- A. Chairperson and Staff Reports: July/August 2016 Status Report
 - Accomplishments / Highlights
 - Planned Activities
 - Development of legislative and budget proposals for State Fiscal Year 2017-2018 biennium.
- B. Pursuant to H.R.S. §346-382(a)(17), the Council requests that the Mayors of the Counties of Hawaii and Kauai designate a representative of the continuum of care programs for their respective counties.
- C. Written Reports from Council Members. The following written updates are provided for the Council's consideration and review (the full write-ups for each representative will be provided):
 - Department of Human Services Brief update on efforts to address homelessness through department efforts, including activities of the Adult Protective and Community Services Branch, Child Welfare Services Branch, and the Act 243 (2015) work group.
 - Department of Human Services, Homeless Programs Office (HPO) Brief update on HPO staffing levels and activities, which includes a supplemental contract with Aloha United Way, work on a range of upcoming RFI's and RFP's, the revision of administrative rules, a focus on data collection in the HMIS, and the development of a statewide Coordinated Entry System (CES).
 - Department of Health Brief update on department activities including the CABHI grant progress;
 Adult Mental Health Division activities related to homelessness; and Public Health Nursing activities related to homelessness.
 - Department of Public Safety Brief update on efforts to improve the process in which inmates are transitioned from incarceration. This includes: Establishment of a Re-Entry Coordination Office; Revitalizing the Comprehensive Re-Entry Plan; and Participation on the chronic homeless solutions working group.

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- Department of Business, Economic Development & Tourism Brief update on Hawaii Community Development Authority (HCDA) activities to address unsheltered homelessness in Kakaako, as well as the collaborative efforts of HCDA and the Hawaii Housing Finance and Development Corporation (HHFDC) to address affordable housing development.
- Department of Hawaiian Homelands Brief update on efforts by the department to develop permanent affordable housing for beneficiaries. The department also highlights the HALE program for beneficiaries facing financial arrears, as well as efforts to explore rental housing on Hawaii Island and in Waimanalo.
- Department of Defense Brief update on homeless National Guard members that have been identified. Numbers have declined significantly since 2014. Continues to identify and support homeless programs related to Veterans and Youth. Has placed homeless youth in the Youth Challenge Program.
- Office of Hawaiian Affairs The announcement of two upcoming grant opportunities: (1) the `Ahahui Grants program solicitation that provides funding support for community events; and (2) the opening of the programmatic grants solicitation, which provides two-year program funding for initiatives related to OHA strategic priorities.
- Department of the Attorney General Brief update on coordination with the City & County for enforcement of city ordinances.
- Department of Education Brief update on a recent meeting between department staff and the Coordinator on Homelessness.
- County of Honolulu Brief update on Mayor Challenge to End Veteran Homelessness. In collaboration with City, HUD, HPHA, VA, Partners In Care, and Landlords housed 803 veterans in permanent housing. City developments that specifically respond to homelessness Hassinger Project (Makiki), Halona Road (Waianae), and Farrington Highway (Waianae).
- County of Kauai Brief update on expansion of emergency shelter capacity at Kauai Economic Opportunity (KEO).
- County of Hawaii Brief update related to the completion of a micro-unit project in West Hawaii; efforts to convene faith-based summits in East and West Hawaii; and recognition and thank you to Harold Brackeen of the Homeless Programs Office (HPO) for visiting Hawaii County and providing an update on State and federal funding streams.
- County of Maui Brief update on the selection of Thelma Akita-Kealoha as the Continuum of Care representative for the County.
- *Veteran's Administration* The V.A. announced two upcoming events: Behavioral Health Summit on September 8-9, 2016; and V.A. Stand Down at McCoy Pavilion on September 30, 2016.
- Partners in Care, Oahu's Continuum of Care Brief update on the development of the 2016 CoC application to HUD, which is due on September 14, 2016.

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- Hawaii Public Housing Authority Brief update on housing programs administered by HPHA, including: Special Rent Supplement Program; Rent Supplement Program; Section 8 Housing Choice Voucher Program; and Low Income Public Housing. In addition, includes an update on the redevelopment of HPHA properties at Mayor Wright Homes and the School St. campus.
- Business Sector Representative Summary of Rick Blangiardi's response to the State Framework
 to Address Homelessness. The update highlights the need for tax credits dedicated to the
 development of low and moderate income housing, as well as the removal of roadblocks in the
 permitting and bidding process.

VI. Executive Session

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

VII. Topics for Upcoming Meetings

A. Open for Council Suggestion

VIII. Meeting Schedule

The following Council meetings are scheduled for the remainder of the year:

- Monday, October 17, 2016
- Monday, December 12, 2016

IX. <u>Public Testimony</u> (One minute per testifier)

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

X. Adjourn (Vote)

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Hawaii Interagency Council on Homelessness (HICH) Honolulu International Airport Conference Rooms 3 & 4 July 11, 2016 10:00 am – 12:00 pm

Council Attendees:

Scott Morishige Chair

Rachael Wong Department of Human Services (DHS)
Harold Brackeen DHS, Homeless Programs Office (HPO)

Lynn Fallin Department of Health (DOH)

Linda Chu Takayama Department of Labor and Industrial Relations (DLIR)

Monica Lords Department of Public Safety (DPS)

Luis Salaveria Department of Business Economic Development &Tourism

(DBEDT)

Kamana'o Mills Department of Hawaiian Home Lands (DHHL)

Bruce Oliveira Department of Defense (DOD)
Sterling Wong Office of Hawaiian Affairs (OHA)

Melissa Lewis Department of the Attorney General (AG)

Toby Portner Department of Education (DOE)

Senator Suzanne Chun Oakland Hawaii State Senate

Representative Jo Jordan Hawaii State House of Representatives

Mayor Kirk Caldwell City & County of Honolulu

Clarysse Nunokawa County of Hawaii Director Carol Reimann County of Maui

Marc Gannon Continuum of Care (CoC) for Honolulu, Partners In Care

Maude Cumming CoC for the Balance of State, Bridging the Gap

Rebecca Borja U.S. Department of Housing and Urban Development

Absent: Representatives from the U.S. Department of Veterans

Affairs (VA), Hawaii Public Housing Authority (HPHA), Kauai County Mayor's Office, Faith Community, and

Business Representative

Guests: Aubrey Yee and Sam Dorios, Hawaii Leadership Forum

1. **10:15 a.m. Welcome by Scott Morishige, HICH Chair.** Roll taken, quorum established, and meeting called to order.

The Chair introduced his staff: Community Engagement Specialist Tamah-Lani Noh, Special Assistant Julie Ford, Practicum Students Adrian Contreras and Jasmine Choy.

2. **10:20 a.m.** First Order of Business: <u>Action on Agenda.</u> Motion to approve the Agenda without amendments was made by Linda Chu Takayama and Seconded by Luis Salaveria. Chair Morishige opened the floor for discussion, and seeing none Chair Morishige called the question. The motion passed unanimously. (See attached copy of agenda).

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- 3. 10:25 a.m. Second Order of Business: Action on December 8, 2015

 Minutes. Chair reminded members that the December minutes were emailed to all participants the week of December 15, 2015. Chair mentioned additional copies were available and asked for a couple of minutes so everyone could review the minutes. Motion to Adopt the Minutes from the December 8, 2015

 Meeting was made by Kamana'o Mills and Seconded by Linda Chu Takayama.
- 4. **10:30 a.m. Updates from HICH Membership.** Chair Morishige called upon each member to share information with the council and the public regarding progress being made within their departments and future plans.
 - a. OHA (Sterling Wong): In May, OHA hosted the landlord/tenant working group, and convened a systems mapping session for the work group that was facilitated by the Hawaii Leadership Forum. Mr. Wong also shared that OHA continues to support homelessness through its grant funding, and that \$1.77 million in grant funding was awarded for the 2016 biennium to address housing security.
 - b. DHHL (Kamana`o Mills): DHHL is continuing to focus on the development of permanent affordable housing for beneficiaries. In addition, DHHL is working to develop rental housing in Waimanalo for kupuna (seniors). A continuing challenge is the high cost of housing. Mr. Mills noted that \$719,000 is the average cost of a home in Hawaii, while the average household income is \$68,000.
 - c. Hawaii State House of Representatives (Jo Jordan): The Legislature did provide an unrestricted appropriation of \$12 million to address homelessness. Representative Jordan noted that the appropriation was only for one year, so there is a concern regarding sustainability of ongoing services.
 - d. Hawaii County (Clarysse Nunokawa): Hawaii County continues to convene a Homeless Task Force, which includes participation from human service providers, businesses, government agencies, and the CoC. In addition, Hawaii County convened two landlord summits one in East Hawaii in February 2016 and one in West Hawaii in March 2016. The County received 40 commitments from landlords in East Hawaii, but only six in West Hawaii. The County is working to increase the inventory of affordable housing, and a 30-unit micro unit housing project in West Hawaii is expected to open in November 2016. Finally, Ms. Nunokawa thanked Chair Morishige for coming to Hawaii Island in June 2016 to visit West Hawaii resources and tour the local homeless encampments.

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- e. Maui County (Carol Reimann): Director Reimann reported that Maui County is continuing to expand their capacity and resources to address homelessness. Recently, the County Council approved two homeless community positions, as well as providing additional funding for homeless programs. In addition, the County worked together with the Maui homeless alliance, service providers, and realtors to convene the first landlord summit in June 2016 with over-100 participants. The development of affordable housing continues to be challenging in Maui County. In December 2014, changes to the County's workforce housing ordinances were made, which has resulted in at least three new project's now being worked on to add housing inventory.
- f. BTG (Maude Cummings): BTG is the CoC for the counties of Maui, Hawaii, and Kauai. BTG is currently working on preparing its application for homeless funding from HUD, and is seeking HUD guidance to ensure that it can preserve the current level of federal funding. Ms. Cummings noted that HUD is emphasizing programs that support permanent housing, and that last year's funding competition was more competitive than previous years. In addition to the application process, BTG is working on establishing a coordinated entry system for the neighbor islands that complies with HUD funding requirements.
- g. DLIR (Linda Chu Takayama): While DLIR does not focus on housing specifically, the focus is on workforce development services that impact many individuals who are homeless or at immediate risk of homelessness. In particular, there has been a heavy emphasis on workforce programs for veterans, including for homeless veterans.
- h. DBEDT (Luis Salaveria): Director Salaveria thanked the Legislature for its support, and noted an infusion of funding for the Rental Housing Trust Fund, as well as new tools to assist developers with tax credits for the development of affordable housing. In addition, the Hawaii Community Development Authority (HCDA) continues to be involved in addressing homelessness in the Kakaako public parks, and has begun an educational campaign to inform park users of the park rules and availability of shelter resources. The Kakaako Gateway Parks will be closed for maintenance from July 5, 2016 to August 15, 2016 for necessary landscaping, tree trimming, and irrigation work. HCDA continues to work with homeless service providers, State Sheriff's, and the City to enforce park closure on a nightly basis. Director Salaveria thanked Mayor Caldwell for the City's support and for providing fertilizer and labor to assist with the park closure enforcement and maintenance closure.
- DOH (Lynn Fallin): Deputy Director Fallin provided an update on the Hawaii Pathways Project (see attached handout). The Hawaii Pathways Project provides supportive services utilizing the Pathways Housing First

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- model. It was noted that 155 homeless individuals have been served since September 2014, and an additional 108 individuals were denied service for a variety of reasons. Other important information shared was that one-third (33%) of participants were housed within four months, and that on average it took 25 days to be determined eligible for the program. The project includes an evaluation component that has identified key barriers to housing. Information from the Pathways evaluation will be compiled and used to recommend legislative changes to strengthen the delivery of services.
- j. DHS (Rachael Wong): Director Wong emphasized the progress in regards to the Innovation Accelerator Program (IAP). Earlier this year, Hawaii was one of eight states selected to receive technical assistance through the IAP. The Hawaii IAP team includes representatives from DHS, DOH, and HPHA, and is working together on a concrete plan to address chronic homelessness. In addition, Director Wong noted that the administration is appreciative of funding received from the legislature, which is the same amount that was requested by multiple State agencies. Looking forward, DHS will issue a Request for Proposals (RFP) later this fall, which will incorporate feedback from a community listening meeting conducted in June 2016. DHS is committed to working with community stakeholders, such as the Hawaii Community Foundation, Federal Reserve Bank, Katy Miller from the U.S. Interagency Council on Homelessness, and the National Governor's Association to address this issue.
- k. DHS, HPO (Harold Brackeen): The HPO recently hired a new Program Specialist, which brings its total staffing to five Program Specialists as of July 2016. Mr. Brackeen noted that HPO still has two vacancies, but expects to fill these vacancies shortly. In addition, Mr. Brackeen noted that existing contracts for homeless services will end in December 2016 and January 2017, and his staff is working on a new RFP that will be released in the fall. HPO is also working to prepare for the implementation of SB2559, which addresses performance standards for shelter facilities, and HPO has hired a consultant to assist with planning for implementation of the bill's requirements. Finally, Mr. Brackeen thanked the legislature for the \$12 million appropriation for homelessness, and noted that his staff is working closely with Chair Morishige to implement a plan for allocation of these resources.
- I. DOD (BG (ret) Bruce Oliveira): Mr. Oliveira noted that this is his first meeting, and he is happy to be part of the Council. BG (ret) Oliveira looks forward to participating actively in future meetings.
- m. PIC (Marc Gannon): Mr. Gannon explained the recent changes in PIC leadership he now serves as Chair of PIC, and the former Chair Greg

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Payton is now Chair of the PIC Advocacy Committee. In addition, Mr. Gannon introduced Jennifer Stasch as the new Director of PIC. Ms. Stasch has been on board for four weeks, and previously worked with the CoC in the San Francisco Bay area. Finally, Mr. Gannon noted that PIC and BTG have both been working to prepare applications for HUD funding, and the focus is on increasing the current level of funding.

- n. HUD (Rebecca Borja): The 2016 CoC Notice of Funding Availability (NOFA) has been released and September 14, 2016 is the deadline to apply. The NOFA is the application to receive HUD funding to address homelessness. Ms. Borja encouraged anyone who is interested in HICH, PIC, and BTG to visit the HUD website to view the NOFA. In addition, Ms. Borja noted that numerous webinars are available with information regarding the NOFA process.
- o. DOE (Toby Portner): Ms. Portner introduced herself as the new DOE Homeless Coordinator, and noted that she recently transitioned into this position. She encouraged members of the HICH to contact her if there are any questions or concerns relating to DOE homeless services.
- p. City & County of Honolulu (Kirk Caldwell): Mayor Caldwell stated that homelessness is a priority for the City & County of Honolulu. He introduced his staff who were in attendance: Corporation Counsel Donna Leong, Office on Housing Director Jun Yang, Communications Director Jesse Broder van Dyke and Deputy Director Barbara Yamashita with the Department of Community Services. The Mayor summarized the City's efforts to address homelessness, including the first hygiene center in downtown Honolulu and the City's recent acquisition of a property on Kuwili St. Mayor Caldwell also highlighted the success of the City's Housing First contract with I.H.S. 115 households served, and 96% retained housing and stated that they will be starting a second round of Housing First with U.S. Vets as the lead contractor. Finally, Mayor Caldwell stated that 747 veterans have been housed through the Mayor's Challenge initiative, but there is still more progress to be made.
- q. Hawaii State Senate (Suzanne Chun Oakland): Senator Chun Oakland shared updates from the legislature to increase funding for housing and homeless services. The legislature provided funding to DHS for homeless services, to the Hawaii Public Housing Authority for public housing renovations and the rent supplement program, as well as funding to DOH for community based services and for the Hawaii State Hospital. In addition, the legislature provided support for affordable housing through appropriations to the dwelling unit revolving fund and rental housing revolving fund, and passed legislation to support the low income housing tax credit program.

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- r. AG (Melissa Lewis): Deputy Attorney General Melissa Lewis introduced herself and stated that she provides legal services to the Governor's office and DHS. She is in attendance on behalf of Attorney General Doug Chin.
- s. DPS (Monica Lords): Ms. Lords stated she is representing Director Nolan Espinda, and has no update to report at this time.
- t. Hawaii Public Housing Authority: Chair Morishige noted that there was no representative present from HPHA, but wanted to share updates on behalf of the HPHA Executive Director. In June 2016, HPHA utilized the Governor's Emergency Proclamation to establish an emergency rent supplement program to assist homeless families statewide. The program will provide supplemental payments to homeless families that start at up to \$1,000 per month for the first six months, and go down to \$500 per month on an ongoing basis. Families who receive assistance through this new program will be re-assessed for eligibility on an annual basis. HPHA has recently selected Catholic Charities Hawaii as the statewide provider for this program, and will begin receiving referrals shortly.
- 5. **11:20 a.m. HICH Working Groups.** Chair Morishige shared that work groups had been established previously to advance the work of the HICH. Three of the work groups participated in Systems Mapping facilitated by the Hawaii Leadership Forum, and updates for these work groups will be shared during the next agenda item. Chair Morishige called upon the leaders of Work Group 1 to provide an update, and stated that updates from the remaining work groups would be provided under the next agenda item regarding Systems Mapping.
 - a. Work Group 1: Strengthen Data Collection / Statewide Outreach (Maude Cummings): Ms. Cummings provided an update regarding the Statewide Data Committee, which is chaired by Jason Espero. Ms. Cummings reported that a new HMIS Administrator has been selected, and that a new website has been established to track HMIS requests: http://hawaiihmis.org. The website includes a ticketing help desk, which will address issues with the system. Ms. Cummings stated that the migration of VI-SPDAT assessment data from PHOCUSED into the HMIS system is ongoing. Moving forward, VI-SPDAT data will be entered directly by providers into the HMIS, rather than going through PHOCUSED for data-entry. Ms. Cummings emphasized the fact that both HUD and HPO require that contractors input data into the HMIS. She reported that the HMIS is a critical tool to measure effectiveness and track various data points related to homelessness. According to Ms. Cummings, the HMIS is critical not only to gather data for funding purposes, but also to assess the systems overall effectiveness in moving people from the streets and into permanent housing.

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Chair Morishige also requested Work Group 1 to share information regarding the recent Statewide Point in Time Count. Ms. Cummings deferred to Marc Gannon from PIC to provide an update.

Mr. Gannon shared that the Point in Time (PIT) is a count of homeless individuals statewide, which was conducted in partnership with PIC and BTG. The PIT provides just one data set related to homelessness, and the data should not be considered in isolation. The full PIT report is posted online at http://www.partnersincareoahu.org/2016-statewide-point-time-count-0. Key updates from the 2016 PIT count are:

- 4% increase in homelessness statewide.
- 1% increase in homelessness on Oahu.
- 3% decrease in homeless veterans statewide.
- 12% decrease in homeless veterans on Oahu.
- 6. **11:30 a.m. Discussion on Work Group updates.** Chair Morishige opened the floor to HICH members who had questions on the updates presented.

Mayor Caldwell question the veterans' numbers in the 2016 PIT Count, and stated that the numbers appear to be inconsistent with other data sets utilized by the City & County of Honolulu.

Mr. Gannon responded that the PIT Count represents the number of homeless veterans on a specific day in January 2016. He repeated that the PIT Count data cannot be considered in isolation, and shared that the By Name List (BNL) utilized for the Mayor's Challenge to End Veteran's Homelessness may be more accurate, as that listing is updated weekly. Mr. Gannon also shared that the PIT Count data does not reflect new veterans that are entering the homeless system. He stated that the PIT Count data needs to be looked at together with HMIS data reflecting homeless service utilization.

- 7. **11:35 a.m. Update from the Governor's Coordinator on Homelessness.** Chair Morishige provided brief updates to the Council on the following items:
 - a. 2016 Legislative Session: Chair Morishige thanked Representative Jordan and Senator Chun Oakland for providing an update of the 2016 session. In addition, he noted that the State is appreciative of the \$12 million appropriate for the legislature, and the increase in staff positions for HPO and HPHA. Chair Morishige noted the flexible nature of the \$12 million appropriation, and stated that he and his staff have been meeting closely with State directors and agency heads over the past two months to finalize plans for use of the appropriation. In general, Chair Morishige stated that the \$12 million appropriation will be directed to strengthen data and infrastructure needs related to HMIS and the maintenance of state-

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- owned shelters, and that funding will be directed to rapid re-housing, housing first programs, homeless outreach, and to public safety activities.
- b. Governor's Emergency Proclamation. Chair Morishige noted that the emergency proclamation is in place until August 20, 2016. The emergency proclamation has enabled the State to quickly deploy resources to address homelessness through the Aloha United Way Coordinated State Homelessness Initiative (CSHI) contract and the new HPHA rent supplement program.
- c. <u>Draft of the State Homeless Framework.</u> Chair Morishige shared a draft of the State Homeless Framework with members of the Council (see attached). The goal of the State's framework is to establish a housing-focused system by 2020, which effectively transitions homeless individuals and families quickly into permanent housing. The framework is focused on three leverage points that must be addressed simultaneously: Affordable Housing, Health and Human Services, and Public Safety.
- d. Aloha United Way Coordinated Statewide Homeless Initiative (CSHI). The CSHI contract was executed in mid-February 2016, and services began in mid-April 2016. Over the past 10 weeks, the CSHI contract provided \$513,583 to 275 households statewide this is twice the amount that a typical contract for the State Homeless Emergency Grant program would assist over the course of a whole year. Chair Morishige referenced a handout provided to Council members with an update on CSHI services from 4/15/16 through 7/1/16. The CSHI contract is an example of a new model of contracting, which utilizes a master contractor and multiple subcontractors statewide to quickly deliver services to those in need.
- e. <u>June 16, 2016 Listening Session Regarding Homelessness.</u> A handout was provided for Council members that highlights notes from the June 16, 2016 Listening Session. The session was attended by over 35 providers, federal partners, State and City agency staff, and private foundations. Key takeaways from the notes include the need for better alignment between funders. As a follow up to this session, the State will reach out to other funding partners to ensure that funding efforts are aligned, and to prevent unnecessary duplication of effort.
- f. <u>Homeless System Mapping Efforts.</u> Chair Morishige invited guests Aubrey Yee and Sam Dorios from the Hawaii Leadership Forum to provide an update on the System Mapping process.

Ms. Yee and Mr. Dorios introduced themselves and explained the process of Systems Mapping. In general, mapping provides a holistic and collective view of a system to assist in identifying the leverage points for change. A system map is comprised of factors that are connected to each

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other, and create loops that explain certain dynamics or aspects of the system. The loops' stories will explain why a system does what it does, and why the situation gets better, worse, or stays the same. Each loop connects with other loops that together form a larger system.

Ms. Yee and Mr. Dorios shared that they have conducted systems mapping sessions with Work Group 2, "Landlord Outreach & Education" and Work Group 4, "Addressing homelessness through transitions from different care settings." From these initial mapping sessions, they have started to identify a number of loops within the homeless system.

Future plans for Systems Mapping include a mapping session with Work Group 3, "Develop transitional housing for homeless families" and include a session where the maps from each work group will be looked at collectively. The final systems map produced will be shared with Chair Morishige and the State to guide and inform homeless policy in preparation for the 2017 legislative session.

- g. National Governor's Association Technical Assistance for Homeless Families. A handout was provided for Council members that provides recommendations from the National Governor's Association (NGA). Chair Morishige stated that NGA is providing technical assistance to the State in regards to population health and homelessness, and that a workshop was conducted for State staff on June 14, 2016. Key recommendations from the NGA are to re-examine the membership and structure of the HICH, and for HICH members to establish an implementation team consisting of staff that can carry out the work established through policy by the HICH.
- 8. 11:55 a.m. Discussion on updates from the Governor's Coordinator on Homelessness. Chair Morishige opened the floor to discussion regarding the updates. Specifically, Chair Morishige asked the Council to reflect on the State's draft framework for homelessness, and how the different activities (e.g. systems mapping, CSHI contract, NGA technical assistance, and listening session) may work to support this framework.

Ms. Cummings asked a question regarding the HMIS, and whether there is an opportunity for State programs to report data into the HMIS.

Chair Morishige responded that the State is continuing to work towards a solid HMIS system, and the goal is to get all homeless programs to enter into the HMIS. For this to occur, the Chair stated that there needs to be continued investment in the capacity of the HMIS.

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Ms. Borja asked how the State CSHI contract with Aloha United Way and the 2-1-1 system relate to PIC and the BTG. Specifically, she asked if the 2-1-1 has any connection to the coordinated entry system.

Chair Morishige responded that both CoCs – PIC and BTG – are receiving technical assistance from HUD to establish a coordinated entry system. While case conferencing is one method of coordinated entry for unsheltered households, the hope is that the 2-1-1 may be used as a coordinated entry model for those that access homeless services primarily by telephone or online.

Ms. Cummings added that, as we work towards a coordinated entry system for all providers, it is important that we share common definitions. For example, Ms. Cummings stated that the definition of "at-risk household" utilized by the CSHI contract is different from the HUD definition of "at-risk household."

Deputy Director Fallin stated that DOH is working primarily to address chronic homelessness. DOH staff have noted that the State, City and HUD all share a common definition of "chronic homeless." Deputy Director Fallin agreed that with other populations, such as those "at-risk" of homelessness, the definitions may be different. She agreed with Ms. Cummings that we must work towards common definitions among different funding agencies and service providers.

Chair Morishige asked Council members for specific feedback on NGA recommendations regarding the structure of the HICH. For example, in other communities the HICH Chair is a member of the Council, and the State Homeless Coordinator is a staff person rather than the HICH chair. Chair Morishige noted that the United States Interagency Council on Homelessness is structured in the same way.

Director Wong noted that she would like to build on the NGA recommendations, and has two suggestions for the Council. The first is that an ad hoc group be established to consider the NGA recommendations. The second is that updates from Council members be provided in advance of the meeting and treated as a consent agenda, so that more time during the meeting can be allocated to discussion rather than updates.

Chair Morishige noted Director Wong's recommendations, and stated that the recommendation to establish an ad hoc group must be included on the next agenda before a vote can be taken.

Director Yang stated that he had a specific question regarding the draft State framework. Director Yang wanted to ask if there was a funding priority for the 10,000 affordable housing units identified in the framework.

Chair Morishige responded that, in relation to affordable housing, the Ige Administration has made it a priority to increase productivity of housing at all

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affordability levels. He noted that the Hawaii Housing Finance and Development Corporation has specifically adjusted its Qualified Allocation Process (QAP) to encourage greater productivity. In addition, the administration is working with HPHA to address the need for housing for those below 30% of the area median income.

Ms. Borja commented that the State should work towards one unified strategy to address homelessness, rather than different groups having multiple strategies. She recommended that the CoCs – specifically BTG and PIC – be used to support a unified strategy.

Chair Morishige stated that a recommendation from the June 16th Listening Session is to establish a working group of key funding agencies, including HUD, City, State and private funders. The establishment of this group will be a key first step towards alignment, and working towards a more unified strategy.

Chair Morishige asked the Council for comment regarding the NGA's recommendations of forming an implementation team.

Representative Jordan stated that she has questions that were brought up in December 2015 that she is still awaiting answers for. She stated that it is important to know the number of individuals who were placed from Kakaako and remained in shelter or housing. Representative Jordan stated that we need to know the data relating to retention in order to measure the effectiveness of our system.

Deputy Director Fallin suggested that the Council look at common measures of effectiveness that can regularly shared with the Council. There was a suggestion to look at measures for existing contracts, and to discuss ways to better link data collection to outcomes.

Senator Chun Oakland stated that the Council should also examine measures relating to housing, and utilization of rental units statewide. For example, on Maui there are an estimated 50% of housing units that are not occupied because the owner resides out-of-state. Senator Chun Oakland also suggested that the Council examine the impact of vacation rental on the housing inventory.

Chair Morishige noted that the State will continue to work towards strengthening the HMIS system, and will continue its focus on affordable housing. In addition, the HICH will continue to work towards better alignment with the focus of other entities, such as the CoCs and other government agencies.

9. **12:15 p.m. Public Testimony.** Chair Morishige opened the floor to public testimony. The public was asked to keep testimony limited to no more than one minute.

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- a. Kim Bohol, Resident Manager: Ms. Bohol wanted to share her experience as a resident manager, and how she personally witnessed many successes of individuals moving out of homelessness and into permanent housing. Chair Morishige thanked Ms. Bohol for her efforts in addressing homelessness.
- b. Michael Peacock, Hawaii Vet to Vet: Mr. Peacock wanted to talk about the numbers for the 2016 PIT Count. He shared a concern that individuals in jail or prison should be considered homeless, as they will be released and not have a home to return to. In addition, Mr. Peacock asked if the VI-SPDAT will continue to be used as an assessment tool. Chair Morishige stated that, as far as he is aware, the VI-SPDAT continues to be used by homeless service providers. It was noted that there are currently two versions of the VI-SPDAT in use – one version on Oahu and one on the neighbor islands - but providers are working towards use of the same version.
- c. Charnay Bland, One Love Ministries: Ms. Bland stated that she is associated with a faith-based organization and that the Council should consider faith-based organizations that are currently working with the homeless population in their own communities. Ms. Bland mentioned that her faith-based organization provides services to homeless individuals in Kakaako. Chair Morishige stated that the Council currently includes participation from the faith-based community and is actively looking for ways to increase involvement by the faith-based sector.
- 10. 12:25 p.m. Third Order of Business: Adjournment. Chair Morishige entertained a motion to adjourn. Motion to adjourn was made by Kamana`o Mills and Seconded by Maude Cummings. Chair Morishige called the question. The motion passed unanimously.

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PRESSING THE LEVERS OF CHANGE

Hawai'i State Framework to Address Homelessness

The State's framework to address homelessness is based upon the 'Ohana Nui approach, the Department of Human Services and the Department of Health's multigenerational approach that invests early and concurrently in children and families to improve health, education, employment, and other outcomes. 'Ohana Nui is integrated into State programs, policies, and philosophies to ensure we address the root causes, or *social determinants of health*, which include healthcare, education, safety, living/work environments, and housing. Concurrently and in alignment with 'Ohana Nui, the State strategically presses on three levers to address homelessness: *Affordable Housing*, *Health & Human Services*, and *Public Safety*.

Affordable Housing

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

Health & Human Services

Implement data-driven and evidence-based services that emphasize permanent housing placement.

Public Safety

Maintain safety in public spaces for all members of the community. When unsheltered persons are encountered, ensure they are quickly connected to housing and human services.

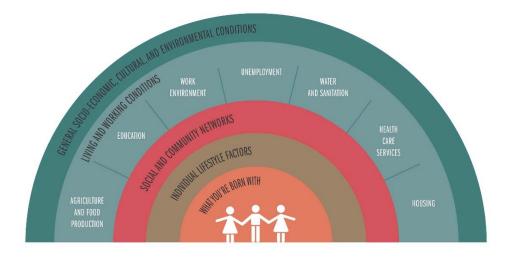
GOAL: A "HOUSING FIRST" SYSTEM BY 2020

To implement **Housing First** on a system-wide scale, Hawai'i aims to reach **Functional Zero**, which is defined as a point where Hawai'i has:

- Sufficient housing for all homeless individuals; and
- Appropriate services to transition individuals to permanent housing, regardless of their levels of need.

'OHANA NUI: ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Implementing a Housing First system – so that children do not grow up in homelessness – addresses the social determinants of health and improves outcomes not only for the current generation, but for those to come. The greatest return on investment will be in children ages zero to five years because research shows that living in toxic stress situations impact early childhood brain development, and health throughout the lifespan.



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\$12M LEGISLATIVE APPROPRIATION: ACCELERATING STATE IMPACT ON HOMELESSNESS

The State Legislature provided an appropriation of \$12M over the existing base budget to address homelessness statewide. The framework will guide the State's allocation of this funding as illustrated below:



Data & Infrastructure (\$675K)

- Build data capacity for evaluation and outcome monitoring.
- Invest in repair and maintenance for stateowned shelters.



Affordable Housing

- Governor Ige is committed to a goal of 10,000 new housing units by 2020.
- The Rent Supplement program provides shallow subsidies for homeless households.
- Landlord summits have been convened statewide to incentivize use of existing inventory.



Health & Human Services (\$9.40M)

- Increase funding for homeless outreach.
- Expand Housing First and Rapid Re-Housing programs statewide.
- Continue to invest in evidencebased practices.



Public Safety (\$1.925M)

- Provide funding to address encampments on State lands and to keep public spaces safe.
- Ensure property storage and access to housing services for unsheltered persons.

MEASURING IMPACT: CLEAR AND MEASURABLE OBJECTIVES FOR EACH LEVER OF CHANGE

	Affordable Housing	Health & Human Services	Public Safety
Short term (Now)	Maximize the use of rental subsidies by convening landlord summits in every county and recruiting landlord participation.	Issue a new RFP for state homeless contracts, which are coordinated, performance-based, and focused on permanent housing.	Implement statewide policy to address homeless encampments on state lands.
Medium term (2018)	Streamline housing development by aligning rules and processes among state housing agencies.	Maximize efficiency by utilizing Medicaid and other funding streams for permanent supportive housing.	Divert homeless persons from the criminal justice system.
Long term (2020)	Build 10,000 new housing units by 2020.	Reduce the number of unsheltered people to functional zero by 2020.	Reduce to functional zero the number of encampments on state lands by 2020.

The full state plan aligns with Governor Ige's vision for Hawai'i and builds on the work done by many individuals from government, nonprofit organizations, and the private sector. By incorporating 'Ohana Nui into the framework, the plan addresses Governor Ige's priorities: investing in families; improving government efficiencies; ensuring that the community comes first; and bringing aloha to everything we do. To learn more, contact the Governor's Office on Homelessness at (808) 586-0193 or by e-mail at gov.homelessness@hawaii.gov.

Hawai'i State Plan on Homelessness, Working Draft (Condensed)

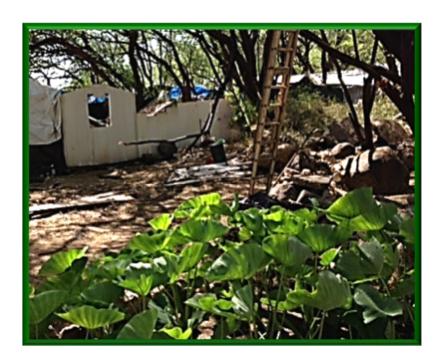
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Pressing the Levers of Change:

Hawai'i State Framework to Address Homelessness



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

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GOVERNOR DAVID IGE'S PRIORITIES FOR HAWAI'I

OUR VISION

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

OUR MISSION

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

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

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

CORE VALUES

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

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

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

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

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

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

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

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

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INTRODUCTION

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



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

Scope of homelessness.

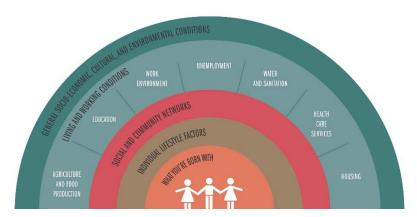
Hawai'i has the highest rate of homelessness among the 50 states with the number of homeless people in the islands increasing steadily over the past five years. According to the United States Department of Housing and Urban Development (HUD), the total point-in-time count of people experiencing homelessness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

Building on past efforts.

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

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¹ U.S. Department of Housing and Urban Development. *CoC Homeless Populations and Subpopulations Reports*. Available at: https://www.hudexchange.info/manage-a-program/coc-homeless-populations-and-subpopulations-reports/. Accessed April 23, 2016.



The social determinants of health represent the variety of different factors – including education, wrok environment, health care, and housing – that impact a family's well-being.

'Ohana Nui: Addressing the social determinants of health.

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

Identifying a Housing First system as our goal.

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

Conclusion.

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

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THE GOAL: A HOUSING FIRST SYSTEM

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

Benchmarks to achieving a Housing First system.

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

What is functional zero?

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

- Hawai'i has sufficient housing for the number of homeless people; and
- ♣ Hawai'i has appropriate services to transition homeless people to permanent housing, regardless of their level of need.

Does achieving functional zero mean there will be no homelessness?

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

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

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

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

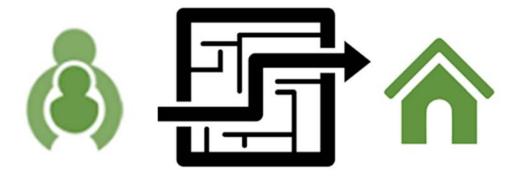
people (24.9%) that comprise the estimated homeless population. By 2020, we intend to close this gap.



The darkened homes indicate a lack of available bed spaces for the estimated homeless population. Currently, our community lacks resources for nearly one-fourth of the population. By 2020, Hawai'i intends to address this resource gap by adding appropriate resources to our system.

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

Building capacity for Housing First is not simply about adding more beds in shelters or housing units to the inventory. For many homeless people, the current system is an overwhelming maze. We need navigators – outreach workers and case managers – to connect homeless people to appropriate resources that address individual, unique needs. Efficiency delivery of services by highly competent and compassionate people – from both government and private organizations – is an essential piece of the Housing First system.



There are a wide range of resources to assist people experiencing homelessness, which can often feel overwhelming. By emphasizing housing navigation and outreach services, and targeting resources appropriately to address individualized needs, Hawai'l will streamline access to permanent housing to quickly transition homeless people from the streets to a home. The goal by 2020 is to connect people directly to the most appropriate resource, as reflected in the diagram above.

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THREE LEVERS OF CHANGE

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

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

- Affordable Housing
- Health & Human Services
- Public Safety

Affordable Housing

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

Health & Human Services

Implement data-driven and evidence-based services that emphasize permanent housing placement.

Public Safety

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

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

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

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



(1) Affordable Housing

Build new housing and increase access to existing housing.



(2) Health & Human Services

Provide appropriate supports to link homeless persons to homes.



(3) Public Safety

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

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

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

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

"Roy" had been living in a makeshift encampment on Sand Island for many years.³ His life changed following the coordinated actions of human service personnel, public safety officers and a housing provider. In March 2016, the state coordinated closely with outreach workers who entered the encampment to assess each person's situation and identify the most appropriate resource to connect them to housing. For several weeks the outreach workers built trust and rapport with the people living in the camp, and it paid off. When the Department of Land and Natural Resources moved in to enforce nocamping rules, two men from the encampment accepted help from the outreach workers. One of those men was Roy. He was immediately sheltered at the nearby Hale Mauliola facility, provided support services, and is now on the path to permanent, stable housing.

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

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

LEVER ONE: Affordable Housing

To fully implement a Housing First system, Hawai'i must build more affordable housing and maximize use of existing inventory. To achieve this, the full process of housing development – which typically lasts several years – has been closely examined. Key points have been identified where there are opportunities to accelerate productivity. In addition, the groundwork has been firmly established to engage landlords to rent to low-income and Section 8⁴ renters to increase the use of alternative housing across the state.

Action steps to lever change.

Engage landlords.

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



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

Streamline rules and processes.

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

Align State-County development efforts.

Partnerships between the state and counties can accelerate housing development to better meet the needs of our housing continuum. While the state can provide gap financing⁵ for housing development, the counties can shape policy regarding urban planning and infrastructure development. In particular, Transit Oriented Development (TOD) on Oahu provides increased opportunities for public-private partnerships to develop rental inventory in Honolulu's urban corridor.

Maximize financing opportunities for development.

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

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⁴ Section 8 refers to the Housing Choice Voucher Program. More detail is provided in the Key Terms and Definitions section of this plan.

⁵ Gap financing typically refers to various federal, state, and local subsidies that are intended to close the gap in financing for affordable housing development projects, which are not covered by a standard loan.

Monitoring progress.

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



Volunteer Russell Wozniak lends his time and energy to assist with design for a new Family Assessment Center in Kakaako.

♣ Short-term objective (Now).

A landlord summit will be convened in every county to increase the number of landlords working together to help solve homelessness.

Medium-term objective (2018).

State housing agencies will align rules and processes in order to streamline housing development, and to ease access to affordable housing inventory.

♣ Long-term objective (2020).

A total of 10,000 new housing units will be developed by 2020.

Collaboration: A key to success.

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

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

State Departments and Agencies Addressing Lever One

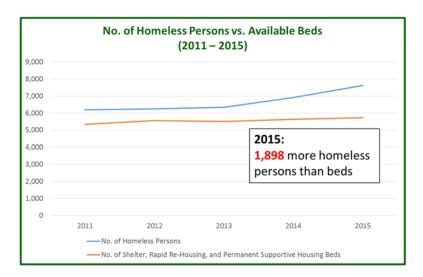
- Hawai`i Housing Finance and Development Corporation
- Hawai`i Community Development Authority
- Hawai`i Public Housing Authority
- Department of Hawai'ian Home Lands
- Department of Human Services
- Office of Planning

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The case for more housing.

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

For homeless persons, the housing shortage can be insurmountable. According to the HUD 2015 Housing Inventory Count, Hawai'i has only 5,722 available beds to specifically accommodate homeless persons, compared to an estimated homeless population of 7,620.8 Not only is this number insufficient to meet the current number of homeless persons, but the majority of these beds are for emergency shelter or transitional housing, rather than permanent housing.



The chart above shows homeless population and bed count data for the past five years, which underscores the fact that homeless persons have far outpaced the number of available beds, and the gap is growing ever larger. To close this gap, Hawai'i will increase production of affordable housing inventory, and better maximize existing inventory through landlord recruitment efforts. Additionally, Hawai'i will focus on converting temporary shelter space into permanent housing in order to create long-term housing solutions for those most in need. This focus on permanent housing takes place with the knowledge that there will always be a need for emergency shelter in our continuum, and it is a critical part of the overall response to homelessness.

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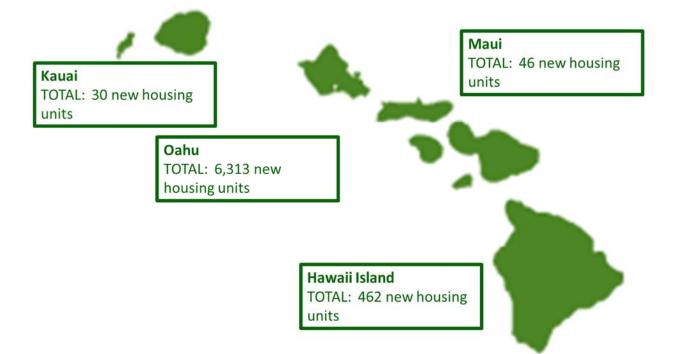
⁶ Hawai'i Department of Business, Economic Development, and Tourism. Measuring Housing Demand in Hawai'i 2015-2025. April 2015, p. 3.

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

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

Projects underway to meet housing demand.

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



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

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

LEVER TWO: Health & Human Services

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

Action steps to lever change.

- Invest in evidence-based programs that emphasize rapid entry into permanent housing.
 - Invest in programs, such as Housing First and rapid re-housing, which have been proven effective, and place a clear focus on moving homeless persons into permanent housing as quickly as possible.
- Align contracts for Health and Human Services.
 - Align contracts and services of the Departments of Health and Human Services, including the Office of Youth Services, with similar efforts funded by Federal and local government, as well as privately funded efforts. This will enable leveraging of multiple funding streams, and ensure that government and private resources are utilized in an efficient manner.
- ♣ Establish clear and consistent performance metrics across all contracts.

 All existing contracts to service providers will be reviewed with clear performance metrics to monitor progress. Homeless service providers shall be required to input client and program information into the Homeless Management Information System (HMIS) database for a more visible, transparent way to track the success of various programs and their impact on the homeless population.
- Leverage mainstream resources (e.g. Medicaid, TANF, SNAP, etc.) to provide support services for clients.
 - Make the necessary policy and rule changes to allow service providers to utilize mainstream resources and funding such as Medicaid for supportive services (e.g. case management, and move-in assistance). By better leveraging these funding streams, Hawai'i will bring permanent supportive housing programs, such as the state Housing First program, in alignment with the actual need.
- Convert transitional housing to permanent housing.
 - Work together with homeless service providers to identify transitional housing facilities that can be converted to permanent housing, while allowing homeless households to transition in place. This will increase housing inventory in the community, result in increased cost-efficiencies, and reflect alignment with federal strategies emphasizing permanent housing services.

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- ♣ Ensure that job development and training programs include opportunities for those who are experiencing or are most at risk of homelessness. Homeless services will include a focus on job development and training programs, which support economic self-sufficiency. The Department of Labor and Industrial Relations (DLIR), and the Department of Human Services (DHS), will work together to integrate job training and employment programs together with shelter, outreach, and other homeless services.
- ♣ Integrate primary and behavioral health care services with homeless services and housing.
 Health care and housing are intrinsically linked. Housing has been demonstrated to improve health outcomes for individuals with physical and behavioral health concerns. Homeless services will focus on housing, as well as supportive
- ♣ Strengthen Coordinated Entry for services. Work together with homeless service providers to streamline referrals and access to housing services and support. As new programs and services are added to the Continuum of Care for homeless services, the coordinated entry system¹⁰ should adapt to ease connection to these additional services.

State Departments and Agencies Addressing Lever Two

services, to address health-related concerns.

- Department of Human Services
- Department of Health
- Department of Labor and Industrial Relations
- Office of Youth Services
- Office of Community Services
- Department of Education

Monitoring progress.

These actions will achieve the following key objectives:

- Short-term objective (Now). Issue a new Request for Proposals for state homeless contracts, which are coordinated, performance-based, and focused on permanent housing.
- Medium-term objective (2018). Maximize efficiency by utilizing Medicaid and other funding streams for permanent supportive housing.
- Long-term objective (2020).

 Reduce the number of unsheltered homeless persons to Functional Zero by 2020 for specific sub-populations.

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

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

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

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

Rapid re-housing and homelessness prevention.

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

Housing coordination center.

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

Development of longer-term strategies.

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

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

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

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

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

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

Partner Agencies for the Coordinated Statewide Homeless Initiative (CSHI)

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

<u>Oahu</u>

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

<u>Maui</u>

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

Hawai'i Island

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

Kauai

- Catholic Charities Hawai'i
- Kauai Economic Opportunity

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

LEVER THREE: Public Safety

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

Action steps to lever change:

- Develop uniform policy and procedures that ensure homeless persons are treated with dignity and compassion.
 - When law enforcement becomes necessary to clear public spaces, State departments and agencies will implement procedures that respect all parties involved. The right response to encampments will ensure access to housing and supportive services, and provide temporary storage for any property that may be encountered.
- ♣ Ensure that outreach services are integrated with law enforcement activities, so that homeless persons are diverted from the criminal justice system. Homeless outreach services will co-respond with law enforcement when addressing homeless persons who illegally remain on government property. Outreach workers will provide social service support, and assess homeless persons for appropriate housing resources.
- ♣ Conduct trainings for law enforcement and other State employees regarding homeless services, and crisis response.
 Provide training for law enforcement and State employees responding to homeless encampments to outline the available homeless services (e.g. shelter, Housing First, etc.) and equip individuals in crisis response procedures. The training of
- ♣ Provide specialized discharge planning when releasing at-risk individuals into the community from hospitals or public safety settings.
 Ensure discharge planning for individuals exiting hospitals or public safety settings

staff will ensure that law enforcement and employees respond appropriately.

– particularly those who are homeless or lack a stable place of residence – includes support services to prevent or break the cycle of homelessness. When possible, these discharge planning efforts should include direct input from housing and homeless service providers.

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Monitoring progress.

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

- ♣ Short-term objective (Now). Implement a statewide policy, across all state departments and agencies, on how to respond to homeless encampments on public lands.
- Medium-term objective (2018). Effectively divert homeless persons from the criminal justice system through implementation of a pilot project.
- Long-term objective (2020).

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

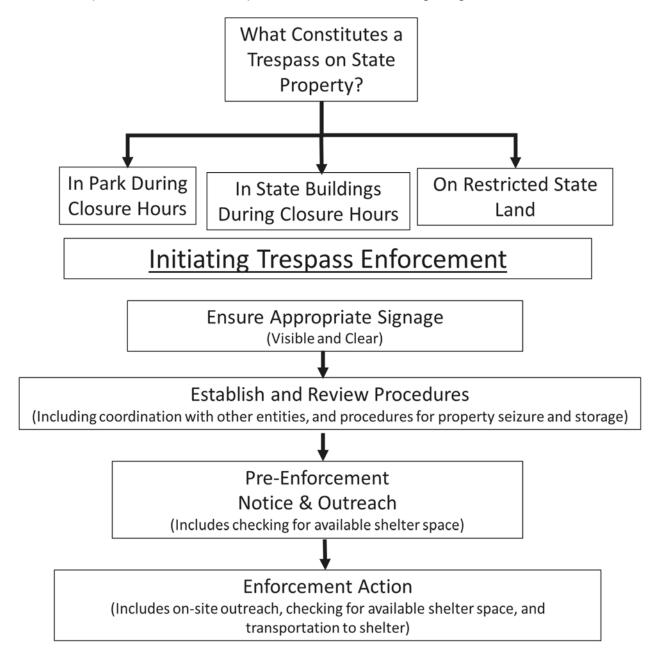
State Departments and Agencies Addressing Lever Three

- Department of Public Safety
- Department of Transportation
- Department of Land and Natural Resources
- Department of the Attorney General
- Hawaii Community Development Authority

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Flow Chart of Enforcement Process on Public Lands.

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



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The Kaka'ako Phenomenon: Putting People First.

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

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

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

Homeless Outreach Providers

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

<u>Oahu</u>

- Care Hawaii
- Hope, Inc.
- Institute for Human Services
- Kalihi-Palama Health Center
- Kealahou West Oahu
- Waianae Coast Comprehensive Health Center
- Waianae Community Mental Health Center
- Waikiki Health

Maui

- Family Life Center
- Mental Health Kokua
- The Salvation Army

Hawai'i Island

• Hope Services

Kauai

- Kauai Economic Opportunity
- Mental Health Kokua

The approach utilized in Kakaʻako is a strategy that the State and its partners employ in every part of Hawaiʻi. At its core, this strategy relies heavily upon the skill and dedication of homeless outreach workers, 12 who serve as housing navigators. These navigators guide each individual person through the homeless system of care and connect them with the resource that is most appropriate to address their needs.

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

CONCLUSION

As we put forward this strategy – one that requires coordination across all levels of government – it is clear that addressing homelessness will require both time and resources. It has also become clear that progress will require a focus on three levers that we know will impact change – affordable housing, health and human services, and public safety.



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

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

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

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

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

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KEY TERMS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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DOCUMENT 1 – DRAFT PLAN

Hawaii Interagency Council on Homelessness

DRAFT Plan to End Homelessness

- I. Goal 1: Retool the Homeless Crisis Response System
 - a. Objective 1: Refocus homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing
 - i. Strategy 1: Promote best practices for crisis response programs (e.g., transition in place and Homeless Prevention and Rapid Re-housing [HPRP])
 - ii. Strategy 2: Use mainstream resources to provide housing stabilization assistance
 - iii. Strategy 3: Develop implementation strategies for the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act that sustain best practices
 - iv. Strategy 4: Increase number and diversity of community stakeholders
 - v. Strategy 5: Review and develop strategies which assist homeless non-residents in accessing the most appropriate resources
 - b. Objective 2: Ensure that all critical services are prioritized for funding
 - Strategy 1: Conduct fiscal mapping study for all services which address homelessness
 - ii. Strategy 2: Based on the fiscal mapping study, develop a comprehensive revenue plan which includes federal, state, counties, service providers, business community, philanthropic organizations, and the faith community
 - c. Objective 3: Ensure that all information systems are appropriately integrated to improve effectiveness and efficiency of service provision to those who are homeless and to better support providers who serve the homeless
 - i. Strategy 1: Create ways to track those who are homeless through various service systems to establish baseline cost utilization
 - ii. Strategy 2: Track service effectiveness and cost savings resulting from coordination of outcome oriented interventions
- II. Goal 2: Increase Access to Stable and Affordable Housing
 - a. Objective 4: Create and preserve affordable housing for people at 50% and below of area median income
 - i. Strategy 1: Support additional rental housing subsidies through federal, state, local, and private resources
 - ii. Strategy 2: Expand the supply of affordable rental housing where they are most needed through federal, state, local and private efforts, and partnerships
 - b. Objective 5: Create and preserve permanent supportive housing options for people who are homeless and have special needs, e.g., mentally ill, medically frail, 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
- ii. Strategy 2: Expand the supply of permanent supportive housing through federal, state, local, and private resources
- c. Objective 6: Improve access to government-funded affordable housing by eliminating barriers.
 - Strategy 1: Review government policies and practices in government funded affordable housing (including Hawai'i Public Housing Authority - HPHA) which impact eligibility and eviction (e.g., whether to include food stamps as part of minimum income qualification)
 - ii. Strategy 2: Coordinate with HPHA to prepare new tenants for public housing and promote the transition of people in public housing to other forms of permanent housing in order to improve access for others in need
 - iii. Strategy 3: Increase the pool of "ready to rent" or "eligible" tenants
- III. Goal 3: Increase Economic Stability and Self-sufficiency
 - a. Objective 7: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
 - i. Strategy 1: Ensure that job development and training programs include opportunities for people who are experiencing or most at risk of homelessness
 - ii. Strategy 2: Review government program policies, procedures, and regulations to identify and remove barriers and improve access to employment (e.g., criminal history barriers)
 - iii. Strategy 3: Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce
 - iv. Strategy 4: Improve coordination and integration of employment programs with homeless assistance programs, victim assistance programs, and housing and permanent supportive housing programs
 - v. Strategy 5: Develop job opportunities appropriate for a range of homeless individuals
 - b. Objective 8: Improve access to appropriate mainstream programs and services to reduce people's financial vulnerability to homelessness
 - i. Strategy 1: Promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness
 - ii. Strategy 2: Review state program policies, procedures, and regulations to identify and remove barriers and improve access to income support
 - iii. Strategy 3: Coordinate with a variety of agencies federal and state to ensure that those who are homeless and those at risk of homelessness receive available services and/or benefits
 - iv. Strategy 4: Coordinate with a variety of agencies federal and state to promote employment among released offenders

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IV. Goal 4: Improve Health and Stability

- a. 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
 - ii. Strategy 2: Seek opportunities to establish medical respite programs (transition program for the medically fragile) to accommodate people being discharged from hospitals experiencing homelessness with complex health needs
 - iii. Strategy 3: Increase availability of and accessibility to health services for special populations (e.g., co-occurring disorders including mental illness, substance abuse, developmental disability, and medical frailty)
 - iv. Strategy 4: Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families
 - v. Strategy 5: Apply the use of technology to increase accessibility of and availability to health services in rural and underserved areas
 - vi. Strategy 6: Identify more accessible resources for dental care and promote utilization
 - vii. Strategy 7: Create specialized service packages for community re-entry for populations such as families, veterans, disabled, youth aging out of systems, and sex offenders so the individual does not revert back to harmful behaviors especially after successful discharge from substance abuse treatment
- b. Objective 10: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice
 - i. Strategy 1: Establish arrangement to provide for reporting of Department of Human Services and Office of Youth Services efforts (youth aging out of foster care and youth aging out of juvenile justice system, respectively) to the HICH
 - ii. Strategy 2: Have Hawai'i Continua of Care revisit Transition Age Youth (TAY) task force recommendations and prioritize actions
- c. Objective 11: Advance health and stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system
 - i. Strategy 1: Improve discharge planning from medical centers, emergency departments, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work support, and health coverage prior to discharge
 - ii. Strategy 2: Promote targeted outreach strategies to identify the most vulnerable homeless people and connect them to the housing and support they need
 - iii. Strategy 3: Increase the number of jail diversion programs that are linked to housing and support

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HONOLULU H² ACTION PLAN - WORKING DRAFT (APRIL 11, 2016)

Disclaimer: This draft action plan is emerging from the Honolulu Housing – Health Care (H²) Action Planning Session held on February 2-3, 2016. It represents a concise presentation of the recommended actions put forth by the session's participants. The Leadership Team will continue to revise this draft, including:

☐ Prioritizing, streamlining, and consolidating, where appropriate, the strategies and action steps
presented.
\square Identifying Responsible Parties: including those who should lead the effort and those who should
do the day-to-day work.
☐ Creating Indicators of Progress: benchmarks by which we can know we are making progress.
☐ Creating outcome measures and corresponding data sources to concretely measure success.
☐ Identifying a term for completion.
☐ Seeking support of recommendations in Action Plan draft from executive leaders.

Potential Existing Structures/Plans that could incorporate this effort:

- Hawaii Interagency Council on Homelessness Task Force #4. Aim is addressing homelessness from health care point of view. Marc Gannon sits on task force, as well as other H² participants. Chaired by Scott Morishige.
- Partners in Care (PIC)'s recent strategic plan
- PIC currently has a sustainability review going on (working with another TA provider) –
 figuring out where HC relates is important (particularly talking about getting public
 health nurses able to input info into HMIS)
- Dept. of Health strategic plan, currently in process

Additional parties to engage and include in discussions/planning going forward:

- State Medicaid
- · Health Plan Association
- Health Care Innovation representatives
- Banks under Community Reinvestment Act, banks are required to have a component that deals with community development relating to affordable housing. Different services they could provide to make loans for building new affordable housing. → Craig Nolte at SF Federal Reserve Bank would be a good person to reach out to for this
- Chamber of Commerce
- HHIE
- HHIC Hawaii Health Care Information Corporation
- We are Oceana Department of Interior is funding them to be a "one stop shop" for Micronesians
- Native Hawaiian health systems

I. Using data to drive analysis, planning, and client-care seamlessly across systems of care

Goals/Objectives for this section of the Plan

(1) Create a fully functional Homeless Management Information System (HMIS) that supports effective and efficient client care across systems; and (2) develop the infrastructure required to facilitate the secure sharing of information required to support comprehensive, consistent and accurate analysis and planning.

Priority Strategies and Action Steps

Phase 0

- I-1. Engage Statewide Data Committee to lead efforts to harness data to drive analysis, planning and client-care seamlessly across systems of care.
 - Connect with Jason Espe from Waikiki Health
 - Expand team membership as necessary to ensure adequate representation of key stakeholders
 - Work to align HMIS leadership and day-to-day administration with broader statewide data efforts

Phase 1

- I-2. Provide a fully-functional HMIS platform which provides robust support for end-toend client care and service delivery for all participating providers, and lay the foundation for integration with other systems.
 - Get the kinks out: ensure the new HMIS implementation is bug-free, reliable and accessible to all who use it.
 - Fully integrate coordinated entry into HMIS and use HMIS as the primary platform for matching, referral, placement and outcome tracking
 - Promote real-time entry of client data into HMIS whenever possible and practical
 - Ensure non-housing agencies are equipped to accurately identify patients/clients/consumers that have housing needs/housing instability.
 - Identify/create questions that can/should be asked consistently and universally by health care providers to determine whether patients are homeless or unstably housed.
 - Train FQHCs. Currently some simply ask "Are you homeless?" at registration. Waianae is planning to start using a Department of Health survey that includes 19 questions, including "Do you foresee any problems with your housing status?"
 - Encourage health providers to use International Classification of Diseases (ICD)-10 codes for homelessness and housing instability.
 - Create business case for HMIS participation and develop incentives for clients and providers to participate

 Ex. Implement barcode/RFID (radio frequency identification) cards to HMIS clients

Phase 2

- I-3. Identify key partners to integrate into HMIS.
 - <u>Priority Partners</u>: agencies, systems, and/or data sources that offer the greatest return on investment in the effort to better connect the delivery of healthcare and housing services to homeless clients. These are systems that the team should *actively* work to integrate with HMIS.
 - Healthcare Providers and Funders
 - Behavioral Health and Substance Abuse (especially Alcohol and Drug Abuse Division (ADAD) contracted providers)
 - Correctional Institutions
 - Hawaii Police Department's Homeless Outreach Database
 - Housing Information Corporation
 - Health Information Exchange
 - Emergency Medical Services/Fire/Rescue
 - <u>Secondary Partners</u>: agencies, systems, and/or data sources that while beneficial, are not top priorities in the effort to improve the delivery of healthcare and housing services. The team should support efforts lead by these other systems to integrate with HMIS.
 - School Districts
 - Foster Care/Family Services
 - Non-HMIS youth service providers
 - o SNAPS
 - Chamber of Commerce/Business Improvement Districts
- I-4. Integrate identified key partners into HMIS.
 - Secure technical assistance to help overcome privacy, confidentiality, security, and other concerns that stand as an obstacle to data sharing and collaboration.
 - Continue working to achieve one standard Release of Information form across systems.
 - Continue working on integrating physical & behavioral health, human services, homeless & housing data systems for both real-time care decisions, needs assessment and planning, and long-term research and evaluation activities
 - Fully implement and standardize the use of housing-related medical billing codes across all healthcare and behavioral health providers in the state.
 - Use ADT data (admissions, discharge and transfers): hospitals enter that data and MCOs get the info within 24 hours. Negotiate with hospitals about when and for what people will be transferred when they are there inappropriately.

Phase 3

I-5. Bring the system to scale by exploring new uses, functionality and other improvements to support full utilization of the community's investment in HMIS and data-sharing.

- Conduct an analysis of frequent users of mainstream systems of care, matching client records across systems (including HMIS)
- Develop a business case for housing interventions for clients with chronic health conditions and/or frequent use of cost-intensive systems.
- Invest in the infrastructure, tools and training required to provide secure, realtime access to HMIS in the field, particularly for outreach workers
- Regularly publish/distribute aggregate information about system performance and costs.
- Replicate the data matching program model that United Health Care is using in Houston.
 - o Talk to United about starting the Houston pilot in Honolulu.
 - United can talk with the other 4 plans to see if it can be a more global model.



II. Improving Access to Health Care, Housing, and Services

Goal/Objective for this section of the Plan:

Close the gaps between members of the target population and the housing, health care, and services they need.

Priority Strategies and Action Steps:

- II-1. Create resource map (including, ultimately, a geographic map) of housing, health care, and supportive services.
 - Build upon efforts of Governor's Office, which began in January 2016.
 - Present to legislature to demonstrate need/advocate for additional resources.
 - Use to educate health care providers about housing system and vice versa.
 - Identify areas for leverage, match and re-alignment of resources
- II-2. Improve education and training across providers regarding the medical, behavioral health, and housing services available. [Note: Linked to Partners in Care (PIC) Strategic Plan]
 - Increase staff to serve as housing/health care navigators.
 - Research funding sources for housing navigators.
 - Develop community definitions for housing navigator, landlord Liaison, Housing Specialists.
 - Increase connections among outreach workers at different agencies.
 - Develop cross training of Community Health Workers and homeless services.
 - Develop culturally-based programming that recognizes that the lack of housing has an effect on how people feel about and treat themselves.
- II-3. Improve discharge/transition protocols for patients exiting hospitals and other institutions that have housing needs.
 - Institute a transition team, including discharge coaching for exiting. Good use for peers. Social workers in hospitals do a lot of outreach phone calls.
 - Improve training and connections with health provider social workers to provide better linkages/warm handoffs to housing agencies for discharged patients with housing needs. Educate them and provide connections for warm hand offs.
 - Look into expanding Releases(s) of Information (ROI) so that non-medical care providers also get these notices.
 - Build relationships at the agency level (not just between individuals) so that relationships aren't severed as a result of one staff person/social worker leaving. Needs to be institutionalized. PIC is working on a database. One place to call. Use 211 to be that.
 - Have agencies include in their job descriptions for anyone who networks with other agencies a list of the agencies/relationships that the position is responsible for maintaining (e.g. within first 2 months, make contact with every one).

- Involve health plans in process. Health plans are alerted when members are admitted to a hospital.
- Some Federally Qualified Health Centers (FQHCs) have agreements with some health plans for the health plans to alert the FQHCs when a patient is admitted to a hospital, but it occurs after the fact. Adjust this so FQHCs are notified closer to admission to allow more time for discharge planning. – Overall goal is to reduce emergency department (ED) overuse & increase connection to primary care provider. There is an extra step that ED social workers can do to find contacts and call, then get a new ROI.
- Ensure discharge/transition plans include a plan for preventive services to reduce or prevent future high costs, particularly for clients with high risk factors (e.g. victims of sex trafficking, injection drug users, people with chronic substance use disorders).
- II-4. Increase landlord engagement and recruitment for participation in permanent supportive housing programs.
 - Build from existing work, including work targeted toward homeless Veterans as part of the Mayor's Challenge.
 - Coordinate with landlord association and property management association.
 - Create damage subsidy funds and market their use.
 - Connect identified landlords with housing and service agencies. (City said that 80 interested landlords, but hasn't been shared widely.)
 - Create strategies to assist persons to move into non-supportive (i.e. simple affordable) housing that don't continue to require the services.
- II-5. Examine and evaluate current case conferencing practices (Hale 'O Malama coordinated entry), to determine whether things are running efficiently and/or whether practices should be formalized and expanded.
 - Build from work of Community Solutions.
- II-6. Train Medicaid health plan RN service coordinators and/or their managers to improve the accuracy of 1147 evaluations (functional assessment tool) to improve expertise in evaluating/scoring homeless people with mental health issues who are appropriate for placement in foster beds.
 - First step: Determine who holds responsibility for completing 1147 forms.
 - Have Department of Human Services (DHS) conduct training of appropriate staff.
 - Secure agreement/statement from DHS that properly placing people in foster beds would save money, improve outcomes, etc. To secure this from DHS, need to determine/show:
 - Number of people that would be affected
 - Number of foster beds available
 - Percentage of relevant population that would be willing to be placed in foster care.

III. Integration of Housing, Health, and Other Services for Housing Retention and Ongoing Wellness

Goal/Objective for this section of the Plan:

Foster collaboration between housing and health care systems to reduce barriers and improve health through greater access to health care and stable housing.

Strategies and Action Steps Identified:

- III-1. Learn about incentives and realities of health care providers to better understand how to approach discussions about working together and/or proposals under which health care providers might contribute funding for housing and tenancy supports.
 - Review and understand HEDIS nationally standardized/accepted measures that all health plans must follow – to inform conversations with health plans/managed care organizations (MCOs).
 - Determine from President/CEO of each health plan who is in charge of network development for the plan. That person will know where gaps in services are/what partnerships are needed.
 - Build relationships between health plans and FQHCs to allow FQHCs to better understand what potential there is for providing coverable services.
 - Work with the data group to identify what data we have available (and what data
 we would like to collect) to "make a case" to MCOs, hospitals, and health
 providers about how much high utilizers cost them financially.
 - Take into consideration that financing is a huge factor when talking to hospitals and MCOs. Housing with the wrap around supportive services should be key for hospitals because it decreases their costs in the long run.
 - Consider the whole cost of the patient inpatient and outpatient.
 - If reflected in data, consider present case to Medicaid to change their billing structure to cover actual costs of individuals.
- III-2. Provide input to hospitals as they develop their community health needs assessments and implement their 3-year plans to ensure addressing homelessness is incorporated.
 - Reach out to each hospital to see what their input process is and how we can become involved.
 - One focus will be on how providers can assist with discharge planning
- III-3. Build relationships between homeless assistance agencies and hospitals.
 - Build from existing coalitions/meetings (e.g. On West Side of Oahu, a coalition of housing and service agencies meets Quarterly to discuss better transitions, and a local Health Center has been invited to attend).
 - Better integrate screening and referral to healthcare services into Coordinated Entry process.
 - Build from work of Community Solutions.

- Include health care/Medicaid providers in Coordinated Entry System planning.
- Better connect non-Continuum of Care (CoC) funded programs with CoC planning and governance bodies. [Note: Part of PIC's Strategic Plan]
 - Build from PIC's planning for expansion.
 - Monitor new program (similar to a respite care center) between Institute for Human Services and Queen's Medical Center. Expand/duplicate with other hospitals if successful.
 - Current program: 8 bed house for people exiting hospitals (like a respite center) who would otherwise likely leave against medical advice and end up back on the street, in shelter, and/or back in the hospital. Queen's pays day and clinical rate for minimum 6-week stay. Queen's selects the patients to place. House has on-site, full-time staff person who acts as a housing navigator as well as a health navigator to securing Housing First for after discharge as well as to connect residents to primary care provider. Meals are provided, as well as transportation to follow-up appointments. Medications are delivered to house in blister packs.
 - Once this new program is proven effective, approach Queen's West about creating similar program.
 - Consider if Medicaid or other funding could pay for the services
 - Also consider similar program at an FQHC.
 - Identify opportunities to involve FQHCs.
- Monitor Centers for Medicare and Medicaid Services (CMS) Accountable Communities for Health grant opportunity, reaching out to any agency in Hawaii that receives funding, to ensure coordination of efforts.
- III-4. Create agreements between health plans (and/or hospitals) and homeless services agencies to coordinate/better link clients who have both housing and health care needs.
 - Model after agreements between FQHCs and hospitals: Hospital sends reports
 to FQHC about patients that were discharged the day before. Health Centers
 keep records so they can use reports to identify "frequent users" and conduct
 outreach for frequent users that are homeless. Goal is to cut back on
 inappropriate use of EDs and hospital readmissions. After 2-3 years, hospitals
 examine metrics/cost savings. Portion of savings are reinvested into FQHCs.
 - Happening through the Hawaii Health Information Exchange. What is happening to the savings (or reduction of costs)?
 - Similar agreements with housing agencies could involve housing agencies prioritizing people the hospitals/health plans identify as high cost members/patients. Portion of savings realized by hospital/health plan as a result of housed/stabilized patients would be paid to housing agency.
 - Develop innovative housing and service programs for chronically homeless and frequent user populations.

- Create housing options that target and support homeless with long-term, chronic medical conditions like diabetes that require ongoing medical services. Focus on medical case management instead of behavioral health.
- Improve connection of healthcare related services with Section 8 and VASH voucher programs
- Develop pilot project that provides community-based care coordination for people at risk of homelessness.
- Implement recovery supports for those transitioning out of substance abuse programs and services.



IV. Use of Medicaid and Other Existing Resources

Goal/Objective for this section of the Plan:

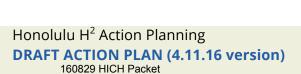
Maximize Medicaid Utilization and Tap Other Available Resources to Improve and Support Housing Access, Retention, and Stability.

Strategies and Action Steps Identified:

- IV-1. Analyze current Medicaid plan to understand what services needed by target populations to support housing stability are already covered.
 - Coordinate with work being done under the CMS Innovation Accelerator Program (IAP) Medicaid-Housing Partnership technical assistance.
 - Create list of needed health care and other services to support housing stability.
 - Compare with covered services to find overlap.
 - Madi Silverman from Med-QUEST will provide a grid of covered services
 including HCBS services, Going Home Plus, and behavioral health
 services as well as eligible populations for each and provider type.
 - Other resources to review, if needed: Housing Related Services Under Hawaii's Medicaid Program matrix developed by Department of Human Services and State Homeless Coordinator. 1115 Waiver on MEDQUEST website (especially appendices).
 - Identify eligibility criteria for each service.
 - Identify certified Medicaid providers that currently provide each service (or could provide each service).
 - Identify other providers that provide services to determine whether they should/could be certified. Research whether any such providers can provide those services in a way that can be billed to Medicaid (or otherwise paid for by health plan rather than housing agencies).
 - For services that are needed and covered but for whom obvious providers are not Medicaid certified, work with health plans to determine mechanism for getting those services provided/billed.
 - Educate providers about existing coverable services and existing providers.
 - Create a toolkit for housing providers.
 - Providers should check with MedQUEST to verify whether they're certified providers for those services that they already provide.
 - For services that are identified as being needed that are not covered, explore options/feasibility of expanding state plan.
 - Look into billing options for Assertive Community Treatment (ACT) to see whether it (or something comparable) is covered under Hawaii's current Medicaid plan.
 - If so, have conversations with MCOs about the benefits of paying for it.

- Research data on negative effects that removing services has had across community (e.g. homelessness recidivism, deaths, increased emergency room or hospital costs)
- IV-2. Add housing outcomes to MCO contracts with Medicaid.
 - Advocate to State Medicaid to incorporate such outcomes. Involve Med-QUEST in advocacy. MCO contracts can be amended at any time, but the likely timeline for this (per Madi Silverman) is around the time of next 1115 renewal application).
 - Research other states that have done something similar:
 - Tennessee (TennCare)
 - New York's Medicaid Redesign Team (MRT) work.
- IV-3. Coordinate advocacy to the state to create a separate capitated payment rate for people experiencing homelessness. (i.e. Pursue opportunity to create population-specific cost category for Medicaid reimbursement (e.g. for people experiencing homelessness or chronic homelessness)).
 - First step: Have a conversation with Med-QUEST to show need/ determine whether it would be financially advantageous to do so.
 - Need to show that costs associated with potential population are truly unique and that there are interventions that will work for that population.
 - Create a data pilot to isolate a population, determine intervention, and track outcomes longitudinally. Get a health plan and FQHC to participate in this. UnitedHealth has talked about doing a demonstration for the homeless population, so they would be a good plan to approach for this.
 - Second step: Determine method for identifying population. If there's a valid data source that the state feels comfortable with, you could create a unique rate scale for that population. Eligibility would need to be checked monthly. If "people experiencing homelessness," could use HMIS.
- IV-4. Explore additional (i.e., non-HUD) funding sources for services as HUD transitions away from wanting to fund services and wanting to transition from Transitional Housing (TH) to Permanent Supportive Housing (PSH). [Note: This aligns with PIC's core purpose.]
 - Create grid showing services that are currently provided and needed and the current funding source(s) for each. Identify what services need new or additional non-HUD funding sources.
 - Explore Human Services funding options.
 - Advocate for insurers and hospitals to invest in community (including housing).
 - Focus on cost savings that can be realized by stabilizing housing of frequent users.

- IV-5. Participate in Transit-Oriented Development (TOD) planning to assure maximum increase in affordable units to lowest income households in areas that are convenient to transportation.
 - Work with TOD Administrator (from City/County of Honolulu Department of Planning and Permitting (DPP)) to keep affordable housing needs at forefront of ongoing discussions regarding sustainability plans around transit stations.
 Ensure PIC is included in any conversations with developers.
 - If City's affordable housing plan (within DPP) is still under development, ensure PIC is part of the process of finalizing the plan.
 - Research current definition of Area Median Income (AMI) for tax credits. Believe it is 80% of AMI, which seems too high for "affordable" housing. Advocate for change to something closer to 30%.
 - Advocate to legislature to change rule in Federal Low Income Housing Tax Credit (LIHTC) program that allows for developers to sell/move tax credits.
 Currently, developers can "move" affordable housing units to a different building that may be in a less convenient location for people with low-incomes.



Appendix A: Additional Strategies and Action Steps

The following strategies emerged from the planning session as part of the initial and second drafts of the Hawaii H² Action Plan, but have not been identified as immediate priorities for the initial phases of implementation. The Leadership Team may revisit these ideas in the future as time and resources allow.

Access

- 1. Expand and strengthen insurance/benefit enrollment navigation services particularly to handle appeals and complex cases and provide a warm transfer to healthcare providers.
 - Strengthen the electronic system to keep it working 24/7.
- 2. Expand and simplify eligibility for behavioral health services across insurance providers (particularly for substance-abuse related behavioral health issues).
 - Improve providers' ability to understand the plans and be able to explain the differences. Need training on eligibility & coverage, particularly with respect to behavioral health tiering.
- 3. Facilitate sharing of documents and eligibility verification between mainstream systems.
 - Bring on mainstream systems to HMIS to aid in enrollment, care coordination, documentation and payment.
 - Include private health plans.
 - Examine models of acquiring documentation that would reduce costs & improve timeliness.
 - Improve PHA retention by having Support Services and Preventive Healthcare onsite. Explore best practices among PHAs nationally? HPHA used to have a ROSS grantfunded staff person who was there every day. HPHA has 67 buildings.
- 4. Close the gap for uninsured people with mental health issues between point of Medicaid enrollment and eligibility for Medicaid mental health benefit. Currently: uninsured people with mental illness are assigned a case manager through DOH. The day their Medicaid eligibility takes effect, that case management is terminated. However, it takes 30 days or more for eligibility in the mental health benefit to go through. During that period, the only option is for a mental health provider to continue to provide services pro bono or to stop serving the person.
 - Continue conversations/advocacy to DOH about fixing this gap.
 - Need a warm handoff from DOH case management to behavioral health plan.
- Increase inventory of inpatient psychiatric beds and other destinations for higher-need clientele. There is lack of long term beds, primarily because state hospital is restricted to forensics.
 - Determine actual number of people who need beds.
 - Determine how Health Plans can be allies in this effort.
 - Also need for medical respite (step down) psychiatric beds. Currently not billable in State Plan.
 - Investigate funding and program models for medical respite care for folks who do not require in-patient care
- 6. Expand outreach and engagement to the service-resistant and other less-visible homeless populations, including by getting nontraditional service providers (such as CHOW and hospitals) to use HMIS or otherwise help outreach.

- Ask data committee to determine who should be included in this.
- Determine how to engage and include HPD, which often has the most positive interactions with this subpopulation.
- Identify additional resources that are not currently tapped, e.g., make this a school project for those studying public safety.
- Explore how TG liaison at Life Foundation works.
- 7. Have Medicaid health plans designate service coordinators specifically for homeless members.
 - Health Centers can help fill this gap, but they don't have enough care coordinators.
 Need to collect/present data to health plans to show care coordination is cost effective.
 A mechanism is already in place (EMR) to track and pull data.
- 8. Create mechanism to link members of target populations not eligible for Medicaid to needed health services.
 - Members of homeless population that qualify for subsidized insurance (i.e. earn too much to qualify for Medicaid) but may not be able to afford it.
 - Members of Health Micronesia population that do not qualify as "aged, blind, disabled"
 - Undocumented individuals. Note: This population can get medications through Waikiki Health.

Integration/Coordination

- 9. Look at "purpose-built" communities on the mainland, which integrate school, healthcare, job training, etc.—a convergence of urban planning, education and public health/health care visions
 - Already in progress in planning for the rails that are being built. Planning to build an FQHC on one of the sites.
 - Research how to influence the planning
 - Follow up with Senator Chun Oakland who works on TOD
- 10. Devise funding strategies to allow HPHA to offer clinical space and other services in public housing communities and other affordable housing sites.
 - This has happened in the past. Revisit successful models from before and look to expanding successful models.
 - Catholic Charities is on site at some affordable housing sites (for social services), consider trying to partner with affordable housing providers for additional sites. Add in health care services?
 - Consider using one space for many groups on multiple days (like for mobile services).
- 11. Explore medical-legal partnerships to aid in benefit enrollment and housing retention services. Explore what Medicaid can pay for in getting people enrolled in Medicaid.
 - Example: Medical-legal partnerships at Waimanalo Health Center.
 - Example: Legal Aid is working on medical-legal partnerships. One of the strategies is to reduce the numbers of people frequently using high-cost medical and legal services.

Resources

- 12. Enroll (and keep enrolled) all eligible members of target populations in Medicaid.
 - Conduct data match between HMIS and Medicaid to determine list of people on whom enrollment efforts should be focused.
 - Get training from DHS on Medicaid enrollment assistance. (Waikiki Health staff was trained in summer 2005 and revenue has gone up noticeably as a result of increased enrollment of patients/increased reimbursement.
 - Address existing barriers to enrollment at systems level.
 - Increase availability of trained in-person assisters to walk through entire process with applicants. Consider using peer workers.
 - Work with FQHCs to facilitate enrollment.
 - Facilitate ability of case managers to receive mail for applicants.
 - Work with Medicaid to secure online access for case managers.
 - Develop special enrollment assistance procedures specifically for people with mental illnesses that present obstacles to enrollment.
 - For some people with severe mental illness, a guardian being appointed to make decisions could help with this. However, the current process to appoint guardians is through Adult Protective Services, which is much too cumbersome and delayed. Need a more instant process to link mentally impaired people to guardians.
 - Support Director Rachael Wong's efforts to change loss of eligibility to only suspension of eligibility for people who are incarcerated.
 - Create mechanism to re-enroll "churn" population that goes in and out of eligibility due to changing income throughout the year.
 - Increase system capacity to avoid failures to re-enroll/re-certify and assist with reenrollment/re-certification.
 - Incorporate an automatic reminder to assist with recertification at point of enrollment.
 - Work with Medicaid to assure adequate notice of release to reactivate.
- 13. Support and bolster ongoing efforts to advocate to legislature for state earned income tax credit to help get and keep needy working individuals and families out of homelessness.
 - Hawaii Appleseed has conducted analysis on need, but not yet on the financial impact for state.
 - Involve the following parties in planning/advocacy: hospital association, health plan association, primary care association, Board of Realtors, Chamber of Commerce.
- 14. Create workaround for federal regulation that does not allow for reimbursement of both a medical and behavioral health encounter under Medicaid on same day at same site.

 [Relates to services provided at one site (primarily an FQHC issue) on the same day.]
 - Approach HRSA with issue to determine best way to proceed. State has to work with federal government on this issue, as FQHC reimbursement is different than any other. SAMHSA may also be interested because this affects ability to integrate primary medical and behavioral health care.
 - In the meantime, approach state Medicaid agency with potential workaround: Health plans could pay 2-3 services on the same day as long as when health plans submit encounter to Medicaid, state Medicaid recognizes they're two separate encounters and pays accordingly.

Appendix B: Additional Ideas

The following ideas were discussed at the planning session, and validated as useful and necessary, but are not being prioritized for action under the Honolulu H² initiative at this time. The Leadership Team hopes these ideas will find traction in other planning and program development arenas, while H² attention focuses the key strategies enumerated above.

- Expand number of private practice physicians who accept Medicaid payment for services (physicians that accept new patients)
 - o Develop outreach programs to recruit primary care physicians
- Advocate with State and County PHA to set housing preferences for Section 8 for targeted populations (homeless) in need of housing.
- Develop a registry of licensed clean & sober housing, perhaps exploring partnership models between nonprofits not just for-profit, mom & pop shops
 - Explore limitations on linking Rapid Rehousing and clean & sober and shared-bedroom, shared housing. Explore feasibility of changing State rules to better complement federally eligible models
- Expand number of low-barrier housing placement options and encourage provider networks to
 adopt a low-barrier, harm reduction/housing first model. Currently not enough bridge housing.
 Public Housing Authority has issues with Compact of Free Association (COFA) with 13-year-old.
 alcoholic who have no referral options. Requirement that tenants meet with Housing First case
 manager not well understood. 3 different programs funded by 3 different streams. Fidelity issues.
 - o Where is the accountability within these multiple approaches and funding streams?
 - o Pathways standard of care is to meet with intensive CM clients once per week
 - o Develop harm reduction/ wet housing for people using substances.
- Research NIMBY strategies from other communities to diffuse community opposition
- Explore possibility of strengthening income limits for Accessory Dwelling Units developed under new city ordinance.
- Discuss with State Medicaid/Governor the possibility of engaging in a Medicaid Redesign process similar to New York's Medicaid Redesign Team to identify inefficiencies in current Medicaid system. Any changes and resulting savings could be used to fund services in PSH or outreach. Alternatively, rather than phrasing as a redesign: continue to evaluate how to amend the existing 1115 waiver and/or otherwise add covered services and adjust delivery methods.
 - Engage Senator Chun Oakland, Scott Morishige, and/or Rachel Wong.
- Fully leverage state innovation program grants, and ensure the broader provider network is educated and trained on these opportunities.

Highlights of Hawaii Interagency Council on Homelessness Staff Activities

Monthly Report for July and August 2016

This report summarizes highlights of Hawaii Interagency Council on Homelessness (HICH) staff activities and publications for the months of July and August 2016. Please feel free to share any of this information with your agency leadership and colleagues. For more information, please contact Tamah-Lani Noh, Community Engagement Specialist, at tamah-lani.sk.noh@hawaii.gov or (808) 208-5355.

Reports and Plans

The following two executive summaries of state efforts to address homelessness and affordable housing were uploaded to the website for the <u>Office of the Governor</u>:

- Executive Summary on Homelessness State Framework to Address Homelessness, describes the framework to respond to homelessness, including a focus on affordable housing, health and human services, and public safety. Provides a brief summary of plans to allocate the Legislature's appropriation of \$12 million to address homelessness in State Fiscal Year 2016-2017.
- <u>Executive Summary on Housing State Housing Strategy</u>, describes the plan to address the state's
 affordable housing shortage. The goals of the strategy are to build homes that people can afford,
 including rentals, to address the needs of those entering the workforce; renovate public housing
 facilities; and on O`ahu to identify state lands near transit stations for housing, employment centers,
 daycare, senior centers, and community facilities.

Update on the Coordinated Statewide Homeless Initiative (CSHI)

Through a contract with <u>Aloha United Way</u>, the <u>Coordinated Statewide Homeless Initiative</u> continues to provide assistance to homeless and at-risk households throughout the state. Weekly updates are provided online. As of August 19, 2016:

- **525 households** received financial assistance.
- **1,710 persons** were served, including:
 - o 906 adults served (53%)
 - 804 children served (47%)
- 403 at-risk households served (77%)
- 122 homeless households served (23%)
- 1,547 agency referrals made by the 2-1-1 call center
- \$1,152,964 in financial assistance disbursed, which averages to:
 - o \$674.25 per person served

News Releases Related to Homelessness and Housing

The HICH staff were involved with the following news releases in the months of July and August 2016:

Governor Ige Announces Allocation of \$12M for Homelessness Effort (July 21, 2016) – Governor
David Ige has announced that \$12M in funding will be focused on the most visible and chronically
homeless people in Hawaii. The appropriation, provided by the Hawaii State Legislature, was
appropriated to the Department of Human Services (DHS) with the flexibility for DHS to allocate.

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"We know that addressing homelessness is a priority for Hawaii," said Governor Ige. "We wanted people to understand the framework that guides both DHS and our homelessness efforts."

- Governor Ige Announces Opening of Section 8 Waiting List for First Time in Decade (August 10, 2016) Governor David Ige announced that the Section 8 waiting list is opening on Oahu for the first time in 10 years. There is currently no one on the waiting list, which will reopen on Tuesday, August 16, 2016 for families under the first tier of preferences which includes homeless individuals and families, victims of domestic violence, and families involuntarily displaced. More than 8,000 people have found housing through this program in the last decade.
- Governor's Continues Positive Momentum by Extending Emergency Homeless Proclamation (August 18, 2016) Governor David Ige today signed a sixth supplemental proclamation on homelessness, which will remain in effect until October 19. The supplemental proclamation provides 60 additional days in which to further expand the state's collaborative efforts to house the most visible and chronic homeless individuals. In the past year, the proclamations have helped more than 4,800 people representing 1,353 families move out of homelessness or prevent it altogether.

Community Meetings and Conferences Attended

The Governor's Coordinator on Homelessness and staff participated in the following meetings over the past two months:

- Department of Education Educational Leadership Institute (ELI) 2016 Homeless Panel Discussion
 (July 15, 2016) Participated in a panel discussion with DOE staff regarding homelessness, and the
 impact on DOE school staff. The panel highlighted two circumstances (1) Homeless persons come
 onto campus at night, sleep over and leave in the morning; and (2) Homeless persons living on the
 outskirts of the campus, and come onto campus to use the facilities and utilities. The discussion
 covered the development of DOE policy to address these concerns, as well as a review of resources
 available for homeless persons.
- Community Meetings with Pu`uhonua O Waianae Homeless Encampment (July 15 and August 12, 2016) The Governor's Coordinator on Homelessness, in partnership with staff from the Department of Land and Natural Resources (DLNR) and the Office of Hawaiian Affairs, meets on a regular basis with leaders of Pu`uhonua O Waianae, as well as Leeward Coast service providers and community members. The topic of discussion includes the impact of the encampment on DLNR property, and the formation of a plan to transition persons in the encampment into long-term, permanent housing.
- Meeting with Partners in Care Continuum of Care Application Assistance (July 18, 2016) The
 Governor's Coordinator on Homelessness and Special Assistant Betsy Kim in the Office of the
 Governor met with members of the Partners in Care (PIC) Executive Committee. The purpose of the
 meeting was to strengthen relations between PIC and the Office of the Governor, and to offer
 assistance to the PIC in preparing for the upcoming Continuum of Care application for federal
 funding to address homelessness.
- National Alliance to End Homelessness National Conference (July 26-28, 2016) The Governor's
 Coordinator on Homelessness attended the National Alliance to End Homelessness (NAEH)
 conference in Washington, D.C. Topics of discussion included coordinated entry, youth
 homelessness, strategies to address encampments on public lands, and housing-focused strategies
 to address homelessness. The Coordinator also used the opportunity to meet with technical

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assistance providers from the National Governors Association, HomeBase, OrgCode, and Community Solutions to discuss their efforts in Hawaii.

- Hawaii Youth Services Network Meeting with Youth Homelessness Providers (August 2, 2016) HICH staff attended a forum conducted by the Hawaii Youth Services Network (HYSN). The forum
 included participation from youth homeless service providers from all four counties, as well as
 representatives from Partners in Care and Bridging the Gap, and staff from the Office of Youth
 Services and Child Welfare Services. Topics discussed included state efforts to address youth
 homelessness, and opportunities for increased coordination and alignment of resources.
- Meetings with Hawaii County Homeless Service Providers (August 9, 2016) The Governor's
 Coordinator on Homelessness met with staff from various Hawaii County homeless providers,
 including Hope Services, Hawaii Island Home for Recovery, The Salvation Army, and the Hawaii
 County Economic Opportunity Council. The Coordinator also participated in a Hawaii County
 convening with faith-based providers, and attended the Governor's Community Connection forum
 at the University of Hawaii at Hilo.
- Meeting with Hawaii Judiciary and Honolulu District Court Staff (August 15, 2016) HICH staff
 were invited to attend a meeting with the Hawaii Judiciary and Honolulu District Court staff. The
 meeting also included participation from the Department of Public Safety. Topics of discussion
 included a focus on addressing unsheltered homeless persons facing charges at District Court, and
 connecting these persons to housing and other resources.
- Meeting with HPD Runaway Officers and Missing Child Center (August 22, 2016) The Missing
 Child Center invited HICH staff to attend a meeting with the Honolulu Police Department and
 Judiciary social workers regarding runaway youth, including those who are homeless. The meeting
 included participation from Child Welfare Services staff. Topics of discussion included opportunities
 for increased coordination and alignment across sectors.

Ongoing Activities

The Governor's Coordinator on Homelessness and HICH staff continue work in collaboration with State agencies, county staff and legislators to respond to concerns about homeless encampments on public lands. In addition, the staff continue efforts to monitor the execution of the Governor's emergency proclamation to address homelessness, and work together with staff from the Department of Health and Department of Human Services to develop and strengthen housing-focused programs to address homelessness statewide.

For more information, please contact the Governor's Coordinator on Homelessness and HICH staff at **(808) 586-0193** or by e-mail at gov.homelessness@hawaii.gov.

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Written Updates to the Hawaii Interagency Council on Homelessness

August 29, 2016 – 10:00 a.m. to 12:00 p.m. (Reports consolidated by the Office on Homelessness)

Department of Human Services (DHS) Update

The following updates were prepared by DHS staff regarding the department's efforts related to homelessness:

• Elliot Kano, Administrator

Adult Protective and Community Services Branch (APCSB)

APCSB continues to provide the following intervention services that may involve homeless vulnerable adults:

- Crisis protective service intervention when vulnerable adults (statutorily defined) are alleged to be victimized (physical abuse, self-neglect, caregiver neglect; financially exploited, sexual harm, and/or are in immediate danger of being harm/neglect, exploited)
- Provide service referrals to community public/private agencies of *non-vulnerable* adults who do not meet the statutory definition of an APS client. (Homeless adults who are not assessed to be vulnerable as statutorily defined, but may be in need of community services)
- Work with community stake holders involving the homeless population.

Judy Mohr Peterson, Administrator Med-QUEST Division (MQD)

MQD will provide an oral update on the status of the Innovation Accelerator Program (IAP) technical assistance efforts as part of the discussion for agenda item IV. C.

Kathryn Boyer, Assistant Program Administrator Child Welfare Services Branch (CWS), Program Development

CWS continues to work on a variety of efforts that address homelessness including:

- CWS has been working with the City and County of Honolulu DCS (Department of Community Services) to revise an existing MOU expanding Section 8 voucher use from young adults to some families identified in the Child Welfare System who would qualify for a Family Unification Project voucher.
- DHS (DIR) signed a letter of support for a City and County DCS application to HUD that will extend housing vouchers for young adults aging out of foster care to 5 years from the existing 18 months which would allow for former foster youth to learn life skills and gain stability in housing in order to make it on their own. This is partly the independent living program which currently exists and serves young adults aging out of foster care with supportive services from our contracted provider Hale Kipa who focus on life skills and connecting young people to resources in the community. In its current iteration, the housing component is limited to 18 months. The extension would allow longer term case management and support to ensure that young adults have the tools they need to be successful after housing subsidy and the time to work on independent living skills. It would also help young people build a rental history and be eligible for the FSS program through Section 8 which allows them to increase their income while in housing and creates a "matching" fund for them so that when they come off of government subsidized housing,

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they will have a set-aside pool of funds from which to use for deposit, vehicle, whatever it is they might need.

- CWS is working with HPD and the Sheriffs to strengthen our protocol for responding to homeless youth who are in abuse or neglect situations.
- CWS is working with the Governor's appointee on homelessness (Scott Morishige) to connect with homeless services and outreach providers in order to do some cross training on CWS protocol, reporting, etc. and learn from the providers what they are seeing with homeless youth and families for a better coordinated response effort.
- CWS has partnered with the Governor's office (Scott Morishige) during state and city enforcement efforts impacting homeless persons to provide a CWS response when appropriate.

Malia Taum-Deenik, Director's Office Act 243 (2015) Work Group

The last meeting of the Act 243 (2015) Work Group was held on June 17, 2016. Highlights of the work group activities include:

- The work group recently issues being discussed are: the using biometrics in government identification; developing a public outreach strategy for the public to maintain their government identification.
- The Kupuna Caucus also requested the Act 243 (2015) Work Group consider developing a strategy for kupuna to maintain current government identification. This will be a new item to be discussed at the next meeting.
- The next meeting of the Act 243 (2015) Work Group will take place on September 9, 2016, at 1:30 p.m. Queen Liliuokalani Conference Rooms 1 & 2, Department of Human Services.

Harold Brackeen III, Administrator Homeless Programs Office (HPO)

As requested, please see HPO summary of key points and highlights below:

- HPO currently has 8 staff members; 6 out of 8 staff are program specialists.
- HPO has 3 vacant positions; 1 Program Administrator and 2 Program Specialists
 - HPO currently working to hire to fill vacancies
- HPO is working in coordination with the Governor's office and the Department of Accounting and General Services (DAGS) to complete rehab and renovations of the Kakaako maintenance shed for use as the Family Assessment Center.
- Under the Emergency Proclamation and Supplemental Proclamations, the Governor's office and HPO identified a service provider to operate the Family Assessment Center:
 - o Currently in contract negotiations with projected start date September 1, 2016
- HPO executed a supplemental contract to allow Aloha United Way (AUW) to provide CoC Housing Stabilization funding to providers who did not receive HUD Tier 2 funding during the 2015 NOFA competition.
- HPO working on the following RFI's and RFP's to be posted in the next 3 months:
 - o State Homeless Shelter Program
 - State Homeless Outreach Program
 - o State Homeless Emergency Grants (SHEG) Program
 - State Housing Placement Program (HPP)
 - State Rapid Re-Housing Program (RRH)

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- State Housing First Program Oahu
- State Housing First Program Neighbor Islands
- HPO in the process of revising Admin Rules to align with RFP's, future contract services, and SB2559
- HPO working with HUD, VA, PIC, and BTG regarding HUD VASH program and data collection in HMIS
- HPO currently working with HUD, PIC, BTG, and others to develop the Coordinated Entry System (CES) statewide

Department of Health

(Please refer to attached written updates – Alcohol and Drug Abuse Division, Adult Mental Health Division, and Public Health Nursing)

Department of Public Safety

The department has been working steadily to improve the process in which inmates are transitioned from incarceration. This work specifically includes:

- Establishing a formal Re-Entry Coordination Office (RCO)
 - o Filling of the RCO Administrator's position-currently in recruitment
 - o 2 of 3 Corrections Program Specialist positions, 3rd in recruitment process
 - Victim Services & Risk Assessment positions filled; Recruiting for Training and Planning Position
- Revitalizing PSD's Comprehensive Re-Entry Plan
 - Establishing a Re-entry Plan for all offenders
 - Streamlining issues relating to obtaining and retaining identification and related documents
 - Evaluation of currently furlough processes
 - o Continued research, development and implementation of evidence-based programs
 - Evaluation of current programs and performance measures
 - Streamlining access to services by partnering with DHS on programs such as Med Quest, SNAP, etc. prior to release of custodies
 - Partnership with the Judiciary and the City & County's Community Services Office to assist with those existing the criminal justice system to avoid homelessness
- Participation on the Chronic Homeless Solutions Group

Department of Business, Economic Development, and Tourism

While the Kakaako population has decreased significantly from the peak 12-months ago, there continues to be a population of about 40 individuals that continue to congregate in HCDA parks. A description of HCDA's efforts to maintain its parks for the enjoyment of all follows:

Daytime educational campaign:

- HCDA staff and service providers have been passing out flyers to educate the public about park rules
- Park rules are clearly posted on permanent signs throughout the parks
- HCDA will soon issue Notice of Violation forms to any park user caught violating park rules during daytime hours

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Overnight park closures:

- 10 pm park closures continue with scheduled enforcement efforts
- HCDA contractors work together with sheriff's office and service providers to clear the parks at night and dispose trash/ store abandoned property
- Homeless have been very compliant and generally leave the parks without incident
- However, the homeless return to the parks when parks re-open at 6 am

Gateway Park Closure:

- Mauka and Makai Gateway Parks were closed for maintenance
- The maintenance closure continues to allow our landscaper to complete all necessary repairs.
 - o Irrigation repairs were made and coconut tree trimming is halfway finished
 - o The City & County donated fertilizer, which has been spread in both Gateway Parks. Grass has regrown and parks look great with no brown patches.

On a longer timeline, HHFDC is working with HPHA and the HCDA on increasing the supply of affordable housing state-wide.

Please also refer to the Executive Summary for the State Housing Strategy, which can be found online at: https://governor.hawaii.gov/wp-content/uploads/2016/08/Executive-Summary-on-Housing-2016-3-1.pdf

Department of Hawaiian Home Lands

At DHHL, our mission is to place beneficiaries into homes within Hawaiian Homestead communities throughout the State of Hawai'i. DHHL is continuing to focus on the development of permanent affordable housing for beneficiaries.

For those beneficiaries facing financial arrears, and are in threat of losing their homes on Hawaiian home lands, DHHL created the HALE Program, which aids beneficiaries with financial literacy services, homebuyer education classes, foreclosure prevention management, and one-on-one counseling.

DHHL is also exploring rental housing in La'i 'Opua on Hawaii island, and Waimanalo for Kupuna. DHHL will be awarding 45 lots in Waimanalo in September.

Department of Defense

The department reports the following updates:

- Progress: Identified homeless problems within the State Department of Defense. Total number declined significantly since 2014 report of State DOD homeless of over
 100. Decrease is attributed to a common definition of homeless provided to directors.
 - Hawaii Army National Guard reported one homeless family.
 - o Hawaii Air National Guard reported no homeless families.
 - o Youth Challenge Academy reported one homeless family.
 - Hawaii National Guard supported the Convoy of Hope on the fairgrounds at Afook-Chinen Civic Auditorium in Hilo and Richardson Field, Honolulu.

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- **Plans:** Continue to identify and support homeless concerns in the State Department of Defense.
 - Work with the Hawaii Office of Veterans' Services to support homeless programs related to veterans.
 - Coordinate with Youth
 - o Participate in Homeless Veteran Task Force meetings.
- **Problems:** No concerns at this time.

Office of Hawaiian Affairs

The Office of Hawaiian Affairs (OHA) would like everyone to be aware of two OHA grant funding opportunities. Most of the funding OHA has invested in programs addressing housing security has been awarded through these two programs:

- 1. OHA recently opened our 'Ahahui Grants program solicitation, which provides funding support for community events. Applications for funding are due by Sept. 16, and we encourage interested community groups to check out www.oha.org/grants to register for an orientation or to find more information on how to apply.
- 2. In September we anticipate opening our programmatic grants solicitation, which provides two-year program funding for initiatives related to our strategic priorities. Please check our website for more information.

Department of the Attorney General

The Department of the Attorney General provides the following written update. On August 12, the Attorney General renewed right of entry agreements with the City & County of Honolulu granting access to certain sidewalks and roadways for enforcement of city ordinances. State attorneys continue to provide the state administration with legal counsel on various matters.

Department of Education

The Department of Education (DOE) staff recently met with the Governor's Coordinator on Homelessness to discuss the Every Student Succeeds Act (ESSA) and the needs of homeless children and youth served by the DOE. A follow up meeting has been scheduled to discuss the needs of homeless youth aged 0-4 who may be receiving services from early education programs.

City & County of Honolulu

The City & County of Honolulu continues its commitment to shelter and house members in our community that experience homelessness through:

- Mayors Challenge to End Veteran Homelessness. From January 2015 to July 2016, the
 collaborative effort between the City, HUD, HPHA, VA, Partners in Care, and Landlords, we have
 housed <u>803 veterans in permanent housing</u>! We continue to outreach, connect, and serve this
 community. The Mayor is committed to meet this Challenge.
- 2. Hale Mauliola at Sand Island the community's first Navigation Center
- 3. City developments that specifically respond to homelessness Hassinger Project (Makiki), Halona Road (Waianae), and Farrington Highway (Waianae). We are working in partnership with

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the Governor's Office to utilize the Emergency Proclamation to rapidly create healthy, stable, and affordable housing for our homeless community.

County of Kauai

Through an agreement with Kauai Economic Opportunity Inc. (KEO), the county is providing funds for more bed space to increase overnight accommodations from 19 to 39 at the emergency homeless shelter operated by KEO. This initiative of adding 20 more bed spaces includes the cost for staffing, janitorial services, security, meals, cots, lockers, and utilities. The agreement with KEO is for a period of 18 months in conjunction with the Governor's State of Emergency Declaration. The cost to the County is \$239,000. It is important to note that KEO, through a grant from the State, has instituted day use operation at the shelter since August 1st to provide social service assessments for those experiencing homelessness, along with offering accessibility to restroom, shower and laundry facilities.

The County also temporarily opened up a fenced covered area at its Civic Center in April of this year for the homeless while waiting for KEO to open its operations in the daytime. Up to 11 people at a given time took up shelter. On September 2, the County is closing this temporary facility and has given the homeless 45 days' notice to vacate. The County continues to encourage these people to seek assistance from KEO and the other service providers. Due to some incidents involving the homeless and County employees, the County has had to hire security from 4 am to 6 pm, Monday through Friday.

The County continues to seek help from faith-based organizations to assist with the homeless situation. A number of these organizations are currently providing food pantries, free meals, and laundry service. These organizations are willing to do much more in the way of providing shelter. However, due to lack of funding, it is difficult for these faith-based organizations to do so.

Homelessness continues to be an issue on Kauai. According to the 2015 Homeless Service Utilization report by the University of Hawaii, there were 662 homeless on Kauai. Lack of affordable housing is one of the main reasons we are faced with this problem.

County of Hawaii

The County of Hawaii continues its efforts to address homelessness, which include the following:

- Micro Units Hale Kikaha at The Friendly Place are on schedule for completion at the end of October. The County's Office of Housing and Community Development has begun outreach efforts.
- Collaborating with the Faith-Based community to hold Faith-Based Summits in East and West Hawaii. We are especially interested in working with them to assist families who are experiencing homelessness.
- Recognition and thank you to Harold Brackeen for attending our joint CAP (Community Alliance Partners) and East & West Hawaii Homeless Taskforce meeting. He provided an update on State and Federal funding streams and applications.

County of Maui

The County of Maui recently appointed Thelma Akita-Kealoha as the representative for the Continuum of Care representing the county.

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U.S. Department of Veterans Affairs

The Department of Veterans Affairs (V.A.) would like to highlight the upcoming two events:

- Behavioral Health Summit on September 8-9 at the Kyser Auditorium, Tripler Army Medical Center
- September 30 Stand Down McCoy Pavilion, Ala Moana Park

Partners in Care, Oahu's Continuum of Care

Partners in Care is working diligently on developing our 2016 CoC application to HUD which is due on September 14. Our 2016 Annual Renewal Demand (ARD) to HUD is \$9,081,999 where a minimum of 10% will be allocated to new projects, and 93% of the ARD will be prioritized in Tier 1. Partners in Care will also apply for the Permanent Housing Bonus project, totally \$454,999. The project applications for inclusion in the CoC application to HUD were due in mid-August. We received 24 project applications, totally \$13,616,345; including 15 renewal project applications, and 9 new project applications. Partners in Care will prioritize projects focused on Permanent Supportive Housing serving primarily the chronically homeless population and Rapid Re-Housing projects serving those directly off the streets or in emergency shelters, as well as HMIS and Coordinated Entry projects during 2016 in our application to HUD.

Hawaii Public Housing Authority

The Hawaii Public Housing Authority continues its efforts to address homelessness, which include the following:

- Special Rent Supplement Program. The HPHA continues to contract with Catholic Charities for the management of the Special Rent Supplement Program which is targeted at homeless individuals and families.
- Rent Supplement Program. The HPHA is awaiting approval from the Governor's Office to hold public hearings on the administrative rules. The proposed changes will allow the HPHA to transfer homeless clients on the Special Rent Supplement Program to the regular Rent Supplement Program.
- Section 8 Housing Choice Voucher Program. HPHA opened the waiting lists for the Section 8 Housing Choice Voucher program.
- Low Income Public Housing. The HPHA closed its waiting lists for the public housing properties on Oahu. The waiting lists are currently long and the HPHA does not anticipate being able to house everyone on the waiting list in a reasonable amount of time.
- Redevelopment of HPHA's Properties. The HPHA continues to work with its master developers on predevelopment studies/activities. At Mayor Wright Homes, the HUNT Companies recently completed its first round of community meetings and visioning sessions. Predevelopment activities for the School Street campus has begun with information gathering about current site usage.

Business Sector Representative

(Please refer to the attached written update from Business Sector Representative Mr. Dave Rolf)

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DEPARTMENT OF HEALTH

August 29, 2016

Alcohol and Drug Abuse Division

CABHI Grant (Cooperative Agreements to Benefit Homeless Individuals)

1. Current Client Population

Client Population as of 8/5/2016

- 136 clients enrolled/ 25 Veterans
- 124 receiving mental health or substance abuse services (med mgmt., therapy, harm reduction, MI, peer support)

2. Permanent Housing

- 61 Total placed
- 57 Includes those with **neutral exits** (02-deceased in housing; 01-transitioned to care home)
- 51 Total housed currently
- 4 Consumers have been approved for a unit and who have the opportunity to be rehoused. 01-State-pending unit viewings; 02-Steadfast Units approved; 01-HUD 01-lease signed
- 5 Newly approved clients. 3 are awaiting lease signing, 1 awaiting HUD/VASH inspection, 1 in beginning of housing search process.

3. Vouchers

- 75 Vouchers total provided by 7 sources (State, City, Shelter Plus, etc.)
- 63 Of those have been accounted for, as in a there is a name linked to that voucher
- 13 of the 63 are in the process of housing placement or rapid rehousing
- 12 is the balance, no name linked to the voucher
- 3 awaiting referral by the VA through HUD VASH program
- 9 awaiting referral by US Vets program
- 73 of the 136 are awaiting a "flexible" housing voucher

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4. No Cost Extension

- Submitted 27 July, 2016. Project expiration date is Sep 29, 2016.
- Project Service Team (PST) requested to extend to March 29, 2017.
- Project Admin team requested to extend to April 29, 2017 (1 month longer).
- Project Director and Policy Consultant request to extend to September 29, 2017.
- Extension request includes Policy Consultant Position.

5. Other Items

- Submitted Services crosswalk review to IAP.
- IAP hosting a Strategic Planning meeting on August 29, 2016.
- Helping Hands Hawaii (HHH, provider) to host Technical Assistance visit from Sam Tsembaris. Date and location TBD. Discussion has been to begin tele-video conferencing ASAP.
- Discussion with HHH about transition plan. Who takes over client care/ voucher responsibility as HPP closes out. Voucher owners would be responsible if HPP did not exist.
- HHH and HPP Director met to discuss transition plan. Further details to be discussed with Sam Tsembaris for assistance.
- Fidelity to Housing First Model still a focus for project service team (PST).

6. Barriers

- How to pay for housing pre-tenancy services, tenancy sustaining services, and other case management services that are offered through Hawaii Pathways Project.
- PST reluctant to take on more housing vouchers knowing that HPP is in final year of project and faces transitioning all current clients.

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Adult Mental Health Division Homelessness Initiatives

 The Adult Mental Health Division recently awarded contracts to 7 homeless outreach providers both state and PATH funded to increase coverage throughout Big Island, Kauai, Maui and Oahu.

Hale Naau Pono and Care Hawaii are two recently added providers.

- The AMHD provides supported housing for 150 consumers statewide.
- The AMHD provides 24 hour, 8-16 hr and semi-independent group homes for 796 consumers statewide.
- The AMHD provides Crisis Mobile Outreach (CMO): CMO provides assessment and intervention services for adults in an active state of crisis. This service is available twenty-four (24) hours a day, seven (7) days a week and can occur in a variety of settings including the consumer's home, local emergency department, etc. This service provides an opportunity for immediate crisis intervention and deescalation, which includes a thorough assessment of risk, mental status and medical stability, and exploration of service options in the community. Serving islands Oahu, Hawaii, Maui, Molokai, Lanai, and Kauai
- The AMHD are also partners of the Medicaid Innovation Accelerator Program (IAP) This program will bring technical assistance from national experts to help stakeholders in public housing, Medicaid and behavioral health come together and redesign and implement plans to cover gaps in services. The technical assistance will enable the Hawai'i team to continue using evidencebased national best practices and improve existing programs like Housing First and the supporting wrap-around services.

Hawai'i's team is led by Dr. Judy Mohr Peterson, Administrator, Med-QUEST with key partners representing the Hawai'i Public Housing Authority, Hawai'i Housing and Finance Development Corporation, Department of Health's (DOH) Behavioral Health Administration and the Governor's Office on Homelessness.

AMHD has also focused on a statewide approach

Kauai CMHC Branch has been attending Kauai Community Alliance Meeting. It is a meeting for homeless service providers (primarily for providers who receive HUD funds) that meet every other month to discuss about homelessness in the community, updated information regarding HUD requirement, HMIS, etc. For the first time, the Branch participated in the 2016 Point in Time Homeless Count in January, surveying homeless persons in the community.

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Maui Homeless Alliance meets every 3rd Wednesday from 12P-1:30P at the MEO Classroom 1. The public is invited to participate but only dues paying members can vote. There are approximately 29 voting members. Participants include but not limited to the following: Churches, homeless shelters, legal aid, Maui Aids foundation, DOH, County of Maui, Steadfast Housing, Maui Economic Opportunity, Salvation Army, Realtors Association of Maui, West Maui Taxpayers Association, etc.

The Alliance has a "Housing Committee" who expressed a "need for current affordable housing stock". They are in the process of inventorying such housing and are including VA.

Big Island CMHC Branch is aware of Homeless Alliance agenda and is trachking alliance activities; The Homeless Taskforce has been meeting monthly. The most recent meeting on 7/19/16 included the following: 1. Presentation on funding by the Department of Human Services Homeless Programs Coordinator, 2. An update on the micro unit project, and 3. A visit to Kihei Pua; the homeless shelter for families.

O'ahu CMHC branch and AMHD continue to coordinate through HICH, Partners in Care, and other activities.

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Public Health Nursing (PHN)

Leeward

Kealahou West Oahu – case workers requested professional develop for staff to 1) assist members with developing and working towards health outcomes while staying at shelter and 2) professional development for staff to meet members health care needs.

Lighthouse Shelter – Request from Glory Hunkin to work with PHN for staff development control of communicable disease. Would like staff to be able to provide basic information about control of communicable disease to residents. Also seeking information and resources for professional development for prevention and intervention of mental and behavioral health residents. Has expressed a desire to work with PHN to look at overall health of the shelter residents.

Kalihi-Palama Homeless Outreach – Interested in working with PHN for homeless outreach services in Waipahu. Right now, there is no medical professional who does outreach with the Kalihi Palama team in Waipahu. Have started to look at dates to meet to see what the collaboration can be.

Council Member Ron Menor – Participant in multi-agency group to "solve the homeless problem" in Waipahu. Concerns are with crime rates and use of private facilities or entering private property to meet basic needs (bathing, brushing teeth, toileting, etc.).

Ka Pa'alana – we continue to work with Ka Pa'alana with their parent educator working on health literacy and building a culture of health.

Wahiawa – participated in homeless cleanup of area next to Thurston-Thot bridge on June 25, 2016; coordinated by Olelo, Marcus Oshiro (legislator) and New Life Body of Christ Church (Bishop Henderson); provided First Aid along with Wahiawa General Hospital to homeless as needed.

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Addressing homelessness in Hawaii requires an "overarching plan" and immediate action

HawaiiNewNow's president Rick Blangiardi's summed the current homeless situation in his on-air, 183-word commentary which is quoted here in its entirety:

"Politicians usually don't like to make memorable promises. For example, Mayor Caldwell's promise to build rail on time and on budget is haunting him now.

So Governor Ige deserves credit for the pledge he has made to essentially end homelessness by 2020.

This is a big leap for a Governor who used to say that was impossible. Of course... there will always be some homeless people. The "end" of homelessness actually means that when someone ends up on the street... they will be identified... helped and housed within a few weeks.

Still, the Governor's plan includes elements key to success. It invests in data – so progress can actually be measured. It has clear goals, such as building 10,000 affordable units in four years, and it relies on proven strategies...such as rapid rehousing and Housing First.

The plan's main weakness is that the 12 million dollars set aside is a tiny fraction of what will be needed. Getting enough cash will require convincing lawmakers to give something else up in order to address homelessness.

That will take persistence and persuasion by the Governor himself. We wish him luck."

--Rick Blangiardi

In my opinion, Rick hit the nail on the head in referring to \$12 million as a tiny fraction of what is needed. I would go further in saying that the moneys set aside so far will provide little more than a band-aide solution for a problem that right now requires a tourniquet.

AUW's Cindy Adams, says what's needed most is an "overarching plan."

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Veterans homelessness in Hawaii has been generally successfully reduced with federal dollar vouchers flowing in to the islands. Now, for the general homeless population, Hawaii needs state tax credits dedicated to the development of low and moderate income housing.

In the 2016 legislative session, bills to provide programs for these credits were passed and now have been signed into law.

The Jona Goldrich solution

It will take a Jona Goldrich approach. The Holocaust survivor came to Los Angeles shortly after WWII, with \$50 in his pocket.

He built a development company. Of the 122 apartment buildings he created 72 accommodated low-income renters and owners in the city's downtown area.

In a story written on his success, he said he didn't make much profit per building. "They limited how much money you could make, but there was zero risk."

Goldberg was once quoted as saying something to the effect of, "don't fall in love with your real estate; just fall in love with your bank account."

He made things happen.

Local Hawaii developer, Stanford Carr, among his many projects, creates such buildings, some say, for little more than what amounts to just a developers fee.

The Hawaii legislature now needs to follow through on the tax credit program passed in the 2016 legislative session.

The backlog of housing for everyone, including homeless individuals and families can soon be eliminated.

The red tape in the permitting and bidding processes must be eliminated using the governor's emergency powers.

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The following six bills, providing a giant first step, were passed in the 2016 legislative session and signed into law:

SB 2561 (Act 127) Establishes a goal of developing or vesting the development of at least 22,500 affordable rental housing units ready for occupancy between 01/01/17 and 12/31/26. Establishes a temporary special action team on rental housing to make recommendations to the Governor, Legislature, and other parties to achieve the goal. Makes an appropriation. (CD1)

SB 2566 (Act 128) Transfers excess moneys from the rental assistance revolving fund to the rental housing revolving fund. (CD1)

SB 2833 (Act 129) Increases funding for affordable rental housing development by making the State Low-Income Housing Tax Credit more valuable. Reduces State Tax Credit period from ten to five years. Repeals 12/31/2021. (CD1)

SB 3077 (Act 130) Designates the Office of Planning as the lead state agency for transit-oriented development coordination. Establishes the Hawaii Interagency Council for Transit-oriented Development within DBEDT to coordinate effective and efficient transit-oriented development planning on a statewide level. Appropriates moneys. Allows the Department of Education to use school impact fees from projects within a county-designated transit oriented development zone for various purposes, including construction of new school facilities in new or existing sites statewide. (CD1)

HB 2293 (Act 131) Enables the Hawaii Housing Finance and Development Corporation to develop mixed-use developments in partnership with state and county departments and agencies. Eff. 7/1/2016. (SD1)

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HB 230 (Act 132) Authorizes the creation of Regional State Infrastructure Improvement Subaccounts within the Dwelling Unit Revolving Fund and the use of the Dwelling Unit Revolving Fund to provide loans and grants to finance regional state infrastructure improvements in areas of planned growth. (HB2305 CD1)

These measures, the work of many in the legislature, many in the business community, and the governor and his staff, will have profound impact on the availability of affordable housing inventory and also have subsequent implications for reducing homelessness when the affordable housing inventory dramatically improves.

The next few months must be dedicated to the removal of roadblocks in the permitting and bidding processes.

The governor's emergency powers in these critical areas must be extended in order to move the processes energetically forward.

Clearly, the main thing needed to address homelessness is homes.

REPORT -

Respectfully submitted for August 29th meeting of the Hawaii Interagency Council on Homelessness, David H. Rolf, business representative

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