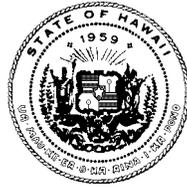


DAVID Y. IGE
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CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

December 29, 2020

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-First State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-First State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

Enclosed is the following reports submitted in accordance with the section 346-381(9), Hawaii Revised Statutes, on the Hawaii Interagency Council on Homelessness and Part 1, Act 209, Session Laws of Hawaii 2018, relating to Ohana Zones Pilot Program.

In accordance with section 93-16, HRS, the report is available to review electronically at the Department's website, at <https://humanservices.hawaii.gov/reports/legislative-reports/>.

Sincerely,

Cathy Betts
Director

Enclosure
C:
Governor's Office
Lieutenant Governor's Office
Department of Budget & Finance
Legislative Auditor
Legislative Reference Bureau Library (1 hard copy)

President Kouchi, Speaker Saiki

December 29, 2020

Page 2

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Reports to the Thirty-First Hawai`i State Legislature 2021

In Accordance with the Provisions of
Section 346-381(9), Hawai`i Revised Statutes, on the
Hawaii Interagency Council on Homelessness

And

Part I, Act 209, Session Laws of Hawai`i 2018, related to
the `Ohana Zones Pilot Program

Hawai`i Interagency Council on Homelessness
Governor's Coordinator on Homelessness
Department of Human Services
December 2020

These reports are submitted in accordance with the provisions of section 346-381(9), Hawai'i Revised Statutes (HRS), on the Hawaii Interagency Council on Homelessness (HICH) and Part I, Act 209, Session Laws of Hawai'i (SLHF) 2018, relating to the `Ohana Zones pilot program.

INTRODUCTION

On March 13, 2020, Hawai'i saw its first confirmed positive case of COVID-19. Governor David Ige later issued a statewide stay-at-home order effective March 25, 2020. The virus continued to spread throughout the State over the next several months culminating in 17,968 total cases and 244 dead statewide as of December 1, 2020.¹ The public health risks related to COVID-19 and the economic impacts of the stay-at-home orders resulted in reduced bed space at emergency shelters and other congregate facilities. The economic conditions increased the number of individuals and families at imminent risk of homelessness. This report summarizes the homeless system response during the pandemic, including the specific actions of the Hawai'i Interagency Council on Homelessness (HICH) and the role of `Ohana Zone pilot programs.

The HICH is modeled after the United States Interagency Council on Homelessness (USICH) and serves "as the statewide homelessness planning and policy development entity with broad representation from state and county government and the community."² The HICH consists of 27 members representing federal, State, and local government and both the public and private sectors. During the pandemic, coordination among HICH members is a vital part of the homeless systems response and streamlines communications to increase efficiency and efficacy.

`Ohana Zones are pilot programs initially funded by the Legislature through Act 209, Session Laws of Hawai'i 2018. The pilot programs "are designed to assist individuals experiencing homelessness find and transition into permanent housing . . . [and] have the potential to serve individuals experiencing homelessness in a way that existing programs are currently unable." During the pandemic, `Ohana Zone pilot programs enabled communities to increase shelter capacity and grew long-term housing supply on O`ahu, Maui, Kaua`i, and Hawai'i island.

The following are critical actions taken by HICH membership during the 2020 year:

1. **Established the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG), convened regular funders and frontline outreach and shelter provider meetings, and conducted the first-ever virtual statewide homeless awareness conference.** The BHHSURG is a partnership between the Governor's Coordinator on Homelessness (GCH), Department of Human Services - Homeless Programs Office (DHS-HPO), and the Department of Health - Behavioral Health Administration (DOH-BHA). The BHHSURG supports a centralized website to share COVID-19 guidance, the formation of

¹ Hawaii Department of Health. Disease Outbreak Control Division COVID-19 Summary Metrics. Retrieved December 1, 2020, from <https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/>.

² Act 105, Session Laws of Hawaii 2012, codified at section 346-381(b)(1), HRS.

community resilience hubs to collect and distribute Personal Protective Equipment (PPE), and hosts weekly webinars to share information on a variety of topics related to the pandemic. Regular communication through the BHHSURG and other established funder and provider forums was key to ensure alignment across the homeless system, strengthen existing relationships, and identify gaps in service. In November, the State, four counties, and two Continua of Care (CoCs) hosted a virtual homeless awareness conference that attracted over 1,150 attendees and included 32 separate panels with an average attendance of 100 participants per session. The close coordination among all levels enabled the homeless system to respond quickly when a crisis occurred and increased awareness of the homeless issue.

2. **Implement a centralized access point and continuum of COVID-19 related services, including quarantine and isolation, mobile testing, and stabilization support.** DOH-BHA streamlined referrals for homeless individuals seeking COVID related services through the 24-hour statewide CARES line (808-832-3100). A partnership with the counties established quarantine and isolation facilities for homeless individuals and individuals with behavioral health needs. DHS and GCH also worked with DOH to ensure that quarantine and isolation facilities discharged homeless individuals to emergency shelter, housing, or facilities like the City & County of Honolulu's Provisional Outdoor Screening and Triage (POST) program instead of being released back to homelessness. Partnerships with mobile testing programs, such as Project Vision Hawaii, were also established and coordinated through the CARES line to ensure routine spot testing at congregate shelter facilities and unsheltered encampments.
3. **In response to mitigation instructions to reduce numbers in congregate settings, GCH and providers modified the use of `Ohana Zone funding to expand shelter capacity and plan future housing needs.** Modification of existing pilot programs was necessary to address an estimated 20% reduction in emergency shelter bed capacity. Changes included: the temporary use of hotels as shelter for vulnerable homeless individuals, supported the construction of 50 new tiny home structures on Hawai`i island, and established the POST site that accommodates up to 150 persons experiencing homelessness at a time. In addition to adapting to immediate short-term needs, `Ohana Zone projects prepared Hawai`i for the future by adding increased housing capacity by developing long-term supportive housing projects in all four counties.
4. **In recognition of Hunger & Homelessness Awareness Week, the State, four counties, and the two CoCs hosted a two-day virtual conference on November 18-19, 2020.**³ More than 1,150 individuals registered to attend the conference that featured 32 sessions, with an average attendance of 100 participants per session.

³ Honolulu Mayor's Office of Housing. 2020 Statewide Homeless Awareness Virtual Conference. Retrieved December 15, 2020, from <http://www.honolulu.gov/housing/homelessness/svch/>

While the homeless system weathered the storm of the 2020 pandemic, the HICH makes the following recommendations to address the challenges facing the State in the coming year:

- 1. Maintain a clear focus on permanent housing as the end goal and increase engagement with private landlords.** A steady focus on permanent housing is needed to mitigate potential future increases in homelessness and continue reducing key homeless sub-populations. HICH's recommendations emphasize the utilization of metrics, such as placements into permanent housing and housing retention, to measure progress. Funding for services should support programs that facilitate housing placement, such as housing-focused outreach and housing subsidy programs such as Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Rent Supplement. Continued housing production is needed to address current housing gaps. Future production should consider tiny homes, modular housing, maximization of public lands, and other strategies to reduce cost and increase efficiency. Consideration should be given to policies that support housing retention and prevent discrimination against households receiving housing assistance.
- 2. Sustain core homeless services, such as shelter, outreach, and rapid rehousing, and improve programs' efficiencies.** The State must maintain existing homeless services. While new funding will be limited, government and philanthropic funders need to continue to work with providers to increase efficiencies within current programs. Targeted areas may include reducing the length of time individuals stay in shelter facilities, continuing to reduce barriers to shelter and housing entry, and leveraging federal funding streams such as Medicaid when appropriate. Homeless programs data should also be transparent and regularly shared to encourage continuous quality improvement for core services and inform future strategic decision-making regarding the allocation of limited resources for homeless programs.
- 3. Develop a focused communications strategy to increase awareness and understanding of homelessness, and strengthen and leverage relationships with external stakeholders, including the faith-based and business communities.** There is a need for increased awareness of the complexity of homelessness and continued coordination and collaboration among multiple stakeholders, including non-governmental entities from the faith-based and private business communities. The development of a focused communication strategy will increase understanding regarding homelessness. A communication strategy will serve as a tool to identify and engage stakeholders to enhance the overall homeless system's work. As pandemic economic conditions continue to limit government funding, faith-based and private business partners can provide additional support in terms of human resources, land inventory, and possibly financial support.

The economic impact of the COVID-19 pandemic will significantly increase the demand for homeless services. It will take considerable effort to preserve existing homeless services and necessary staff to administer contracts and services through State Fiscal Years 2021-2022 (SFY22) and SFY 2022-2021 (SFY2023). Following the economic recession in 2009, the statewide Point in Time (PIT) count of homeless individuals increased from 5,782 to a high of 7,921 in 2016 – an increase of 2,139 people (a 36.9% increase).⁴ Given the increased unemployment and uncertain timeframe for economic recovery, we are preparing for a more considerable increase in the number of individuals and families at risk of homelessness. To mitigate dramatic increases in homelessness, the HICH recommends utilizing local and national data to inform programmatic decisions. An intentional focus remains on permanent housing and looking to leverage private sector partnerships to bring housing and related programs to scale.

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

⁴ U.S. Department of Housing & Urban Development. CoC Homeless Populations and Subpopulations Reports. Retrieved December 15, 2020, from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>.

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

The Hawai`i Interagency Council on Homelessness (HICH) is an advisory body that serves as a statewide homelessness planning and policy development entity with broad representation from the state and county governments and the community.

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

This report highlights the following key points:

- Current status of homelessness in Hawai`i, including impacts of the COVID-19 pandemic
- Overview of the HICH, including its membership, mission and responsibilities, historical background, and staffing and organizational structure
- 2020 HICH activities to address homelessness, including progress in implementing the ten-year strategic plan and framework to address homelessness
- Proposals and recommendations for 2021

A record of HICH meetings convened in 2020, including meeting agendas and minutes, can be found online at the <https://homelessness.Hawaii.gov/hich/>.

I. Current State of Homelessness in Hawai`i

A. Impact of the COVID-19 pandemic.

For the estimated 6,458 homeless individuals statewide, the COVID-19 pandemic impacted daily life in numerous ways. Primarily, restrictions related to social distancing reduced access to restrooms and shower facilities, reduced emergency shelter capacity, and limited social services access. Overall, emergency shelter bed space statewide decreased by an estimated 20%, with DHS funded emergency shelters reporting a reduction of 203 beds – from 979 beds pre-COVID to 776 beds available as of September 2020.⁵

The coordinated response by the State and counties to implement quarantine and isolation facilities and use of mobile COVID-19 testing in encampments in part mitigated the health impacts of COVID-19 on individuals experiencing homelessness. Between March and July 2020, there were only two known homeless individuals statewide confirmed positive for COVID-19. In early August, DOH and outreach providers quickly responded to a cluster of positive cases

⁵ Data shared by DHS Homeless Programs Office (HPO) based on data collected from contracted providers.

identified in an O`ahu emergency shelter. In less than 24 hours, outreach providers canvassed the area surrounding the emergency shelter to identify other potential positive individuals. The close coordination between DOH, DHS, the counties, and homeless providers helped keep the number of positive cases among the homeless population at a manageable level. Particularly in the early days of the pandemic, `Ohana Zone funds supported O`ahu and Hawai`i island efforts to expand shelter capacity for homeless individuals who were vulnerable due to age or pre-existing health conditions.

The pandemic's immediate impact on a statewide increase in the number of people experiencing homelessness is not yet apparent. The homeless Point in Time (PIT) count conducted in January 2020, before the pandemic onset, does not reflect the pandemic's impact on the homeless population. While post-COVID PIT count data is not available, the Homeless Management Information System (HMIS) indicates the number of homeless individuals accessing services between January 1 – October 31, 2020, is lower than the same period in 2019.

However, despite the negative impacts of COVID-19, homeless providers continue to place homeless individuals into permanent housing at a rate comparable to the prior year. Overall, 55% of homeless individuals exiting from programs transitioned to permanent housing, compared to 54% in 2019.⁶ For the neighbor island counties of Maui, Kaua`i, and Hawai`i, the percentage of individuals transitioning to permanent housing was 63% and reached a high of 79% (311 out of 393 total exits) in October 2020.⁷

State and county response to COVID-19 impacts on homelessness.

The Governor's Coordinator on Homelessness (GCH) partnered with DOH, DHS, and the counties to establish the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) in March 2020. The BHHSURG provided a [centralized website](#) to share COVID-19 information and response guidance. The BHHSURG established community resilience hubs to collect and distribute Personal Protective Equipment (PPE) for homeless individuals and providers. The BHHSURG holds free weekly zoom webinars held every Monday on various topics such as telehealth, domestic violence, statewide rental assistance, and unemployment insurance benefits. BHHSURG enabled government agencies to provide centralized information in one place for providers of behavioral health and homeless services and provide ongoing support to providers as the situation with the pandemic changed on a monthly, weekly, or sometimes daily basis. Between March and October 2020, the BHHSURG collected over 476,000 units of PPE and distributed 466,119 units to providers participating in BHHSURG.

BHHSURG also streamlined referrals for homeless individuals needing isolation and quarantine by centralizing intake through the 24-hour statewide Hawai`i CARES line (808-832-3100) and

⁶ The Continuum of Care, DHS, and the Governor's Coordinator on Homelessness compiles data from Partners in Care and Bridging the Gap through the Homeless Management Information System (HMIS).

⁷ Bridging the Gap (2020). Exit Destination Reports. Retrieved on December 10, 2020 from: <https://www.btghawaii.org/reports/periodic-monitoring-reports/>.

ensuring that all partners worked toward a seamless continuum of care for homeless individuals who were confirmed positive or exposed to COVID-19. This continuum includes isolation and quarantine facilities supported by DOH and the counties. For individuals exiting isolation and quarantine facilities, DHS worked with DOH to establish a process to discharge individuals to emergency shelter, housing, or facilities like the `Ohana Zone funded Provisional Outdoor Screening & Triage (POST). In partnership with shelters and residential treatment programs, DOH established a mobile testing schedule for community health and safety, including testing for unsheltered individuals living in encampments.

Beyond BHHSURG, partnerships and regular communication with other government agencies, homeless funders, and frontline service providers are essential. During the early days of the pandemic, based on information shared by providers and GCH, the Department of Land and Natural Resources (DLNR) re-opened comfort stations in State parks and small boat harbors to ensure access for homeless individuals needing basic hygiene. Regular frontline provider meetings and homeless funder meetings strengthened DHS and GCH relationships with frontline providers and other government and private funders. As mentioned above, the close coordination enabled the homeless system to respond to the impacts of COVID-19 quickly.

The anticipated impact of COVID-19 on homelessness for 2021 and beyond: more demand for services.

The continuing impact of COVID-19 on the local economy will adversely impact State and local funding for core homeless services.

According to the U.S. Census Bureau's Household Pulse Survey conducted between November 11-23, 2020, 44.1% of adults living in households not current on rent or mortgage are likely to experience eviction or foreclosure in the next two months – an estimated 45,994 individuals. Hawaii's rate of individuals likely to experience eviction or foreclosure is the sixth highest among the fifty states and the District of Columbia (D.C.).⁸

The same census pulse survey indicates a large percentage of adults statewide (37.4%, or 398,413 individuals) expect someone in their household to have a loss in employment income in the next four weeks. This rate of anticipated loss of employment income is the fourth highest among the fifty states and D.C.

Historical data for the statewide PIT count indicates that demand for homeless services is likely to increase in the wake of the current economic recession. Following the last significant downturn in 2009, the statewide PIT count increased from 5,782 to a high of 7,921 in 2016, an increase of 2,139 people (37% increase).⁹ The expected increase in homelessness will likely include both single adults and families with minor children. We expect the increases to fluctuate over a period of several years as opposed to a one-time spike.

⁸ U.S. Census Bureau. Household Pulse Survey Data Tables. Retrieved December 10, 2020, from <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>.

⁹ U.S. Department of Housing & Urban Development. CoC Homeless Populations and Subpopulations Reports. Retrieved December 15, 2020, from <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

B. Homeless Point in Time (PIT) Count Data (2005 to 2020).

The annual homeless PIT count is one tool to evaluate population trends for people experiencing homelessness over time. A review of historical PIT count data shows recent overall decreases in the homelessness population between 2016 and 2020, including significant reductions for individuals in homeless families and homeless veterans, and chronically homeless individuals.

The PIT count is a crucial data source to evaluate the current state of homelessness

The PIT count is conducted locally by the CoCs – Partners in Care for O`ahu, and Bridging the Gap for Maui island, Hawai`i, and Kaua`i. The CoCs determine the methodology for the count and spearheads the count itself. We use the Homeless Management Information System (HMIS) to count the numbers of sheltered individuals. In contrast, the CoCs uses volunteers and outreach provider staff to administer a survey of unsheltered individuals and families. Typically, the PIT count is for a designated day during the last full week in January. The PIT count numbers are then submitted to the U.S. Department of Housing and Urban Development (HUD) for verification and adjusted as needed by HUD.

In 2020, Partners in Care and Bridging the Gap utilized different methodologies for the PIT count. The difference in methods is that Partners in Care conducted the count on one day while Bridging the Gap conducted the count over one week, including a survey of where individuals slept on the designated night. Also, Partners in Care utilized an observational tool for the O`ahu PIT count, which enabled volunteers to count individuals observed who were sleeping or unwilling to participate in a survey. Bridging the Gap did not use the observational tool.

Overall, the number of homeless individuals in the statewide PIT count remained relatively level between 2019 and 2020, with an increase of only ten persons – a 0.15% increase. There was also a slight statewide increase in unsheltered homelessness of 12 persons, or 0.32%. Statewide, the following sub-populations of homelessness saw decreases during this same period:

- 8.5% reduction (175 individuals) in persons in homeless families
- 3.6% reduction (18 individuals) in veterans experiencing homelessness
- 10% reduction (169 individuals) in chronic homelessness

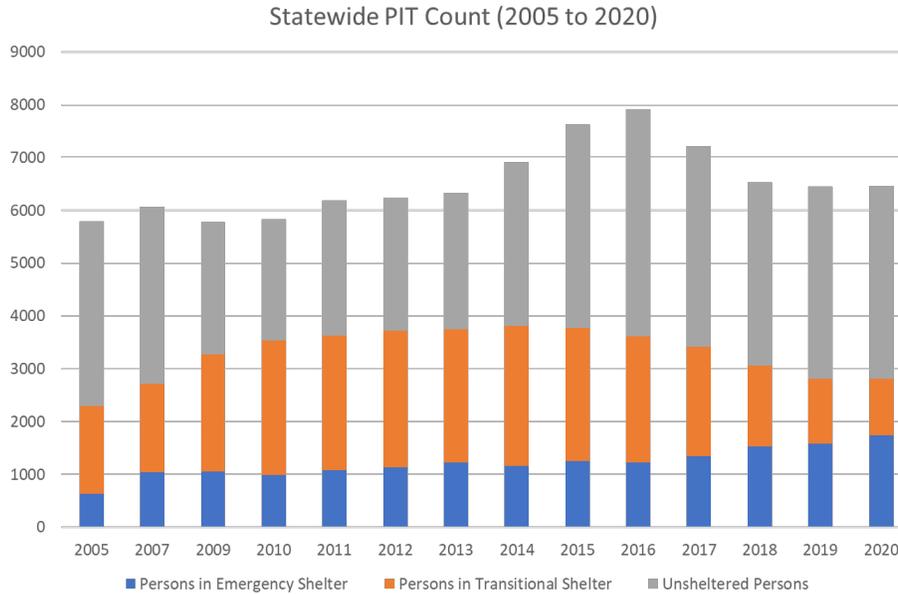


Figure 1. Statewide Point in Time Count (2005-2020). Source: HUD Homeless Population and Subpopulation Report.

Examined over a longer period, the decrease in the overall statewide population of homeless individuals is more dramatic. In 2016, the statewide PIT count indicated a statewide population of 7,921 homeless individuals, which is the highest in the State's history since we began PIT counts. Between 2016 and 2020, the number of homeless individuals statewide decreased by 1,463 individuals (18.5%). This decrease occurred after seven years of steady increases in homelessness statewide. Also, there were significant statewide reductions in key homeless sub-populations during this timeframe:

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

Despite one year increases in homeless populations in the City & County of Honolulu (0.7%, 31 individuals) and County of Hawai'i (15.5%, 107 individuals), there were significant decreases in both counties between 2016 and 2020. The City & County of Honolulu and the Counties of Hawai'i and Maui experienced the following reductions in their respective PIT count between 2016 and 2020:

- 9.95% reduction (492 individuals) on O`ahu
- 42.82% reduction (597 individuals) on Hawai'i island
- 31.09% reduction (356 individuals) on Maui

The PIT count showed that the homeless population in the County of Kaua`i remained relatively flat over the past five years – generally fluctuating between 412 to 443 people between 2016 and 2020, minus an abnormally low count of 293 in 2018.

There are fewer individuals in transitional shelters but slightly more individuals in emergency shelters.

Between 2016 and 2020, the number of homeless individuals residing in transitional shelters decreased by over half (55.2%) – a decline of 1,320 individuals. This reduction corresponds with a decrease in transitional shelter beds in the Housing Inventory Count of 51.8%, or 1,386 transitional shelter beds.¹⁰

Meanwhile, during this same period, the number of homeless individuals in emergency shelters increased by 42% (515 individuals). The number of emergency shelter beds in the Housing Inventory Count remained relatively level and fluctuating between 1,739 and 1,757 beds when this increase occurred, except for an increase of 344 new emergency shelter beds between 2019 and 2020. The use of `Ohana Zone funds to increase emergency shelter bed capacity and the conversion of existing transitional shelters may have contributed to the growth in emergency shelter beds during the past year.

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

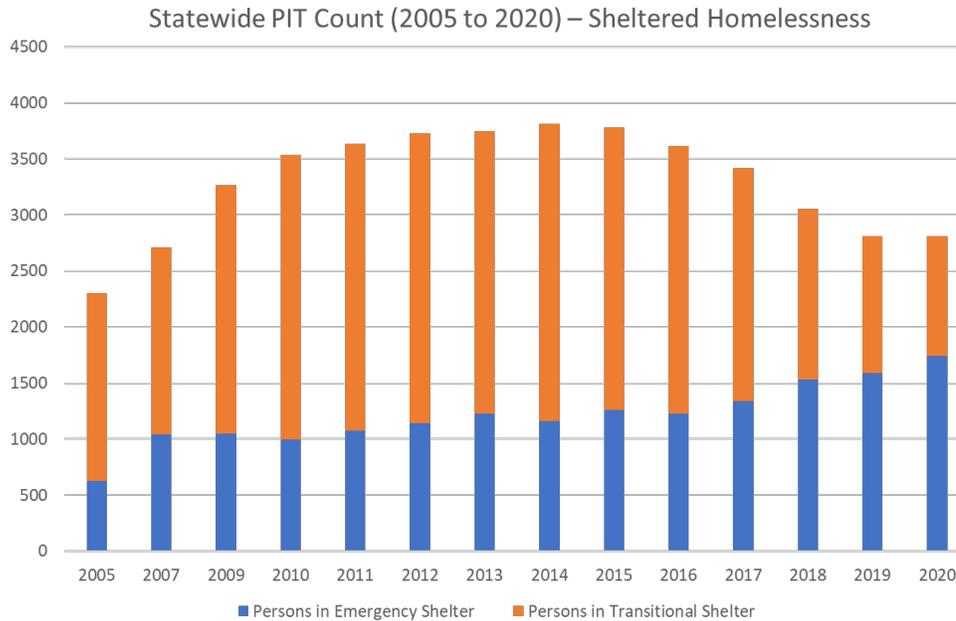


Figure 2. Statewide PIT Count (2005-2020) - Sheltered Homelessness. Source: HUD Homeless Population and Sub-Population Report.

Differences in statewide and O`ahu trends related to unsheltered homelessness. drove down the overall statewide in unsheltered homelessness.

Like overall statewide PIT count numbers, the statewide unsheltered homeless population increased significantly between 2013 and 2016 before steadily decreasing between 2016 and 2020. Statewide, unsheltered homelessness decreased by 15.2% (658 individuals) between 2016 and 2020. However, between 2016 and 2019, reductions on Maui island, Kaua`i, and Hawai`i

In contrast, O`ahu saw a steady increase in unsheltered homelessness, with numbers on O`ahu fluctuating between 2,145 and 2,403 between 2018 and 2020. Between 2012 and 2020, the number of unsheltered homeless individuals on O`ahu increased from 1,318 individuals to 2,346 individuals. The percentage of unsheltered homelessness increased from 30.3% in 2012 to 52.7% in 2020 – an increase from under one-third to over one-half of O`ahu’s total homeless population.

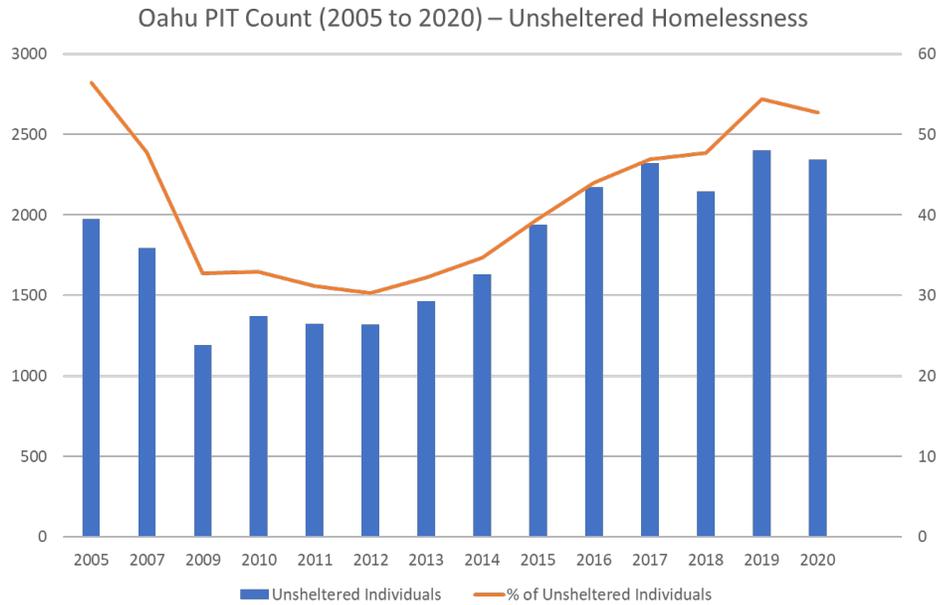


Figure 3. O`ahu PIT Count (2005-2020) - Unsheltered Homelessness. Source: HUD Homeless Population and Sub-Population Report.

The numbers of unsheltered homeless individuals fluctuated on Maui, Kaua`i, and Hawai`i island fluctuated between 2009 and 2016 before a sharp positive decline of 42% (898 individuals) between 2016 and 2019. Over the past four years, the primary driver of the decrease in unsheltered individuals on these islands was the decrease on Hawai`i island by a 60% reduction (676 individuals). In 2020, the unsheltered count for these areas increased by 5.4% (67 individuals) compared to the prior year due to slight increases in Hawai`i County (16.6%, 74 individuals) and Kaua`i (6%, 21 individuals). Despite numeric decreases on the neighbor islands, unsheltered homelessness overall in Maui, Kaua`i, and Hawai`i counties represents over half (64.9%) of the total homeless population in these areas.

Analysis of unsheltered homelessness on O`ahu.

The City & County of Honolulu contracted the University of Hawai`i at Manoa to analyze unsheltered homelessness on O`ahu between 2017 and 2020. The analysis compared the unsheltered PIT count data sets for O`ahu during this period with the O`ahu HMIS database. A total of 7,496 unique individuals were counted as unsheltered during this period, including 19% (1,446 individuals) that were "repeaters," that is, they appear in more than one PIT count. The number of "repeaters" means that 81% of individuals were only counted once and not counted previously. Notably, only 42% (3,120 individuals) of the unique individuals had an existing record in the HMIS, suggesting the majority of individuals counted had no connection to homeless services. The analysis indicates that the unsheltered population on O`ahu is mainly due to a steady influx of newly homeless individuals. Many individuals experiencing one-time homelessness do not receive any services. In general, these findings further suggest that for the majority of unsheltered, homelessness is brief, self-resolving, and non-recurring, which is

consistent with national research. The unsheltered individuals identified as "repeaters" had higher percentages of mental health, physical, or developmental disabilities, were older on average, were a higher percentage of Native Hawaiian and Pacific Islanders, and included a higher rate of females when compared to the unsheltered individuals only encountered once.¹¹

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

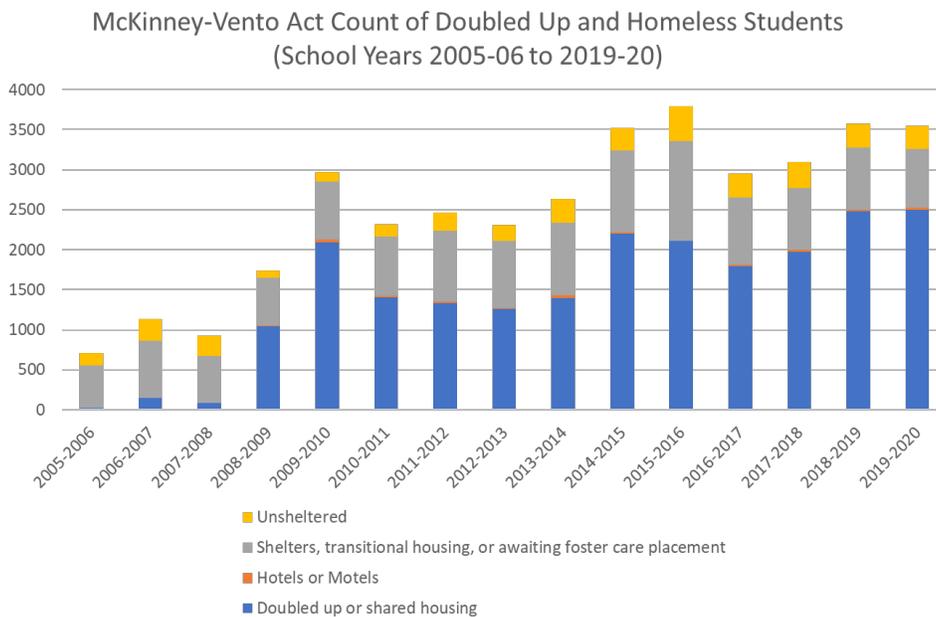


Figure 4 McKinney-Vento Act Data (2005-2020). Source: Hawai'i DOE.

Another set of population trend data considered by the HICH is data tracked and reported by the Hawai'i Department of Education (DOE). DOE tracks students who meet the definition of homelessness under the McKinney-Vento Education of Homeless Children and Youth Act (McKinney-Vento Act), which differs from the definition of homelessness used for the PIT count. The primary difference is that the McKinney-Vento Act definition includes individuals who are 'doubled up,' in shared housing, or residing in hotels or motels. Like PIT count data, McKinney-Vento Act data show overall decreases in individuals experiencing sheltered and unsheltered homelessness between 2016 and 2020.

In school year (SY) 2019-2020, the DOE reported a total of 3,553 students that met the McKinney-Vento Act definition of homelessness¹², which included:

¹¹ Pruitt, A., Barile, J. (2020). Unsheltered in Honolulu: Examining unsheltered homelessness in Honolulu from 2017-2020. Retrieved December 10, 2020, from <http://www.honolulu.gov/rep/site/ohou/UnshelteredHNL-2020-compressed.pdf>.

¹² Data shared by Hawaii DOE, Education for Homeless Children and Youth (EHCY) program.

- 295 (8.3%) unsheltered
- 730 (20.5%) in a sheltered situation
- 24 (0.7%) in a hotel or motel
- 2,504 (70.54%) 'doubled up' or in shared housing

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

Looking at only the data related to students who are unsheltered or in sheltered situations, the McKinney-Vento Act data aligns with the general trend in the PIT count data for homeless families with minor children. Both sets of data show increases between 2013 and 2016, followed by a decline between 2016 and 2020. The number of students reported by the DOE in unsheltered and sheltered homeless situations declined by 38.9% (652 individuals) between SY 2015-2016 and SY 2019-2020. Meanwhile, the number of homeless families in the PIT Count declined by 43.7% (1,469 individuals) between 2016 and 2020.

Students in 'doubled up' or shared housing situations.

Reports of the number of students in 'doubled up' or in shared housing have fluctuated over the years. Between SY 2016-2017 and SY 2019-2020, the number of students reported to be doubled up or in shared housing increased by 39.6% (710 individuals). While students in this category do not meet the PIT count definition of homelessness, they are considered in an unstable housing situation and potentially at risk of falling into literal homelessness. The increase in students who are 'doubled up' or in shared housing indicates that even as literal homelessness decreases, there is a growing number of individuals at imminent risk of homelessness.

D. Housing Inventory Count (2005 to 2020).

In addition to population trend data, HICH also considers the inventory of shelter and housing resources to assess the State's efforts to address homelessness. As the number of individuals experiencing homelessness in Hawai'i decreased, the number of beds to address homelessness has increased over time. This information is in the annual Housing Inventory Count. The Housing Inventory Count (HIC) is a report provided annually to HUD.

The HIC categorizes homeless service beds into six main types: (1) Emergency Shelter, (2) Transitional Shelter (also known as Transitional Housing), (3) Safe Haven, (4) Rapid Rehousing (RRH), (5) Permanent Supportive Housing (PSH), and (6) Other Permanent Housing. Safe Haven is a category of emergency shelter targeted at homeless individuals with severe mental illness.

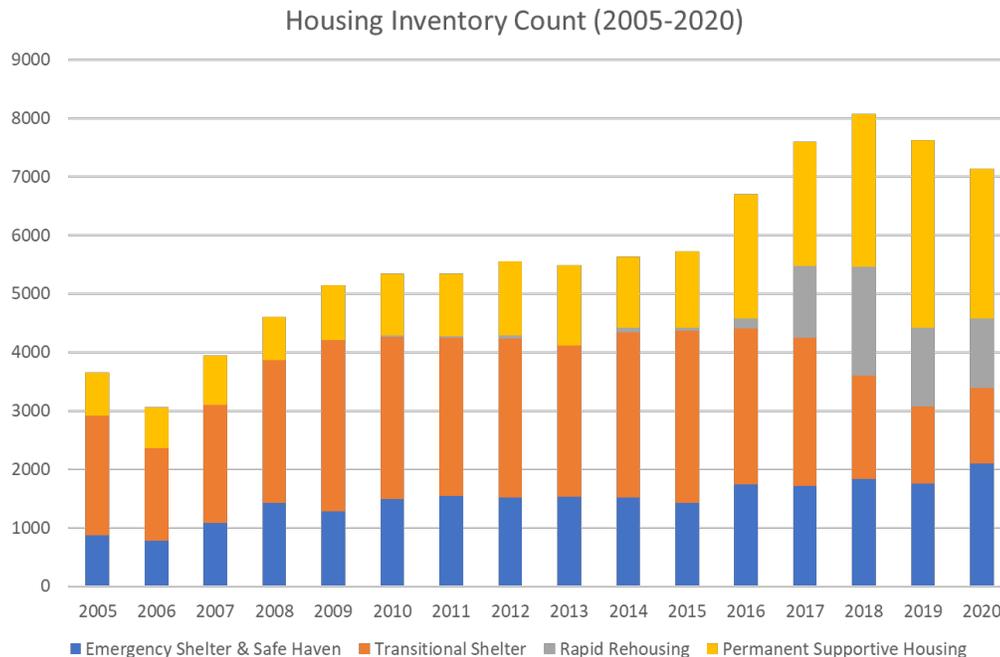


Figure 5. Housing Inventory Count (2005-2020). Source: HUD Housing Inventory Count.

Temporary vs. Permanent Beds.

Emergency shelter, transitional shelter, and safe haven beds are considered temporary beds. Meanwhile, RRH, PSH, and other permanent housing beds are considered long-term, permanent beds.

Housing resources increased, while PIT count and McKinney-Vento Act count of sheltered and unsheltered homelessness decreased.

Between 2015 and 2018, the HIC number of shelter and housing beds increased by 41% (2,346 beds). During this period, the increase in HIC beds included a 228% increase in the number of permanent beds – increasing from 1,359 permanent beds in 2015 to 4,469 permanent beds in 2018. The number of permanent beds further increased to 4,553 in 2019.¹³ These increases in HIC permanent beds occur during the same period that overall homelessness statewide decreased in the PIT count. The number of literal homeless students declined according to McKinney-Vento Act data.

¹³ U.S. Department of Housing & Urban Development. CoC Housing Inventory Count Reports. Retrieved December 10, 2020, from <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>

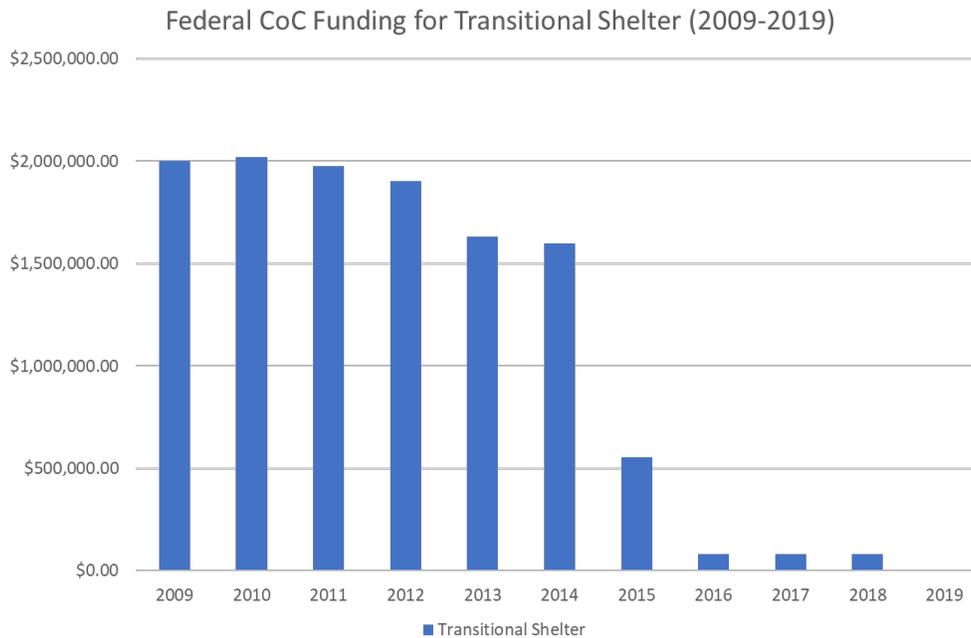


Figure 6 Federal CoC Funding - Transitional Shelter (2009-2019). Source: HUD CoC Funding Dashboard.

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

The decrease in transitional shelter beds reflected a change in policy by HUD beginning in 2012 and was a significant change in prioritization for permanent housing and de-emphasis of transitional shelter. Between 2012 and 2019, the number of homeless individuals in transitional shelters declined nationwide by 51.5%, aligning with a similar decrease in federal funding for transitional shelters. Federal CoC funds for transitional shelter in Hawai'i similarly declined from 2012, including a dramatic 65% reduction between 2014-2015.¹⁴

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

¹⁴ U.S. Department of Housing & Urban Development. CoC Dashboard Reports. Retrieved December 10, 2020, from <https://www.hudexchange.info/programs/coc/coc-dashboard-reports/>.

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

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

Rapid Rehousing vs. Permanent Supportive Housing.

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

Unsheltered homelessness on O`ahu increased despite the significant addition of permanent housing beds.

The addition of new permanent housing beds has done little to stem the growth of unsheltered homelessness on O`ahu. Between 2015 and 2019, the number of unsheltered individuals on O`ahu increased by 23.8% (462 individuals), despite a 167% increase in permanent housing inventory that added 1,539 new permanent housing beds. In contrast, the increase in permanent housing beds on Maui, Kaua`i, and Hawai`i island corresponded with decreases in the unsheltered and chronically homeless populations. The neighbor island decreases contributed to overall statewide reductions in unsheltered and chronic homelessness.

Increases in emergency shelter bed capacity.

The number of emergency shelter beds in the HIC increased by 22.3% (383 beds) between 2017 and 2020. This increase is partly attributable to new emergency shelter programs funded through the `Ohana Zone program, such as Villages of Maili and the Keolahou Emergency Shelter on Hawai`i island. The conversion of other facilities from transitional to emergency shelter, such as converting Na Kolea transitional shelter to Keauhou Emergency Shelter, also contributed to the increase. The main difference between transitional and emergency shelters is that emergency shelters have very low barriers to entry and may accept walk-ins. In contrast, transitional shelters require a referral through the Coordinated Entry System (CES) that includes completing a VI-SPDAT and an individual scoring within a specific prioritization range. The increase in emergency shelter beds is significant because it indicates an increased ability to assist unsheltered homeless individuals directly.

Programs not reflected in the HIC.

The HIC does not include the permanent housing beds that are not explicitly designated for persons experiencing homelessness in its inventory. The HIC does not count the new `Ohana Zone funded Homeless Outreach and Navigation for Unsheltered persons (HONU) or POST. HUD

considers these programs to be outreach programs, as they do not meet the HIC criteria to be designated as shelter programs.

E. Asset Limited, Income Constrained, Employed (ALICE) and Census Pulse Data

Recent research indicates that a growing number of households in Hawai`i are categorized as ALICE households – earning above the Federal Poverty Level (FPL) but not enough to afford basic household necessities. In 2018, 33% of Hawai`i households (148,771) were in the ALICE category. This number represents a 10% increase in ALICE households between 2014 and 2018.¹⁵ While ALICE households are not homeless, these households are at risk of eviction or foreclosure due to a sudden change in circumstances, such as job loss or reduced income.

The recent increase in ALICE households in Hawai`i mirrors the increase in 'doubled up' or shared housing reflected in McKinney-Vento Act data. Both ALICE and McKinney-Vento Act data indicate a growing number of individuals and families in unstable situations and at potential risk of homelessness.

Available ALICE household data reflects circumstances before the COVID-19 pandemic. Since the onset of the pandemic, the number of households in unstable situations and lack of income to meet basic needs has increased.

To measure the pandemic's impact on households, the U.S. Census Bureau implemented the Household Pulse Survey. The purpose of the survey is to collect data measuring household experiences related to the loss in employment income, telework, food scarcity, housing insecurity, difficulty paying household expenses, the likelihood of eviction, and change in post-secondary education. The pulse surveys have been conducted since April 2020 and are currently in their third phase, with the most recent surveys conducted in November 2020. Between July and November 2020, the percentage of adults living in Hawai`i households not current on rent or mortgage that are likely to experience eviction or foreclosure in the next two months increased from 16.4% (14,596) to 44.1% (45,994). The current percentage of adults likely to experience eviction or foreclosure in Hawai`i is the sixth highest of all communities surveyed.¹⁶

The pulse survey indicates that many Hawai`i households are also struggling to meet household expenses and continue to anticipate the loss of employment income due to the pandemic. As of November 2020, 32% (347,745) of adults surveyed indicated difficulty paying usual expenses, and 37.4% (398,413) anticipated someone in their household to lose employment income in the next four weeks.

The trends in unsheltered homelessness on O`ahu, indicating a steady inflow of newly homeless individuals despite high housing placement rates, ALICE, McKinney-Vento Act, and Household Pulse Survey data indicate a need to strengthen homelessness prevention efforts. Prevention efforts could include the integration of sustained anti-poverty and homelessness services and

¹⁵ United for ALICE. Hawaii 2018 State Overview. Retrieved December 10, 2020, from <https://www.unitedforalice.org/hawaii>.

¹⁶ U.S. Census Bureau. Household Pulse Survey Data Tables. Retrieved December 10, 2020, from <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>.

the examination of policies to increase access to and expand the use of housing voucher programs.

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

A. Background and Purpose

The mission of the HICH is to prevent and end homelessness in Hawai`i. The HICH achieves this by coordinating governmental and private entities statewide, including federal, state, and local government; private foundations; the business community; the faith-based community; homeless service providers; and persons experiencing homelessness. Section 346-381, Hawai`i Revised Statutes, outlines the specific duties and responsibilities of the HICH. The HICH is modeled after the [United States Interagency Council on Homelessness \(USICH\)](#) and is the first state interagency council on homelessness formally established in statute.

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

B. Membership and Quorum

The GCH is the HICH chair. The HICH consists of 27 members, including a mixture of state government representatives, legislators, federal and county government representatives, homeless service providers, and representatives from the private, faith-based, and business sectors. Certain HICH members are designated by county mayors, while other members are designated or requested by the Governor. A majority of HICH members – 14 of 27 members – constitute a quorum to do business and validate any council decision or act.

C. Organizational Structure and Staffing

The HICH is administratively attached to DHS for administrative purposes, and GCH chairs the HICH. GCH staff provides administrative support to the HICH. While physically located in the Governor's office, the GCH and staff are employees of DHS.

HICH Membership (as of December 3, 2020)		
Member Name	Title or Organization Represented	Alternate
Scott Morishige (Chair)	Governor's Coordinator on Homelessness	
Cathy Betts	Director of Human Services	
Harold Brackeen III	Administrator of DHS Homeless Programs Office (HPO)	
Dr. Elizabeth 'Libby' Char	Director of Health	
Anne Perreira-Eustaquio	Director of Labor and Industrial Relations	
Max Otani	Director of Public Safety	
Mike McCartney	Director of Business, Economic Development, and Tourism	
William Aila	Chairperson, Hawaiian Homes Commission	
Major General Kenneth Hara	Adjutant General	
VACANT	Chairperson, Office of Hawaiian Affairs	
Clare Connors	Attorney General	
Dr. Christina Kishimoto	Superintendent of Education	
Representative Ryan Yamane	Hawaii State House of Representatives	Representative Adrian Tam
VACANT	Hawaii State Senate	**VACANT**
Hakim Ouansafi	Hawaii Public Housing Authority	
Mayor Kirk Caldwell	Mayor, City & County of Honolulu	
Mayor Mitchell Roth	Mayor, County of Hawaii	
Mayor Derek Kawakami	Mayor, County of Kauai	
Mayor Michael Victorino	Mayor, County of Maui	
Laura Thielen	Oahu Continuum of Care	
Brandee Menino	Hawaii Island Continuum of Care	
Makana Kamibayashi	Kauai Continuum of Care	
Maude Cumming	Maui Continuum of Care	
Andrew Dahlburg	U.S. Department of Veteran Affairs	
Mark Chandler	U.S. Department of Housing and Urban Development	
Pastor Daniel Kaneshiro	Faith-Based Community	
Dave Rolf	Business Community	

Figure 7 HICH Membership (2020). Source: Governor's Coordinator on Homelessness.

D. Interagency Council Structures in Other Communities

A difference between the HICH and similar councils elsewhere is the diversity in the membership of the HICH. HICH membership includes representation from the counties and non-governmental stakeholders as well as State agency representation. Another key difference is that other interagency councils – such as those in California, the District of Columbia, Iowa, and Minnesota – directly administer funding for homeless programs or assist in the oversight of the local CoC and other federal homelessness funding, such as the Emergency Solutions Grant (ESG). The HICH is tasked to "facilitate the acquisition of funding and resources for state and county homeless programs,"¹⁷ However, unlike some of its counterparts, the HICH does not have any formal mechanisms to influence federal funding allocations. In anticipation of further reductions of state and local funding streams, the HICH intends to explore ways to directly influence or provide advice regarding awards for federal homelessness funding, such as CoC, ESG, and Housing Opportunities for Persons with AIDS (HOPWA).

E. Ten-Year Plan and Strategic Framework to Address Homelessness

The HICH formally adopted the ten-year strategic plan to address homelessness ("Ten-Year Plan") on September 10, 2012. The HICH developed following a twelve-month strategic planning process, which included receiving input from service providers and key stakeholders in all four counties.¹⁸

The Ten-Year Plan identifies four specific goals and outlines specific objectives and strategies to achieve each goal. The four goals outlined in the plan are:

- **Goal 1: Retool the Homeless Crisis Response System**
This goal includes refocusing homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing. A retooled homeless crisis response system also prioritizes critical services for funding and ensures information systems integration to improve service provision effectiveness and efficiency.
- **Goal 2: Increase Access to Stable and Affordable Housing**
This goal includes the production and preservation of affordable housing and the specific creation and preservation of PSH options. This goal also aims to eliminate barriers to government-funded affordable housing, including public housing and the Section 8 Housing Choice Voucher Program.
- **Goal 3: Increase Economic Stability and Self-sufficiency**
This goal includes increasing meaningful and sustainable employment for people experiencing homelessness and improving access to appropriate mainstream programs and services that reduce financial vulnerability.

¹⁷ Act 105, Session Laws of Hawaii 2012. HRS §346-381(b)(3).

¹⁸ HICH. Ten-Year Strategic Plan to Address Homelessness. Retrieved on December 10, 2020, from https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0346/HRS_0346-0381.htm.

- **Goal 4: Improve Health and Stability**

This goal includes integrating primary and behavioral health care services with homeless and housing assistance programs. Also, this includes a focus on health and stability for youth aging out of foster care and juvenile systems and people experiencing homelessness who have frequent contact with hospitals and the criminal justice system.

The full text of the Ten-Year Plan can be found online at the [State Homeless Initiative](#) website.

F. Hawai`i State Framework to Address Homelessness

In August 2016, the HICH adopted a formal Hawai`i State Framework to Address Homelessness ("State Framework") to move Hawai`i forward in a way that is *pono* (Hawaiian for good, upright, righteous, correct, or proper). The State Framework builds upon the firm foundation of the Ten-Year Plan and prior plans. The HICH considered input from federal, State, county governments, service providers, and other private sector representatives. The framework establishes that by 2020 the homeless response system will complete the transition to a Housing First system that connects people experiencing homelessness with the opportunity to move quickly into permanent housing.

Based upon `Ohana Nui, a multigenerational approach that invests early and concurrently in children and families, the State Framework strategically presses on three levers to address homelessness:

- **Level 1: Affordable Housing** – Hawai`i must build more affordable housing and maximize existing inventory use.
- **Level 2: Health and Human Services** – Hawai`i will implement best practice approaches for evidence-based services and move homeless persons quickly into permanent housing, including close monitoring of the results of these services.
- **Level 3: Public Safety** –Hawai`i will coordinate public safety and law enforcement efforts alongside homeless outreach. When law enforcement vacates an area, homeless persons are approached with respect and offered personalized options to connect to appropriate services and housing quickly.

The State Framework is available for review online at the [State Homeless Initiative](#) website.

Homeless Systems Vision (2020)

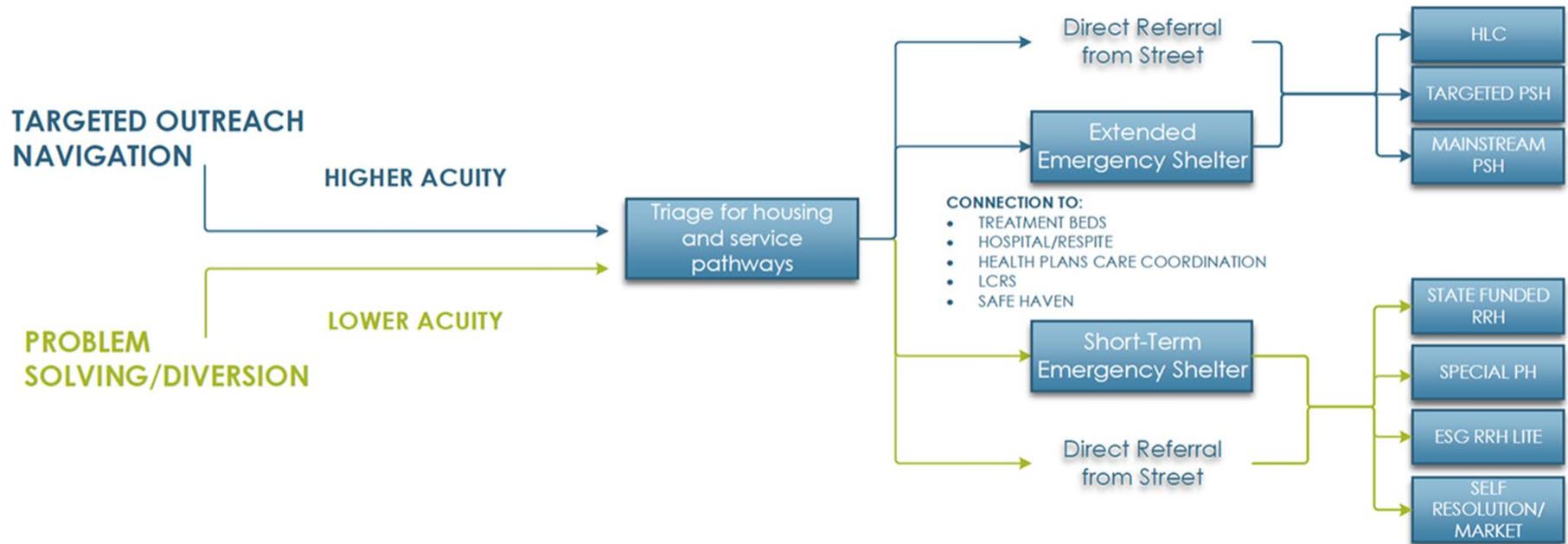


Figure 8 Homeless Systems Vision - This diagram illustrates the system of homeless services in Hawai'i from initial engagement to permanent housing placement. Source: Governor's Coordinator on Homelessness.

III. Key Actions of the HICH

A. Defining a Clear Systems Vision to Address Homelessness.

In 2020, HICH took steps to define a clear systems vision to end homelessness statewide. The HICH developed the systems vision diagram illustrated in **Figure 8** in partnership with technical assistance providers from HUD and consultation with the Corporation for Supportive Housing. The system includes pathways for individuals to access housing directly from an unsheltered situation and through either emergency or transitional shelters. Also, there are pathways for both higher and lower acuity individuals. The diagram illustrates complete paths through the system from initial engagement to placement in stable, long-term housing. The development of these pathways is consistent with Goal 1 of the Ten-Year Plan.

B. Targeted Outreach and Diversion.

Over the past year, the HICH supported outreach and diversion strategies through a variety of mechanisms. The outreach approach includes both government and privately funded providers and community volunteers and partnerships with healthcare organizations, prosecutors and public defenders, law enforcement, and land management agencies with frequent interaction with homeless individuals. Also, outreach is supported by implementing contract performance measures, facilitated outreach and case conferencing meetings, the use of navigation and triage centers, and increased access to transportation services for unsheltered individuals.

In late 2019, the State and City & County of Honolulu launched the new `Ohana Zone-funded HONU program, which transitioned into the POST in April 2020. Both the HONU and POST combine 24-hour access to transportation, with 24-hour intake and on-site social services to facilitate placement into a longer-term shelter and housing facilities. While HONU and POST do not meet the HUD criteria for shelter programs, the programs enhance the community's outreach and engagement for unsheltered individuals. As of November 30, 2020, the HONU and POST assisted 1,080 individuals, including 85 (8%) who were placed directly into permanent housing and an additional 537 (50%) placed into shelter or treatment programs. The HONU and POST programs are low-barrier and provide providers time to build a relationship with unsheltered individuals and better understand their needs.

HONU and POST are recent examples of bridging the gap between homeless outreach and mainstream systems, such as law enforcement and healthcare. Other examples of aligning other systems with outreach efforts include Law Enforcement Assisted Diversion (LEAD) and the development of housing coordinators within Medicaid managed care health plans. In 2019, Hawai'i's partnership between law enforcement and homeless providers was highlighted in a

national policy brief by the Council of State Governments and USICH, citing the increase in shelter and housing connections resulting from this work.¹⁹

In 2020 the homeless response system expanded outreach programs for homeless youth, ages 18-24, and unaccompanied minors under age 18. Specifically, `Ohana Zone funds increased the RYSE outreach program's geographic range for youth and supported new partnerships between RYSE and ALEA Bridge to support services in Central O`ahu and Wahiawa. In addition, HICH member Partners in Care received a competitive \$3.8 million award for a Youth Homeless Demonstration Program on O`ahu, which funded new specialized youth outreach programs for LGBTQ youth, Native Hawaiian and Pacific Islanders, and individuals experiencing substance use.²⁰

In October 2020, DOH launched a new statewide outreach program for homeless individuals with less than severe mental illness (LMI). The new program aims to fill a gap in services for individuals who need mental health services and do not meet the criteria for intensive case management or community-based case management.

HICH members also supported data sharing agreements to better inform targeted outreach for Native Hawaiian homeless individuals. The Office of Hawaiian Affairs (OHA) and the Department of Hawaiian Homelands (DHHL) entered into separate agreements with PIC to determine the scope of homelessness among their respective beneficiaries. For example, DHHL cross-referenced the 2020 PIT count data and data from PIC's By Name List of individuals utilizing the Coordinated Entry System (CES) with individuals on the DHHL waitlist. The information shared as a result of these agreements will inform policymaking and new program development to support both OHA and DHHL beneficiaries.

Finally, HICH members worked to establish new partnerships between outreach and individuals with lived experience of homelessness. During the onset of the COVID-19 pandemic, State and county agencies partnered with homeless individuals in groups such as Hui Aloha and Pu`uhonua O Wai`anae to quickly re-open and maintain public hygiene facilities during the pandemic after public facilities initially shut down. Individuals with lived experience also actively participate in frontline provider meetings with outreach and shelter staff convened by GCH.

C. Increased access to mental health and substance use treatment.

HICH members increased access to mental health and substance use treatment programs for homeless individuals by developing new programs, streamlining existing processes, and increasing training opportunities across the system. In August 2020, DOH fully implemented the Hawai`i Coordinated Access Resource Entry System (CARES) line. This 24-hour statewide

¹⁹ The Council for State Governments. Strengthening Partnerships Between Law Enforcement and Homelessness Service Systems. Retrieved December 10, 2020, from <https://csgjusticecenter.org/publications/strengthening-partnerships-between-law-enforcement-and-homelessness-service-systems-2/>.

²⁰ Partners in Care. YHDP Grant Award Listing. Retrieved December 10, 2020, from <https://www.partnersincareoahu.org/news/yhdp-grant-award-listing>.

hotline integrates the former DOH crisis line with additional services for substance abuse treatment. Hawai`i CARES creates a centralized entry point for individuals and providers to access substance abuse treatment and mental health services. Additionally, Hawai`i CARES serves as an access point for COVID-19 isolation and quarantine facilities and COVID-19 testing for individuals in encampments or congregate living situations.

Over the past year, DOH piloted the new Palekana and Palekana Elua programs on O`ahu and Hawai`i island, respectively, to better address the needs of individuals with co-occurring substance use disorders (SUD) and severe mental illness (SMI). Palekana and Palekana Elua provide residential support with wrap-around services that include medical and mental health monitoring, art and music therapy, mindfulness therapy, horticultural therapy, volunteerism, employment support, cultural awareness, and housing navigation support. While the programs are still in the pilot phase, three individuals have successfully graduated to employment and placement in community housing, including two who were previously chronically homeless.²¹

DOH is in the process of developing a drop-off crisis center on the grounds of the Hawai`i State Hospital campus on O`ahu. The crisis center will utilize modular pallet shelters. It will provide increased capacity for outreach providers and partners to divert homeless individuals experiencing a behavioral health crisis, including those with co-occurring disorders. The goal is to open the center in early 2021. In addition to the crisis center, DOH intends to transition some of its existing quarantine and isolation facilities into stabilization beds to increase capacity.

The HICH chair worked collaboratively with DOH to offer crisis intervention training (CIT) and Mental Health Emergency Worker (MHEW) training for State law enforcement and land management agencies, including DPS Sheriff Division, DLNR, and DOT. Neighbor island law enforcement also accessed CIT and MHEW training. One outcome of the CIT and MHEW training is State Sheriffs and conservation officers will have the ability to complete an MH-1 to bring an individual in crisis to a hospital for an emergency examination. Previously, the ability to conduct an MH-1 was limited primarily to officers with the Honolulu Police Department (HPD). Also, training for DPS, DOT, and DLNR included information on referring to Hawai`i CARES for transportation to licensed crisis residential shelter (LCRS), connection to case management, or link to residential treatment and detox facilities.

Finally, the HICH chair partnered together with DOH and DHS to establish BHHSURG at the start of the pandemic, including weekly zoom webinars targeted at behavioral health and homeless service providers. The BHHSURG increased alignment among the behavioral health and homeless systems through weekly hour-long training and informational sessions on various topics. Topics included the use of telehealth, Hawai`i CARES, mediation, landlord-tenant resolution strategies, isolation and quarantine processes, mid-wife services, sex trafficking awareness, immigration, and language access.

²¹ Data provided by DOH Behavioral Health Administration.

PART II:

ACT 209 (SLH 2018) `OHANA ZONES PILOT PROGRAM

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

This report highlights the following key points:

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

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

I. Definition of `Ohana Zones.

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

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

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

II. Quarterly Milestones for Project Implementation.

Table 1. provides an overview of quarterly milestones for the `Ohana Zones pilot program. The pilot is currently on track, and all contracts were successfully executed and encumbered. On-site evaluation meetings scheduled for April to July 2020 could not occur due to travel restrictions

imposed during the pandemic. However, GCH conducted virtual meetings with providers during this period to ensure continuous feedback and evaluation regarding the pilot implementation.

III. **Evaluation of `Ohana Zone Progress and Proposed Changes to Performance Measures**

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

As of November 30, 2020, the `Ohana Zone initiative served 3,216 individuals statewide, including 625 individuals (20%) placed into permanent housing. The initiative includes 790 beds for shelter or housing, including 358 preserved beds and 432 new beds added through the initiative. The list of projects and outcomes are in **Table 2**.

The majority of `Ohana Zone projects began implementation in June 2019 or earlier, with the end of projects and services to end by June 2022. As of November 30, 2020, \$15,409,526 has been expended, which is nearly half (48%) of the total amount appropriated; the project is on track to expend all funds before the Act's sunset date.

Currently, there are no recommended changes to performance measures.

Table 1. Timetable of Key Milestones.		
Quarter	Milestone	Status
July 2018 to September 2018	Development of criteria for potential `Ohana Zone locations.	Completed.
	Development of timetable for key milestones and deliverables.	Completed.
	Initial determination of agencies to administer `Ohana Zone funds.	Completed.
	Begin vetting of potential `Ohana Zone locations.	Completed.
October 2018 to December 2018	Identification of agencies administering `Ohana Zone funds.	Completed.
	Development of performance measures for pilot program.	Completed.
	Announcement and selection of initial `Ohana Zone locations.	Completed.
	Submit initial legislative report with status of implementation.	Completed.
January 2019 to March 2019	Finalize contracts for initial `Ohana Zone locations.	Completed.
	Continue vetting and selection of additional `Ohana Zone locations.	Completed.
	Begin monitoring and program evaluation for initial `Ohana Zone locations.	Completed.
April 2019 to June 2019	Continue monitoring and program evaluation for initial `Ohana Zone sites.	Completed.
	Begin monitoring and program evaluation for new sites established during the prior quarter.	Completed.
	Identify all `Ohana Zone sites funded by Act 209 (SLH 2018) and execute all contracts before June 30, 2019.	Completed.
July 2019 to September 2019	Continue monitoring and program evaluation for all `Ohana Zone locations.	Completed.
	Finalize contracts and plan for the use of `Ohana Zone funds appropriated by Act 128 (SLH 2019).	Completed.
October 2019 to December 2019	Continue monitoring and program evaluation.	Completed.
	Submit an annual legislative report with the status of implementation, an evaluation of whether performance objectives have been met or exceeded, any proposed changes necessary to adjust performance measures, and an assessment on program impact on homelessness in Hawai`i.	Completed.
January 2020 to March 2020	Continue monitoring and program evaluation.	Completed.
April 2020 to June 2020	Continue monitoring and program evaluation.	Completed.

Table 1. Continued.		
Quarter	Milestone	Status
April 2020 to June 2020 (cont.)	`Ohana Zone evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zone programs and community stakeholders.	Completed – <i>Due to COVID-19 in-person visits were canceled, and GCH conducted virtual meetings instead.</i>
July 2020 to September 2020	Continue monitoring and program evaluation.	Completed.
October 2020 to December 2020	Continue monitoring and program evaluation.	Completed.
	`Ohana Zone evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zone programs and community stakeholders.	Completed – <i>Due to COVID-19 in-person visits were canceled, and GCH conducted meetings virtually.</i>
	Submit an annual legislative report with the status of implementation, an evaluation of whether performance objectives have been met or exceeded, any proposed changes necessary to adjust performance measures, and an assessment on program impact on homelessness in Hawai`i.	In progress.
January 2021 to March 2021	Continue monitoring and program evaluation.	TBD
April 2021 to June 2021	Continue monitoring and program evaluation.	TBD
	`Ohana Zone evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zone programs and community stakeholders.	TBD
July 2021 to September 2021	Continue monitoring and program evaluation.	TBD
October 2021 to December 2021	Continue monitoring and program evaluation.	TBD
	`Ohana Zone evaluator (Collaborative Quality Consulting) will conduct a learning visit to Hawai`i for on-site meetings with `Ohana Zone programs and community stakeholders.	TBD
January 2022 to June 2022	Continue monitoring and program evaluation.	TBD
	Submit the final report on the status of the program and performance over the three-year pilot period.	TBD

IV. Impact of the `Ohana Zone Model on Homelessness.

The `Ohana Zone projects align with HICH's Ten-Year Plan to address homelessness and increase statewide permanent housing and emergency shelter capacity. The direct contracting between the State and the counties for specific `Ohana Zone efforts supports the counties' ability to respond quickly to changing conditions of the COVID-19 pandemic. Examples of flexible county response of `Ohana Zone projects include contract modifications to allow the use of funds to purchase 50 tiny home units for Hale Hanakahi and Ka Lamaku on Hawai`i island, the flexible use of the LEAD program on Hawai`i island to support temporary stay in hotels for high-risk homeless individuals, and the launch of the POST on O`ahu. The following is a brief description of the impact of specific projects on O`ahu, Maui, Hawai`i, and Kaua`i.

A. `Ohana Zone Impact on O`ahu.

There are nine `Ohana Zone projects on O`ahu, including two projects for roof repair at existing shelters, Villages of Maili Assessment Center, RYSE Youth Assessment Center, POST (previously named Homeless Outreach & Navigation for Unsheltered persons), and four PSH projects. One fundamental impact of these projects on O`ahu is preserving existing shelter capacity through roof repair and converting the former Ulu Ke Kukui shelter to become the Villages of Maili. These projects maintained a total of 338 emergency and transitional shelter beds. RYSE and POST projects increased the capacity for temporary shelter by 180 beds, including specific beds targeted for homeless youth. The increase in shelter capacity is significant as PIT count data on O`ahu indicate that over half of homeless individuals are unsheltered. The four PSH projects include a mixture of two targeted site-based PSH programs for seniors and households fleeing domestic violence and two scattered-site programs for homeless youth and chronically homeless adults. Collectively, the four PSH programs added 60 new housing units.

Provisional Outdoor Screening & Triage (POST). During the pandemic, the POST increased capacity for low-barrier temporary shelter, which served to offset reductions in bed capacity at other congregate emergency sheltered due to social distancing guidelines. Specifically, POST serves up to 150 homeless individuals at any time – including single adults, couples, or families with minor children. POST is accessible 24-hours a day, seven days a week, and accepts referrals from law enforcement, homeless service providers, and State land management agencies.



Figure 1. POST provides 24-hour access and tents for up to 150 homeless persons at Keehi Lagoon Beach Park on O`ahu. Photo Credit: S. Morishige.

Table 2. List of `Ohana Zone programs and outcomes as of November 30, 2020.

Category	No.	Contract Name	Managing Department	Location (Island)	Contracted Agency/Provider	Project Name and Description	Total Bed/Unit Count	Beds Preserved	New Beds Created	No. of People Served	No. of People Permanently Housed
Building Permanent Housing Capacity	1	Lihue Affordable Housing for Homeless Families (Services)	DHS	Kaua`i	County of Kaua`i	Kealaula at Pua Loke	29	-	29	67	67
		Lihue Affordable Housing for Homeless Families (Construction)	HHFDC								
	2	Kahului Affordable Housing for Homeless Families	DHS	Maui	County of Maui	Huliau	12	-	12	-	-
	3	Honolulu Permanent Supportive Housing	DHS	O`ahu	City & County of Honolulu	Kumuwai	20	-	60	66	66
	4					Hale Maluhia	20	-			
	5					Hale Kipa	10	-			
6	H3RC					10	-				
Building Outreach and Shelter Capacity	7	Law Enforcement Assisted Diversion (LEAD)	DOH	Hawai`i	Big Island Substance Abuse Council	Hawai`i LEAD	6	-	6	72	22
	8	LEAD		Kaua`i	Women in Need	Kaua`i LEAD	6	-	6	90	0
	9	LEAD		Maui	Mental Health Kokua	Maui LEAD	6	-	6	372	7
	10	East Hawai`i Individual Assessment Center and Emergency Shelter	DHS	Hawai`i	County of Hawai`i	Keolahou Assessment Center	50	-	50	76	28
						Hale Hanakahi	32	-	32	44	3
						Ka Lamaku	18	-	18	36	7
	13	West Hawai`i Assessment Centers and Housing	DHS	Hawai`i	County of Hawai`i	Uluwini Assessment Center	23	-	23	365	53
						Kukuioala Village	30	-	30	-	-
	15	Lift Mobile Navigation Centers	DHS	O`ahu	City & County of Honolulu	HONU / POST	150	-	150	1080	85
	16	Individual and Family Assessment Centers and Bridge Housing	DHS	O`ahu	Catholic Charities Hawai`i	Villages of Maili	80	80		709	269
	17	Youth Outreach, Emergency Shelter, and Wraparound Services	OYS	O`ahu	RYSE	RYSE Youth Access Center	30	20	10	238	18
	18	Shelter Roof Repair	DHS	O`ahu	Kealahou West O`ahu	Onelauena Shelter	190	190			
	19	Shelter Roof Repair	DHS	O`ahu	Honolulu Community Action Program	Kumuhonua Shelter	68	68			
	20	Provider Training and Professional Development	DHS	Statewide	OrgCode	Training for State and County shelter staff on best practices, including Housing First and Trauma-Informed Care					
Evaluation	21	Housing First and `Ohana Zone Evaluation	DHS	Statewide	Collaborative Quality Consulting	Comprehensive Statewide Systems Level Evaluation Utilizing Active Implementation Framework					

Though HUD does not consider POST to be an emergency shelter, the program allows individuals to temporarily camp until they can transition to a shelter or other longer-term placement. The POST and its previous incarnation, HONU, served 1,080 individuals as of November 30, 2020, including 85 (8%) placed into permanent housing.

The POST's 24-hour accessibility allows programs to connect with homeless individuals who may not otherwise be encountered by homeless outreach. The ability to accept referrals from law enforcement and land management enables connection to services for individuals residing in unauthorized or illegal encampments on State and County lands.

During the pandemic, the City & County and DOH integrated POST and isolation and quarantine services. For example, when individuals in DOH isolation and quarantine complete their stay, DOH and POST staff work collaboratively to ensure individuals without a permanent residence are discharged to the POST. Also, POST includes regular bi-weekly COVID-19 testing, and any confirmed positive cases are quickly referred to DOH for placement in isolation and quarantine within four hours on average.

RYSE Youth Assessment Center.

`Ohana Zone funds expanded bed capacity at the RYSE Youth Assessment Center for youth ages 18-24, enabled wrap-around support and medical services to be provided on-site, and supported the expansion of targeted youth outreach in under-served areas such as Central O`ahu. As of November 30, 2020, RYSE served 238 unique homeless youth, including 157 utilizing shelter and 208 encountered in homeless outreach. RYSE placed 18 (7.5%) youth in permanent housing. The average length of stay for youth at RYSE is 71 days, which is lower than 118 average days for other emergency shelters on O`ahu.

A feature of the RYSE Youth Assessment Center is an on-site medical clinic specializing in adolescent health care, with linkages to family planning, behavioral health, and substance abuse treatment. At the clinic, youth may receive COVID-19 testing, tuberculosis screening, and pre-employment physicals. An Advanced Practice Registered Nurse (APRN) on staff at RYSE provides medical services at the clinic.

Through its `Ohana Zone project, RYSE formed a strong partnership with its outreach sub-contractor, ALEA Bridge. RYSE and ALEA Bridge recently expanded their work with a successful application for Youth Homelessness Demonstration Program (YHDP) funds, which support additional site-based PSH and a new transitional housing and RRH program for youth on O`ahu.



Figure 2. The RYSE Youth Assessment Center partners with other community programs, such as Partners in Development Foundation, to provide vocational training and education regarding food sustainability and natural farming practices. Photo Credit: RYSE.

Villages of Maili Assessment Center.

The Villages of Maili Assessment Center includes emergency shelter for individuals and families and bridge housing units to provide temporary housing for homeless individuals or families who were awarded a housing voucher but in the process of locating a suitable unit. As of November 30, 2020, 709 unique individuals were served by the program, including 269 (38%) placed in permanent housing – this number includes 677 individuals assisted with shelter and 32 receiving bridge housing. The average length of stay for an individual in emergency shelter at Villages of Maili is 118 days; this is in line with the average length of stay for emergency shelters on O`ahu.

A key component of Villages of Maili is an interdisciplinary collaboration with partners, such as DHS, DOH, John A. Burns School of Medicine H.O.M.E. Project, Partners in Development Foundation, DOE, the Legal Aid Society of Hawai`i, and the Judiciary. For example, Villages of Maili currently partners with the Judiciary, the Honolulu Prosecuting Attorney's Office, and the State Public Defender to administer community outreach court sessions for homeless individuals on Leeward O`ahu during the pandemic.



Figure 3. Villages of Maili provides emergency shelter and bridge housing in Leeward O`ahu. Photo Credit: J. Kasamoto.

Roof Repair at Onelauena and Kumuhonua shelters.

`Ohana Zone funds were utilized for essential roof repair to preserve bed space at the existing Onelauena and Kumuhonua shelter facilities. Collectively, these two facilities provide 258 beds on O`ahu. The preservation of shelter bed space is critical, as PIT count data indicates that over half of homeless individuals on O`ahu are unsheltered. The rate of unsheltered homelessness on O`ahu nearly doubled between 2012 and 2020, increasing from 1,318 to 2,346 during that period. The roof repair meets the goals of the HICH to sustain core homeless services in 2021 and beyond.

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

The City & County of Honolulu, Department of Community Services (DCS) is the contracted provider for PSH through the `Ohana Zone program. The City's PSH program provides services through four projects administered by DCS Work Hawai`i Division, Domestic Violence Action Center (DVAC), Hale Kipa, and the Hawai`i Health and Harm Reduction Center (H3RC). Two of the projects are site-based, and two are scattered-site. Each of the four projects serves

different subpopulations, including the elderly (age 55+), households fleeing domestic violence, homeless youth (ages 18-24), and chronically homeless adults.



Figure 4. Kumuwai is a City-owned facility. The PSH project pairs units with rent subsidies and supportive services. Photo Credit: J. Limasa.

Kumuwai is a City-owned 30-unit residential apartment building, including 20 PSH units supported through the `Ohana Zone program. Kumuwai is a site-based PSH program, and DCS Work Hawai`i Division provides case management services. Kumuwai began moving in residents in January 2020, and `Ohana Zone funds support 20 of the 30 total units at the facility. Individuals must be age 55 or older to be eligible. As of April 2020, all PSH units at the facility were fully occupied. Community partners refer individuals, including homeless service providers, and State agencies refer individuals to the City program. The Hawai`i State Library, main branch, referred a 65-year-old chronically

homeless female to the program. She was previously unable to stay successfully in an emergency shelter for longer than one month; she has now been housed at Kumuwai since April.

Hale Maluhia is a 20-unit City-owned facility, previously managed by the Honolulu Prosecuting Attorney's Office and now managed as an `Ohana Zone project. The 20 PSH site-based units are targeted at households fleeing domestic violence situations, including families with minor children. DVAC provides case management and supportive services. Hale Maluhia began moving in residents in April 2020 and is at capacity as of November 2020. Providing stable housing enables participants to address issues related to documentation and other legal concerns without the pressure of having to leave the facility within a designated time frame, such as 60 or 90 days.



Figure 5. Photos decorate one of the 20 family units at Hale Maluhia, which opened in April 2020. Photo Credit: J. Kasamoto.

In addition to Kumuwai and Hale Maluhia, the City & County of Honolulu sub-contracts with H3RC and Hale Kipa; each administers ten scattered-site housing vouchers. The providers pair the housing vouchers with City or State-owned rental housing units. As of November 30, 2020,

H3RC placed six individuals, and Hale Kipa is still engaging in a housing search for participants. H3RC targets chronically homeless adults for participation in the program, while Hale Kipa targets homeless youth ages 18-24. Referrals for both H3RC and Hale Kipa come through homeless service providers and government partners, including law enforcement. One of the first individuals placed in a scattered site unit by H3RC was a chronically homeless individual encountered on the State Capitol lawn and referred by a Deputy Sheriff. In 2021, both H3RC and Hale Kipa will continue to explore pairing their scattered-site housing vouchers with new permanent housing options in development on State land, including the Kalaeloa Kauhale project that is expected to open in early 2021.

B. `Ohana Zone Impact on Hawai`i island.

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

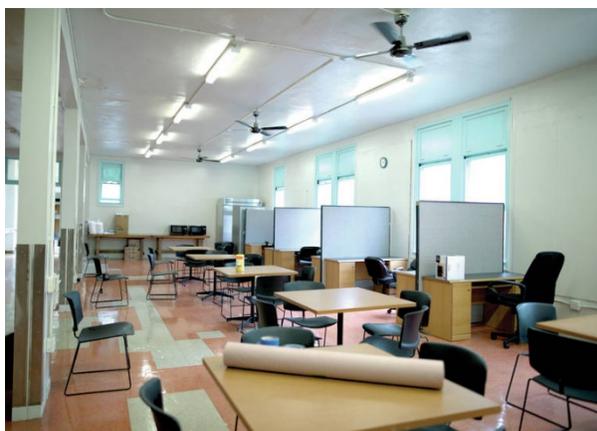


Figure 6. Keolahou provides expanded emergency shelter capacity in East Hawai`i and includes an on-site computer lab for its participants. Photo Credit: S. Morishige.

Keolahou Assessment Center.

Keolahou is an emergency shelter facility located on the old Hilo Hospital's bottom floors to serve a targeted population of single unsheltered males. The shelter opened in October 2019 with an initial capacity of 25 individuals. It has since expanded to a maximum capacity of 50 individuals at a time. `Ohana Zone funds were used to support renovations at the facility, as well as to enable Hawai`i County to sub-contract HOPE Services Hawai`i to provide on-site case management and services. As of November 30, 2020, the program served 76 individuals, including 28 (37%) placed into permanent housing. The

average length of stay at Keolahou is 57 days, an average less than the average for other emergency shelters on Hawai`i island.

Hawai`i County intends to connect the emergency shelter beds at Keolahou with a continuum of other services, including site-based PSH located on its upper floors. The PSH on the upper floors is named Hale Kulike; county funds will support this program.

Hale Hanakahi and Ka Lamaku.

In response to the onset of the COVID-19 pandemic, Hawai`i County utilized a portion of its `Ohana Zone funds for the Keolahou Assessment Center to add two additional emergency shelter sites – Hale Hanakahi in East Hawai`i and Ka Lamaku in West Hawai`i. Hale Hanakahi



Figure 7. Community members came together to assist in constructing Hale Hanakahi. Photo Credit: S. Hirota.

opened in April 2020, followed by Ka Lamaku in June 2020. Together, the two projects add 50 new emergency shelter units, including 32 in East Hawai`i and 18 in West Hawai`i.

The County of Hawaii used `Ohana Zone funds to purchase the units, and the County used federal Coronavirus Relief Funds and other county funds to support operations and case management. As of November 30, 2020, Hale Hanakahi served 44 individuals, including 3 (7%) placed into permanent housing; Ka Lamaku served 36 individuals, including 7 (19%) placed into permanent housing. The County plans to keep Hale Hanakahi open through February 2021 and Ka Lamaku open through June 2021.

Uluwini Assessment Center.

In May 2020, Hawai`i County opened the Uluwini Assessment Center located in West Hawai`i. The project uses `Ohana Zone funding to provide transitional housing and case management, mail service, and housing navigation. Hawai`i County sub-contracts with Hawai`i Affordable Properties, Inc. to provide case management and services for the project. As of November 30, 2020, the project assisted 365 individuals, including 53 (15%) placed in permanent housing.



Figure 8. The Uluwini Assessment Center provides a connection to housing and supportive services for families with minor children and is in West Hawai`i. Photo Credit: S. Morishige.

Hawai`i LEAD.

DOH contracted the Big Island Substance Abuse Council (BISAC) to implement LEAD services on Hawai`i island with an initial focus on West Hawai`i. LEAD is a program designed to divert low-level offenders from citation and or arrest and increase connections to harm reduction based individualized case management. The Hawai`i LEAD project included partnerships with the Hawai`i Police Department, HOPE Services Hawai`i, and Going Home Hawai`i.

In April 2020, BISAC and Hope Services Hawai`i received approval from DOH to utilize `Ohana Zone funds for Hawai`i LEAD to provide emergency shelter at local hotels for homeless individuals who displayed COVID-19 risk factors, including the elderly and those with pre-existing health conditions. `Ohana Zone funds were used to place 64 homeless individuals at the Holiday Inn Express in West Hawai`i, including 20 (31%) placed into permanent housing. Hawai`i LEAD placed three individuals temporarily sheltered at the Kamuela Inn, including two (66%) placed into permanent housing. DOH intends to integrate Hawai`i LEAD services into existing Alcohol and Drug Abuse Division (ADAD) contracts with BISAC and other partners.

Kukuioia Village.

Hawai`i County uses `Ohana Zone funds to support Kukuioia Village's development, a 30-unit emergency shelter planned for West Hawai`i. The project is located on State land and is expected to open in early 2021. Hawai`i County recently extended its Memorandum of Agreement and Right of Entry with HHFDC to address grading, as well as archaeological sites and endangered flora discovered near the construction site.

Upon completion, the project will have an assessment center, community and kitchen center, and a manager's unit. Hawai`i County is also working with HHFDC to support the construction of 48 additional permanent housing units at the same location.

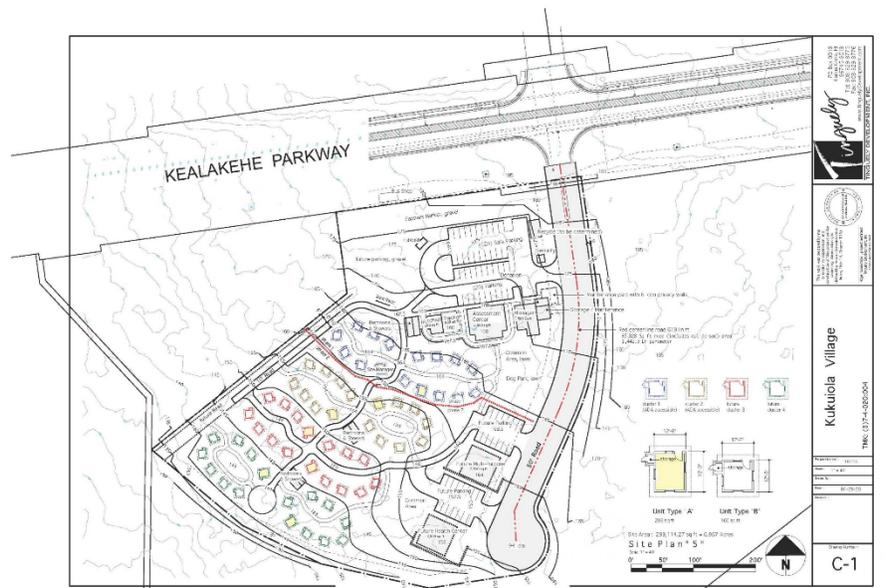


Figure 9. The site plan details the layout for Kukuioia Village in West Hawai`i, which is currently on track to open in early 2021. Source: Hawai`i County.

C. `Ohana Zone Impact on Maui.

Maui has two `Ohana Zone projects, including Maui LEAD and Huliau. The Maui LEAD project expands outreach capacity on the island, while Huliau will add permanent housing capacity for families with minor children. The Huliau project also leverages \$5,000,000 in additional funding for construction and infrastructure through the Dwelling Unit Revolving Fund (DURF) and an agreement with HHFDC.

Maui LEAD.

DOH contracted Mental Health Kokua to implement LEAD services on Maui. The Maui LEAD program launched in May 2019 and includes a partnership with Maui Police Department (MPD), Ka Hale A Ke Ola Homeless Resource Centers (KHAKO), and Aloha House. Six units were specifically set aside at KHAKO for referrals from Maui LEAD. The Maui LEAD includes regular ride-alongs with LEAD staff and MPD officers, with the main goal to make initial contact with a potential client for services instead of arrest. As of November 30, 2020, the program has served 372 individuals, with seven (2%) placed into permanent housing. DOH intends to integrate Maui LEAD services into existing ADAD contracts with Mental Health Kokua and other partners.

Huliau.

The Maui County Department of Housing and Human Concerns is the contracted provider of permanent housing for families transitioning out of homelessness at the Huliau project. Located at the former University of Hawai`i Maui College dormitories in Kahului, Huliau will provide 12 two-bedroom units utilized as long-term rental housing. Construction will continue through March 2021, with the opening to follow. Besides `Ohana Zone funds, Maui County is using \$5,000,000 in DURF funds provided through an agreement with HHFDC to support construction, infrastructure, and environment assessment costs.



Figure 19, 20, and 21. Renovation of the Maui dorms began in 2020 and the project is set to open in March 2021. Photo Credit: D. Nakama.

D. `Ohana Zone Impact on Kaua`i.

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

Kaua`i LEAD.

DOH contracted Women in Need to implement LEAD services on Kaua`i. The Kaua`i LEAD program launched in December 2019 and includes a partnership with Kaua`i Police Department (KPD), Mental Health Kokua, DLNR, and Kaua`i Economic Opportunity (KEO). The onset of the COVID-19 pandemic impacted the ability of Kaua`i LEAD, and only 90 clients have been screened and enrolled in the program to date. Kaua`i LEAD receives referrals from its partners and the Kaua`i County Prosecutor and State Public Defender. In particular, Kaua`i LEAD has worked with the Prosecutor and Public Defender's office to prioritize referrals for potential clients charged with low-level crimes, such as theft and possession of 3 grams or less of marijuana. DOH intends to integrate Kaua`i LEAD services into existing ADAD contracts with Women in Need, Mental Health Kokua, and other partners. Following its initial participation in Kaua`i LEAD, KPD is exploring discussions with Kaua`i County about creating a KPD homeless coordinator and targeted KPD funding to support homeless services.

Kealaula at Pua Loke.



Figure 10. Kealaula at Pua Loke opened in November 2020 and includes 29 housing units for formerly homeless families. Photo Credit: S. Graham.

The Kaua`i County Housing Agency is the contracted provider of permanent housing for families transitioning out of homelessness through Kealaula at Pua Loke. Located on State land near the Pua Loke Arboretum in Lihue, Kealaula at Pua Loke will provide 29 units, laundry facilities, and an on-site office for supportive services. The project opened in November 2020, and currently, 20 households (62 individuals, including 29 children) have moved in. Six of the families who recently moved into Kealaula at Pua Loke previously resided in county beach parks and worked with homeless outreach efforts. DHS contracts with Kaua`i County for the project's services,

including property management and on-site case management. HHFDC separately signed an MOA with Kaua`i County to construct the project, including area infrastructure improvements.

V. Conclusion.

The `Ohana Zone pilot program offers a unique opportunity to build upon the Ten-Year Plan and Strategic Framework, which has been implemented by the HICH since the initial development of the strategy in 2012. As of November 30, 2020, 3,136 individuals have received assistance through the `Ohana Zone pilot, including 625 (20%) placed into permanent housing.

The `Ohana Zone program has provided flexibility to the State and counties to respond to the pandemic's challenges over the past year. Its projects provide a model for how our community can effectively address homelessness. Looking forward, the HICH will look at efforts to sustain effective `Ohana Zone projects and use its communications platform to highlight key lessons learned from the project. In alignment with both the USICH and Hawai`i strategies to address homelessness, continued focus on interventions and potential uses that ensure homelessness will be a rare, brief, and non-recurring occurrence.

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 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.¹ The households with the most severe lack of affordable housing are the extremely low-income, earning less than 30% Area Median Income (AMI).

Bridge housing – Bridge housing is a model of temporary housing intended to assist a chronically homeless person in preserving their chronically homeless status when they have applied for permanent housing, have been accepted, and a unit/voucher for permanent housing is reserved for them, but are unable to immediately move into permanent housing for reasons that could include an apartment getting painted, an old tenant moving out, or the individual having a voucher but needing time to engage in housing search. This category of temporary housing is sometimes also referred to as 'Interim Housing.'

Chronically Homeless—A person who is chronically homeless is a homeless person with a disability who has been homeless continuously for at least 12 months or has been homeless on at least four separate occasions over the past three years. The combined length of time in those four or more occasions must be twelve months or more, as specified in the Final Rule on the definition of "chronically homeless" issued by HUD in December 2015.² A chronically homeless family is a family with an adult head of household who meets the definition for a chronically homeless person.

¹ Corporation for Enterprise Development. *Assets & Opportunity Score Card, Housing Cost Burden – Renters*. Available at: <http://scorecard.assetsandopportunity.org/latest/measure/housing-cost-burden-renters>. Accessed on April 25, 2016.

² Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically homeless." 80 Fed. Reg. 75791. (December 4, 2015).

Continuum of Care (CoC)—A CoC is a regional or local planning body that coordinates HUD funding for housing and services for homeless families and persons. In Hawai`i, there are two CoCs – Partners in Care for the island of O`ahu and Bridging the Gap for the other counties. Each CoC includes membership from government agencies, homeless service providers, funders, and other interested community members. Each CoC is responsible for submitting an annual application for federal homeless assistance funds. The federal funding for homeless services is sometimes also referred to as "CoC funds." In addition to applying for funding, the CoC administers 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. They are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. A coordinated entry system helps communities prioritize housing and homeless assistance based on a homeless person's vulnerability and the severity of their needs. 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 housings (also known as transitional housing) that typically allows a maximum stay of up to 24 months.

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

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

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

Homeless outreach—The work of homeless outreach includes meeting homeless persons on streets, sidewalks, or remote rural areas that include beaches and valleys. Outreach providers assist with completing program applications, determining program eligibility, housing search,

and placement, and working with the person to obtain identification and other vital documents (e.g., birth certificate or social security card).

Housing First—Housing First is a philosophy that centers on providing homeless people with housing quickly and then providing services as needed. There is an immediate and primary focus on accessing and sustaining permanent housing for all homeless populations in a Housing First approach. In addition to the Housing First philosophy, the term refers to specific PSH programs operated by the State and the City and County of Honolulu. The state and city Housing First programs adopt the philosophy and specifically target chronically homeless households for services.

Housing Inventory Count (HIC)—The HIC is a Point-In-Time inventory of programs within a Continuum of Care that provides beds and units dedicated to serving homeless persons. The HIC includes beds for emergency shelter and transitional housing, as well as permanent housing beds.

Permanent supportive housing (PSH)—PSH is a service delivery model that combines low-barrier affordable housing, health care, and supportive services to enable homeless persons to attain and maintain permanent housing. PSH programs typically target chronically homeless persons or homeless persons who experience multiple housing barriers and are unable to maintain housing stability without supportive services. PSH program positively impacts housing status and results in cost savings to various public service systems, including health care. The State and City Housing First programs that target chronically homeless persons are examples of a PSH program.

Point-In-Time (PIT) Count—A PIT Count is an unduplicated count on a single night of the people in a community experiencing homelessness. The PIT Count includes both the sheltered and unsheltered populations. HUD requires that communities receiving federal funds for homeless services conduct a PIT Count at least every other year. HUD requires communities to identify whether a person is an individual, a member of a family unit, or an unaccompanied youth under the age of 18. Also, communities must determine if a person is chronically homeless.

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

Section 8 Housing Choice Voucher Program— “Section 8” refers to Section 8 of the Housing Act, which authorizes the payment of rental housing assistance to private landlords for low-income households. A common form of Section 8 assistance is the HUD Housing Choice Voucher Program, also known as the Section 8 Housing Choice Voucher Program, which provides direct rental payment to the landlord. Typically, a Section 8 voucher recipient will pay one-third of

their income towards rent, with the remaining balance of rent provided by the Section 8 voucher payment. A Section 8 voucher typically provides a full rental subsidy, as opposed to a shallow rental subsidy.

Transitional Shelter—Transitional shelter, also referred to as transitional housing, is designed to provide homeless persons and families with temporary stability and support to move to and maintain permanent housing eventually. Transitional housing is generally for a period of up to 24 months of housing with accompanying supportive services.

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)—The VI-SPDAT is a common tool used to assess the level of need for homeless persons seeking housing assistance. VI-SPDAT triages homeless persons into three levels of need—PSH, RRH, and diversion. The two CoCs in Hawai'i have adopted the VI-SPDAT as a common assessment tool for the state's homeless service system. The VI-SPDAT comes in different versions for use with individuals, families with minor children, and youth.