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January 2, 2026

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

The Honorable Nadine K. Nakamura, Speaker  
and Members of the House of  
Representatives  
Thirty-Third State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

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

Enclosed is the following report from the State Office on Homelessness and Housing Solutions, submitted in accordance with the provisions of Act 309, Session Laws of Hawaii 2025, Relating to A Needs Assessment of Homeless Services, Temporary Housing, and Permanent Housing.

Per section 93-16, HRS, this report will be available for electronic review on the Department's website at <https://humanservices.hawaii.gov/reports/legislative-reports/>. For questions regarding this report, contact Jun D. Yang, the Coordinator on Homelessness, at [jun.d.yang@hawaii.gov](mailto:jun.d.yang@hawaii.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan I. Yamane".

Ryan I. Yamane  
Director

Enclosure

c: Governor's Office  
Lieutenant Governor's Office  
Department of Budget and Finance  
Legislative Auditor  
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**REPORT TO THE THIRTY-THIRD HAWAII STATE LEGISLATURE 2026**

**IN ACCORDANCE WITH THE PROVISIONS OF ACT 309, SESSION LAWS OF  
HAWAII 2025, ON A COMPREHENSIVE NEEDS ASSESSMENT OF HOMELESS  
SERVICES, TEMPORARY HOUSING, AND PERMANENT HOUSING.**

**Statewide Office on Homelessness & Housing Solutions**

**Department of Human Services**

**December 2025**

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## Executive Summary

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Act 309, Sessions Laws of Hawai'i (SLH) 2025, requires the Statewide Office on Homelessness and Housing Solutions (SOHHS) to conduct a comprehensive needs assessment on the services, temporary housing, permanent housing, and continuum of care within each county with a plan to address the outstanding needs in the most cost-effective manner. The report must also include recommendations and proposed legislation, if applicable.

SOHHS is tasked with developing and testing innovative housing solutions to prevent and end homelessness in the state. Since the formal establishment of SOHHS as an attached agency to the Department of Human Services (DHS), the office has continued to implement the 'Ohana Zones Pilot Program and has pioneered Governor Green's Kauhale Initiative, an innovative approach to ending unsheltered homelessness through low-barrier residential programs centered on creating a sense of community among residents.

This report begins with an overview of statewide homelessness trends and an overview of the housing ladder, which includes temporary and permanent housing resources for people experiencing homelessness and people transitioning out of homelessness. The housing ladder does not include every possible housing pathway for individuals with a housing crisis but serves to compare different types of housing resources that factor into State's homelessness response. We organize housing resources into three tiers.

The goal of this report is to provide a high-level scan of existing homeless resources, including other housing options that may be available to people experiencing homelessness, to guide further State policy and funding recommendations. We evaluate the most current estimates of homelessness within each county, the relative availability of homeless resources compared to the number of people experiencing homelessness, and the overall system performance measures relating to housing outcomes. Finally, we offer recommendations and examples for each county to achieve our goal of ending homelessness.

## Overview

### Homelessness in Hawai‘i

Hawai‘i has consistently recorded one of the highest rates of homelessness in the United States. According to the most recent Point in Time (PIT) Count in 2024, there were 6,389 people experiencing homelessness statewide, excluding households impacted by the 2023 Maui Wildfires who were residing in temporary shelters.<sup>1</sup> Figure 1 shows Hawai‘i’s annual PIT Count trends over time since 2005.

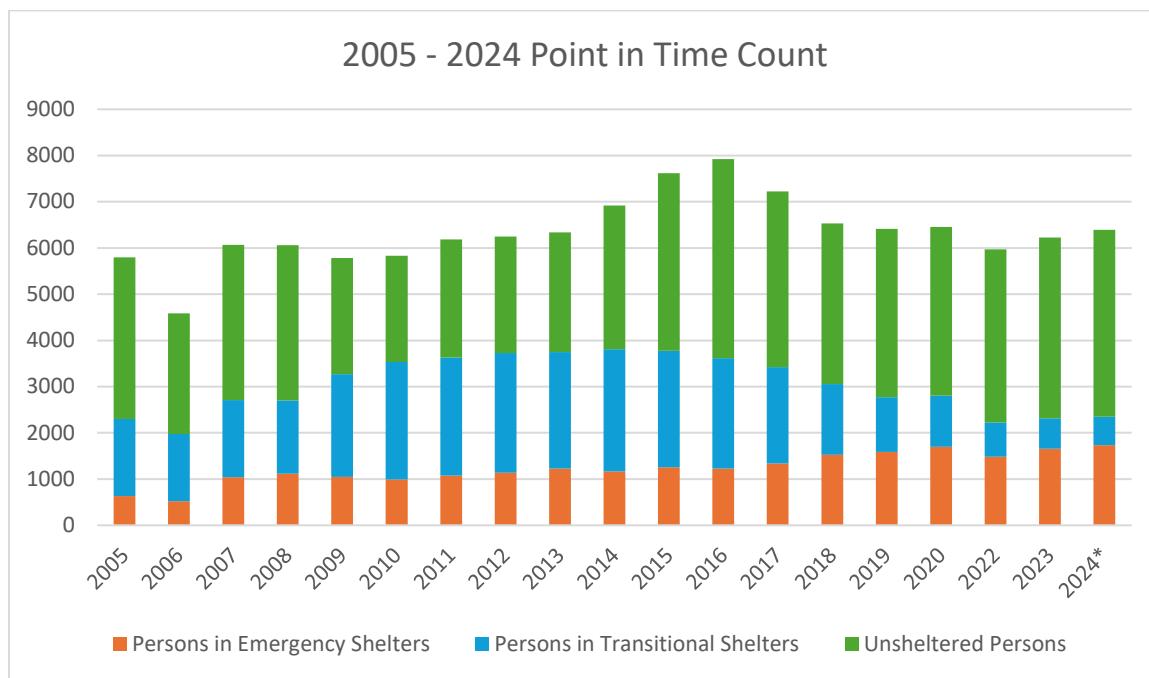


Figure 1 - Statewide PIT Count (2005 to 2024).

Beginning in 2016, the majority of individuals experiencing homelessness in Hawai‘i were unsheltered. The gap between unsheltered and sheltered homelessness has continued to widen nearly every year. In the 2024 PIT Count, 63% of people experiencing homelessness statewide were unsheltered (4,042 of 6,389 individuals).

Approximately 70% of people experiencing homelessness in Hawai‘i reside on O‘ahu (4,494 of 6,389 individuals). Figure 2 shows the breakdown of individuals in the PIT Count by county since 2016.

<sup>1</sup> Aggregate PIT Count data is compiled by HUD for the [Annual Homelessness Assessment Report \(AHAR\)](#).

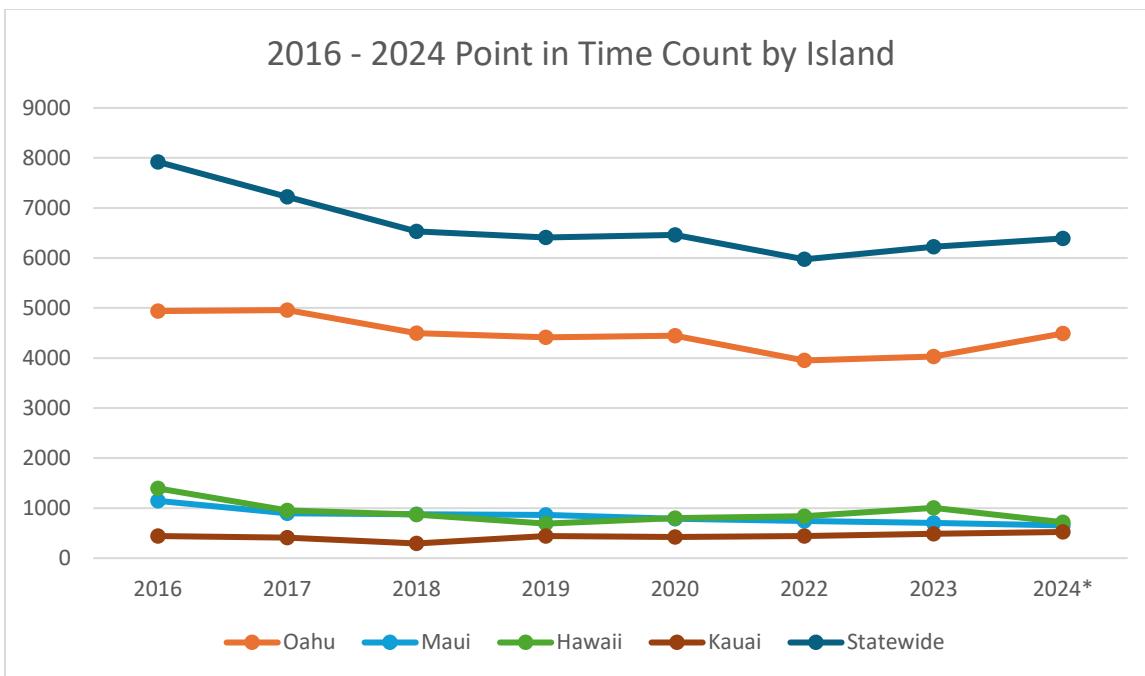


Figure 2 - Statewide PIT Count by Island (2016 to 2024).

While unsheltered homelessness has continued to rise, there have been significant positive trends for certain subpopulations of people experiencing homelessness. These trends include:

- A 49% reduction in family households experiencing homelessness since 2016, a reduction of 396 families.
- A 58% reduction in veterans experiencing homelessness since 2016, a reduction of 387 veterans.
- A 10% reduction in chronically homeless individuals since 2016, a reduction of 187 individuals.

The United States Department of Housing and Urban Development (HUD) requires communities to establish a Continuum of Care (CoC) that serves as the organizing body of local stakeholders to carry out the functions of HUD's Continuum of Care funding program.<sup>2</sup> Each CoC has a lead agency that represents the CoC to HUD in funding and reporting activities. The State of Hawai'i has two CoCs:

- HI-501 is the CoC for the City and County of Honolulu. HI-501 is managed by Partners in Care (PIC), a coalition of O'ahu stakeholders engaged in homeless services and advocacy.<sup>3</sup>
- HI-500 is the CoC for the Balance of State, including all counties and jurisdictions outside of the City and County of Honolulu. HI-500 is managed by Bridging the Gap (BTG), a coalition of neighbor island stakeholders engaged in homeless services and advocacy.<sup>4</sup> BTG includes local chapters on each of the three major islands.

<sup>2</sup> Additional information about the HUD CoC Program can be found on [HUD's CoC Program website](#).

<sup>3</sup> Additional information about PIC can be found on the [PIC website](#).

<sup>4</sup> Additional information about BTG, including local chapters, can be found on the [BTG website](#).

## Housing Ladder

The State of Hawai‘i faces a resource gap and limited housing availability across the housing continuum. The 2024 Hawai‘i Housing Planning Study (HHPS) found that the state faces a 64,000-unit housing shortage statewide. The housing shortage is particularly concentrated among those experiencing homelessness or most at-risk of homelessness, who often require the deepest level of subsidies. These individuals typically earn at or below 30% of the area median income (AMI) and are considered extremely low-income under HUD standards. The 2024 HHPS found that over one-quarter (27%) of the housing shortfall is units needed for those making at or below 30% AMI.

For housing to be considered “affordable,” a household should be paying no more than 30% of its monthly income toward housing costs. Households that contribute much higher percentages of their income toward rent are considered “cost-burdened.” In Hawai‘i, nearly 58% of renters are considered cost-burdened.<sup>5</sup> It is expected that the number of cost-burdened households will increase as housing costs outpace wage and other income increases. Table 1 compares the Fair Market Rent (FMR) estimates for a 1-bedroom unit in each county with the rent amount considered “affordable” for an extremely low-income household according to the Hawai‘i Housing Finance and Development Corporation’s (HHFDC) Affordable Rent Guidelines.<sup>6</sup>

Table 1 - FMR and Affordable Rent Comparisons by County.

	Honolulu	Maui	Hawai‘i	Kaua‘i
Fair Market Rent for 1BR Unit	<b>\$1,824</b>	<b>\$1,762</b>	<b>\$1,612</b>	<b>\$1,777</b>
Affordable Rent for 30% AMI Individual	<b>\$855</b>	<b>\$757</b>	<b>\$680</b>	<b>\$748</b>
Affordable Rent for a 10% AMI Individual	<b>\$266</b>	<b>\$236</b>	<b>\$212</b>	<b>\$233</b>

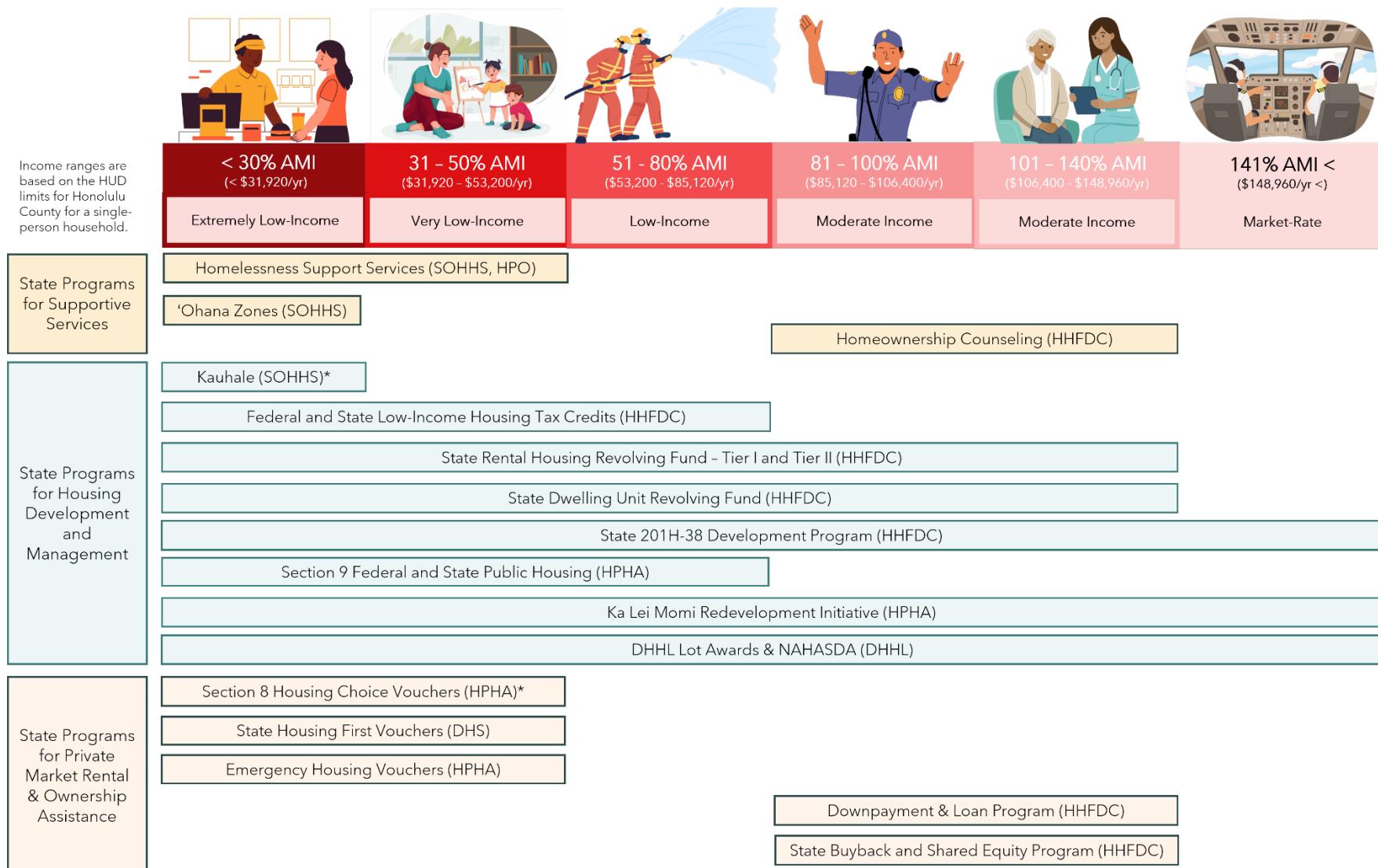
Source: HUD Fair Market Rents and HHFDC Affordable Rent Guidelines, 2025

The State, as a result, has made significant investments to address the shortage for those up and down the income ladder, providing a wide range of housing options for local people. These programs are administered by several state agencies, as outlined in Figure 3 below.

While there is a need for housing and services up and down the housing ladder, SOHHS predominantly focuses on enabling services, temporary housing, and permanent housing for individuals experiencing homelessness or at risk of homelessness. Consequently, the Needs Assessment focuses on services and housing availability for those at or below 30% AMI.

<sup>5</sup> Data is from the [2024 Hawai‘i Housing Planning Study](#).

<sup>6</sup> Additional information is available on [HHFDC’s 2025 HUD Income Guidelines](#) page. HHFDC does not publish affordable rents for households at 10% AMI. Therefore, these estimates are based on 30% of the monthly income for a 10% AMI single-person household.



**Figure 3 - State Agencies Administering Housing Programs.**

\*The Kauhale program provides funding for housing development, management, and supportive services. Section 8 housing choice vouchers can also fund housing development and management through the project-based voucher program.

The Needs Assessment compares demand for homeless services, temporary housing, and permanent housing (homeless resources) against the supply and availability of homeless resources across the State. The analysis focuses on a county-by-county snapshot, then outlines final priorities and implementation strategies. The assessment uses the following data sources to inform this analysis:

- 2024 Hawai‘i Housing Planning Study.
- 2024 Annual PIT Count.
- 2025 Housing Inventory Count (HIC), and
- Homeless Management Information System (HMIS) program enrollment and exit data reported by the CoC agencies.

While each person’s housing pathway is unique, this report organizes temporary and permanent housing resources into a Housing Ladder based on the target population for each resource, the relative level of independence and self-sufficiency required, and the estimated household income levels most represented in each resource. Figure 4 illustrates the Housing Ladder by tiers.



Figure 4 - Housing Ladder by Tiers.

## Tier 1

Homeless resources in Tier 1 are the low-barrier resources targeted at unsheltered households. These resources are usually the first point of engagement for homeless households and serve as access points to other housing and service resources in the CoCs. These resources do not require a referral from the Coordinated Entry System (CES).<sup>7</sup> Homeless households are not required to participate in Tier 1 programs, though access to Tier 2 programs is often limited to households that have been assessed by a service provider.

<sup>7</sup> Participation in CES is usually mandatory for federally funded homeless housing programs. While housing programs funded by State, County, or private funds may elect not to participate in CES, HUD strongly encourages CoCs to maximize participation.

### ***Homelessness Prevention and Diversion***

Description of Services: Homelessness prevention and diversion services are available to households facing imminent loss of housing, or who have recently become homeless due to unforeseen emergencies, and may be able to return to permanent housing with minimal assistance. These programs may include one-time rent or utility relief, assistance with rent arrears, or assistance with security deposits or other move-in costs. Mediation or other supportive services may also be used to help repair relationships with landlords or family members, preventing the loss of stable housing.

Homelessness prevention and diversion programs typically require households to demonstrate they have the financial resources to sustain housing after emergency financial assistance ends, such as by securing a new job offer if their housing crisis was caused by job loss. At-risk households receiving assistance may be required to demonstrate that rent arrear assistance will prevent an eviction.

The goal of homelessness prevention and diversion programs is to prevent households from entering the homeless service system and to rapidly resolve housing crises for households who have recently become homeless. Quickly getting households rehoused or preventing an eviction can be critical to minimizing the trauma associated with housing instability and homelessness.

#### Desired Outcomes:

- At-risk households receive temporary financial assistance and supportive services that prevent the loss of their current housing situation.
- Recently homeless households receive temporary financial assistance and supportive services that enable them to quickly return to permanent housing.
- Households are connected with other community resources to follow up on other service needs while in housing.
- Households who are unable to be diverted from homelessness are connected to other Tier 1 homeless resources as quickly as possible.

#### Examples:

- State Homeless Emergency Grant (SHEG) program (statewide) and
- Landlord-Tenant Mediation services (statewide).

### ***Street Outreach and Basic Services***

Description of Services: Street outreach services are often the first service provider point of contact for people experiencing unsheltered homelessness. These programs primarily focus on meeting unsheltered individuals where they are, typically in places not meant for human habitation, and establishing a trusting relationship. Providers may use strategies focused on meeting an individual's immediate needs, such as food and basic medical care, to build rapport and begin the process of obtaining housing. This relationship-building is especially important for individuals who may not be interested in shelter or housing right away due to mistrust of the system, past negative experiences, or other behavioral conditions that affect the individual's insight into their needs.

In addition to traditional homeless street outreach services, the Community Integration Services (CIS) program is available to eligible Medicaid beneficiaries through contracted homeless service providers.

Medicaid health plans contract with homeless service providers to provide direct services to members who are currently homeless or at-risk of homelessness, including individuals who are transitioning out of institutional settings without a stable place to live. While the CIS program is open to eligible Medicaid members with qualifying health and housing needs, nearly 70% of enrolled members as of September 30, 2025, reported having a mental health need.<sup>8</sup>

**Desired Outcomes:**

- Unsheltered households are placed into a shelter, Kauhale, permanent housing, or other safe and suitable settings (e.g., medical respite, detox, treatment bed, reunited with family, etc.).
- Unsheltered households are engaged and interested in permanent housing, and
- There is a warm hand-off between the street outreach provider and the shelter, Kauhale, or other temporary housing provider to continue the housing navigation process.

**Examples:**

- State-funded street outreach (statewide),
- Crisis Outreach Response and Engagement (CORE) (O'ahu),
- Community Integration Services (CIS) (statewide),
- Project Hie Hie mobile hygiene outreach (statewide),
- Pūnāwai Rest Stop (O'ahu), and
- Pre-tenancy supports through CIS (statewide).

***Emergency Shelters***

**Description of Services:** Emergency shelters are often the most immediate temporary housing option available for people experiencing unsheltered homelessness or people who are imminently becoming homeless. These facilities typically have minimal entry requirements, such as not requiring individuals to have income or certain vital documents. Referrals are usually not required, except for specialty facilities, such as confidential domestic violence shelters and medical respite shelters.

Historically, emergency shelters have been designed to maximize efficiency through congregate sleeping arrangements. These congregate arrangements are consistent with the temporary function of emergency shelters, which aim to identify more permanent housing options for participants as quickly as possible. In Hawai'i, some emergency shelters still employ congregate sleeping arrangements, although many have shifted to semi-congregate configurations with more private sleeping spaces. The length of stay in an emergency shelter is usually not predetermined, but the DHS Homeless Programs Office (HPO) establishes minimum requirements for State-funded emergency shelter operators to conduct housing assessments and plans, including assisting with obtaining vital documents needed for housing and applying for benefits and programs for which the household may qualify.<sup>9</sup>

Entry into an emergency shelter is also an opportunity to explore diversion and alternative strategies to prevent long-term participation in homeless services. Examples of diversionary strategies include

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<sup>8</sup> Data is available in the [CIS Rapid Cycle Assessment for 2025 Q3](#), published by the University of Hawai'i at Manoa.

<sup>9</sup> Providers are typically required to complete a housing assessment within 7-21 days of program entry, depending on the type of facility.

contacting family members or others who may be able to provide housing, connecting to a relocation program that assists with returning to another state where housing is available, or connecting to emergency financial assistance resources that can help the household return to permanent housing.

Emergency shelters also play a vital role in identifying individuals with higher levels of need, including individuals with behavioral health and other chronic health conditions that may require additional supports to obtain stable housing. The prevalence of behavioral health and acute medical care needs among homeless individuals has led to the creation of specialty facilities, such as medical respite facilities and shelters specializing in serving adults with serious mental illnesses.

The goal of emergency shelters is to assist homeless households with stabilizing their situations and identifying the most appropriate pathways back to permanent housing. This may involve exiting the shelter directly to permanent housing or to another residential setting that meets the household's needs. Because of the wide range of household strengths and needs, each housing pathway is relatively unique. Therefore, exit destinations from emergency shelters will vary.

**Desired Outcomes:**

- Households are stabilized and actively engaged in transitioning to permanent housing.
- Households have obtained or are in the process of obtaining vital documents, necessary public benefits, and other supports necessary to transition to permanent housing.
- Households are placed into appropriate permanent housing or other suitable settings.
- There is a warm hand-off between the emergency shelter provider and the next housing provider to continue the housing navigation process and/or to ensure the household remains stably housed.

**Examples:**

- Sumner Men's Shelter and Ka'a'ahi Women's and Family Shelter (O'ahu),
- Ho'olanani Emergency Shelters (Maui, Kaua'i, and Moloka'i),
- Sacred Hearts Emergency Shelter (Hawai'i),
- Family Assessment Center at Hale Iki (Hawai'i), and
- Homeless Outreach and Navigation for Unsheltered (HONU) persons (O'ahu).

***Kauhale***

**Description of Services:** Kauhale are homeless housing projects that use semi-private living arrangements, emphasizing shared responsibility and community building among residents. There is no predetermined length of stay, and residents may reside at the Kauhale for as long as they need the required services and continue to adhere to project rules. Reasonable fees may be charged to residents. While some Kauhale were developed using tiny home dwelling units and communal hygiene and dining facilities, other projects repurposed existing housing or commercial structures.

The concept of Kauhale, the Green Administration's approach to ending homelessness, originated from lessons learned from informal communities of people experiencing homelessness, such as Pu'uhonua O Wai'anae, Hui Mahiai 'Āina, and Ka Poi O Kaka'ako. Leaders and residents of these communities largely attributed their success to fostering a sense of community and belonging. The loss of informal support networks in encampments and villages was often cited as a reason individuals declined offers of shelter

or other housing, even when resources were available.<sup>10</sup> Furthermore, these communities provided greater levels of flexibility and autonomy among residents, such as the ability to keep pets and have private sleeping spaces.

The first State-sponsored Kauhale was piloted in 2021, with the opening of the Kama'okū Kauhale on State property owned by the Hawai'i Public Housing Authority (HPHA). Since then, 24 Kauhale projects have been established statewide using a variety of configurations. The Kauhale concept has also been expanded to include specific projects for medical respite, survivors of domestic violence, adults with behavioral health needs, young adults, and older adults.

Kauhale projects are intended to serve as extended temporary housing for unsheltered individuals who would benefit from communal living and from practicing independent living skills with wraparound supports. The goal of Kauhale is to provide unsheltered individuals with a safe, stable place to stabilize, heal from trauma, and transform their lives. Each project works toward this goal with strategies unique to the subpopulation being served. Examples include:

- Establishing a neuroscience and Native Hawaiian cultural curriculum for adults with serious trauma and traumatic brain injuries.
- Providing medical respite and behavioral health care to vulnerable adults with persistent health issues.
- Empowering adults with a history of incarceration and criminal justice involvement to obtain employment, receive life skills coaching, and avoid returning to homelessness or reoffending.

**Desired Outcomes:**

- Households are stabilized and actively engaged in transitioning to permanent housing.
- Households have obtained or are in the process of obtaining vital documents, necessary public benefits, and other supports necessary to transition to permanent housing.
- Households have built tenancy skills and are ready to pursue more independent housing, if able to live independently.
- Households are placed into appropriate permanent housing or other suitable settings.
- There is a warm hand-off between the Kauhale provider and the next housing provider to continue the housing navigation process and/or to ensure the household remains stably housed.

**Examples:**

- Alana Ola Pono (O'ahu),
- Ka Malu Ko'olau (O'ahu),
- Kīpūola Kauhale (Maui),
- Wiwo'ole Bridge Housing (Kaua'i),
- A'ala Medical Respite (O'ahu), and
- Kumu Ola Hou (O'ahu).

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<sup>10</sup> Additional findings regarding the potential establishment of safe zones and addressing encampments were captured in a report by the Governor's Coordinator on Homelessness in accordance with Act 212, SLH 2017.

## Tier 2

Homeless housing resources in Tier 2 are also reserved exclusively for people experiencing homelessness. They differ from Tier 1 resources in that they typically require a referral from the CES. Due to resource scarcity, these temporary and permanent housing resources are prioritized for homeless households meeting certain eligibility criteria. Households with lower levels of vulnerability are usually referred to less intensive resources, while households with higher levels of vulnerability are usually referred to more intensive resources.

### ***Transitional Housing***

Description of Services: Transitional housing<sup>11</sup> is a longer-term temporary housing program that offers a level of independence between emergency shelters and permanent housing. Participants may be subjected to a higher level of screening than in an emergency shelter or a Kauhale program. Facilities may be congregate or private. Transitional housing programs usually limit a household's length of stay to no more than 24 months.

While transitional housing programs may appear similar to some emergency shelters and Kauhale, most require referrals through the CES. While each CoC has the discretion to establish prioritization criteria for transitional housing programs, these resources are usually targeted at homeless households with moderate levels of vulnerability.

Over time, Hawai'i's inventory of transitional housing for homeless households has gradually decreased.<sup>12</sup> The primary driver of this change was a shift in federal funding priorities and guidance that strongly encouraged communities to prioritize the creation of permanent housing. However, the model is still used for special subpopulations, such as re-entry housing for ex-offenders and people recovering from substance use disorders.

After years of guidance discouraging the creation of transitional housing, the federal government has recently signaled its intent to reprioritize transitional housing for people experiencing homelessness. In November 2025, HUD released a Notice of Funding Opportunity (NOFO) for the Continuum of Care program that proposed limiting permanent housing funds to no more than 30% of a community's total CoC funding award. The NOFO is currently enjoined and pending legal challenges, although HUD has stated that it intends to release a revised NOFO when permissible.<sup>13</sup>

The goal of transitional housing is to provide homeless households with a longer-term place to stabilize while they work on building the skills necessary to transition to permanent housing after a period of approximately 24 months or less.

#### Desired Outcomes:

- Households are stabilized and actively engaged in transitioning to permanent housing.
- Households have obtained vital documents, necessary public benefits, and other supports necessary to transition to permanent housing.

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<sup>11</sup> "Transitional housing" and "transitional shelter" are used interchangeably in this report.

<sup>12</sup> Since 2016, there was a nearly 65% reduction in statewide transitional housing beds for homeless households.

<sup>13</sup> For updates on the CoC NOFO, see <https://www.hud.gov/hud-partners/community-coc>.

- Households have built tenancy skills and are ready to pursue more independent housing, if able to live independently.
- Households are placed into appropriate permanent housing or other suitable settings.
- There is a warm hand-off between the transitional housing provider and the next housing provider to continue the housing navigation process and/or to ensure the household remains stably housed.

**Examples:**

- ‘Ohana Ola O Kahumana (O’ahu),
- Kumuhonua (O’ahu),
- Grant and Per Diem (GPD) Bridge Housing (O’ahu), and
- Mana’olana Transitional Shelter (Kaua’i).

***Rapid Rehousing***

**Description of Services:** Rapid Rehousing (RRH) is a form of permanent housing that provides homeless households with a time-limited rental subsidy with supportive services. RRH is sometimes paired with other resources, such as homelessness prevention programs and transitional housing. The maximum length of assistance varies by funding source and program model and usually ranges from 3 months to 12 months. In some cases, assistance may be provided for up to 24 months.

Homeless households are referred to RRH through the CES. Households prioritized for this resource may have some vulnerabilities, though they are expected to achieve self-sufficiency with program support. In Hawai’i, RRH subsidies are typically used at scattered-site rental units in the private market. Once households sign a lease for a rental unit, they are no longer considered “homeless” and are typically not eligible for a subsequent referral to another homeless program, except in special circumstances.<sup>14</sup>

The goal of RRH is to help homeless households return to permanent housing as quickly as possible, with the expectation that the household will continue to need financial assistance and supportive services for a period of time. Instead of placing households in a homeless residential program, such as transitional housing, RRH places households in permanent housing and continues to provide housing retention services while they reside in the unit. RRH can be very effective for households that can increase their income, and when other affordable housing resources outside the CES, such as public housing, are available.

**Desired Outcomes:**

- Households quickly transition from homelessness to permanent housing.
- Households have been connected to other community resources to support financial self-sufficiency and ensure they are able to maintain the cost of permanent housing after rental assistance and supportive services end.
- Households experience minimal disruptions to their lives as a result of their housing crisis.

**Examples:**

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<sup>14</sup> For example, the PIC CES Policies and Procedures permit special requests for households to transfer from RRH to PSH programs if the household met the eligibility criteria for the PSH program prior to entering the RRH program.

- State-funded RRH (statewide),
- Supportive Services for Veteran Families (SSVF) (statewide),
- Rent to Work program (O'ahu),
- New Start RRH (Hawai'i), and
- Day 1 Kaua'i RRH (Kaua'i).

### ***Permanent Housing and Permanent Supportive Housing***

Description of Services: Permanent Housing (PH) and Permanent Supportive Housing (PSH) programs are long-term housing programs with subsidized rents. PSH programs also include dedicated supportive services for participating households. To be considered PH or PSH for the purposes of this report, the program must be reserved for homeless households. Other forms of subsidized permanent housing that are open to other income-eligible households, such as public housing or the Housing Choice Voucher program, are described later in this report.

Homeless households are referred to PH and PSH resources through the CES. Households prioritized for these resources are typically chronically homeless with one or more disabling conditions or other significant barriers to self-sufficiency. Because participation in these programs is not time-limited, these resources are almost always assigned to households that are expected to need permanent rental assistance and supportive services. In Hawai'i, PH and PSH programs may be either project-based (units at a specific location are subsidized) or tenant-based (participants identify private-market rental units, and the program pays the subsidy to the landlord). Once households sign a lease for a rental unit, they are no longer considered "homeless" and are typically not eligible to receive a subsequent referral to another homeless program. Transfers between PH and PSH programs may be permitted under special circumstances.

The goal of PH and PSH programs is to keep formerly homeless households stably housed and connected to the services needed to maintain independence and housing. While some households may require a less intensive program over time, it is expected that many PH and PSH households will continue to need long-term rental subsidies and case management services.

#### Desired Outcomes:

- Households are stabilized and residing in permanent housing.
- PSH programs: households continue to participate in individualized supportive services necessary to manage their disabling conditions and maintain housing.
- Households can "graduate" to other permanent housing outside of the CoC if appropriate.

#### Examples:

- State-funded Housing First program (statewide),
- Consolidated Permanent Housing (formerly Shelter Plus Care program) (O'ahu),
- City-funded Housing First program (O'ahu),
- Hale Kulike PSH (Hawai'i), and
- 'Ohana One PSH (Maui).

### Tier 3

Housing resources in Tier 3 are not reserved exclusively for people experiencing homelessness and are not a part of the CES. While these housing resources are not a part of the CoC for people experiencing homelessness, sufficient inventory and accessibility are intrinsically connected to improving housing outcomes for homeless households with limited income.

### ***Public Housing and Housing Choice Voucher (Section 8)***

Description of Services: HUD's Office of Public and Indian Housing (PIH) provides formula-based funding to Public Housing Authorities (PHAs) nationwide to administer subsidized housing programs for households earning up to 80% AMI. The public housing program provides subsidized housing units owned by a PHA to households with limited incomes. The Housing Choice Voucher (HCV) program, also known as the Section 8 program, provides rental assistance vouchers to households with limited income. Under these programs, households usually pay no more than 30% of their adjusted monthly income toward rent.

The Hawai'i Public Housing Authority (HPHA) operates federal and State public housing on O'ahu, Maui, Hawai'i, Kaua'i, and Molokai. The Housing Choice Voucher (HCV) program is administered by HPHA on O'ahu and by each of the four counties for their respective jurisdictions:

- City and County of Honolulu, Department of Community Services,
- County of Maui, Department of Housing,
- County of Hawai'i, Office of Housing and Community Development, and
- County of Kaua'i, Kaua'i County Housing Agency.

The HCV program also includes specialty vouchers, known as Special Purpose Vouchers (SPVs), for certain subpopulations, although not all PHAs receive SPV awards. The regular HCV and SPV allocations for each PHA are included later in this report. At this time, there are no definitive time limits for households to participate in the public housing or HCV programs as long as they remain eligible and comply with all program regulations.<sup>15</sup> To incentivize households to increase their income and reduce dependence on public benefit programs, PHAs administer the Family Self-Sufficiency (FSS) program, a HUD-approved program that creates interest-bearing escrow accounts for participating households. While participating in the program, a household's rent contribution does not increase when earned income increases, as long as the household meets all FSS program requirements.

Because these programs offer long-term assistance with no predetermined time limits, public housing and the HCV program are highly desired. These programs are considered appropriate "step-up" housing options for formerly homeless households participating in time-limited transitional housing or no longer requiring the intensive services provided by PSH. The overwhelming demand for these resources results in thousands of applications when waitlists are open, and most PHAs use a lottery-style selection process.<sup>16</sup> HUD permits PHAs to apply local preferences to rank households on the waitlist. We discuss any waitlist preferences related to homeless households later in this report.

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<sup>15</sup> HUD may announce rule changes that affect eligibility for public housing and HCV programs in the future.

<sup>16</sup> One of the reasons for establishing a lottery system for the waitlist is to manage the length of the waitlist and give households a realistic expectation of receiving assistance.

The goals of the public housing and HCV programs are to provide safe and stable housing to low-income households, including elderly and disabled households with limited ability to increase their income. For households without long-term obstacles to self-sufficiency, these programs are intended to provide a stable foundation for gradually increasing rental contributions and eventually transitioning to independent housing.

Desired Outcomes:

- Low-income households, including elderly and disabled households, have safe and stable housing.
- For the HCV program, households have access to geographic mobility and increased options to meet their housing needs.
- For the HCV program, low-income households have access to areas of increased economic opportunity that would otherwise be unaffordable.
- Households with the ability to increase their income are motivated to transition out of public housing and the HCV program when appropriate.

Examples:

- HPHA units (statewide) and
- HCV program (statewide).

### ***Affordable and Workforce Housing***

Description of Services: Affordable and workforce housing represent a critical portion of the housing continuum. While not specifically dedicated to individuals experiencing homelessness, this type of housing offers opportunities for people to move into more independent housing as they stabilize in various homeless-serving programs. This subset of housing serves households making 30% AMI – 140% AMI, depending on the type of project. The goal of these housing programs is to provide additional housing opportunities that are currently unattainable in the existing market, at various income levels.

*Subsidized rentals:* The State has two predominant programs to build and operate subsidized rental housing. The Low-Income Housing Tax Credit (LIHTC) program provides incentives to develop rental housing with rents at 30%-80% of the area median income (AMI). The LIHTC program was originally created to encourage more private investment and management in affordable housing. The program provides tax credit incentives to build new housing at sub-market rents. The vast majority of units developed under this program offer rents at 60% AMI, positioning these projects to predominantly serve low-income populations, rather than high-need, extremely low-income populations. LIHTC projects are governed under a period of affordability, which in Hawai‘i is often 50 years or longer.

The Rental Housing Revolving Fund provides gap financing to support both LIHTC projects and workforce rentals serving households at 80–100% AMI. These are middle-income individuals who make too much money to qualify for traditional subsidized housing programs but cannot afford market-rate rent. In these projects, potential renters qualify based on income and are often selected through a lottery system. The State also serves affordable workforce rental

housing through its 201H program, which offers projects with 50% of their units at or below 140% AMI with certain fee waivers and density bonuses.

*Subsidized for-sale housing:* The State also supports affordable for-sale housing through its 201H program and Dwelling Unit Revolving Fund. The 201H program restricts sales prices and affordability periods of the below-market units within each project. The Dwelling Unit Revolving Fund's Dwelling Equity Pilot Program (DEP Program) allows the HHFDC to purchase equity in units to further reduce the sales price, enabling units to reach deeper levels of affordability. These programs typically come with shared equity and appreciation restrictions for a set period and are restricted to owner-occupant residents in the State.

#### Desired Outcomes

- Spur the development and management of quality rental housing to serve low- and moderate-income households.
- Create more housing opportunities up and down the housing ladder to ensure opportunities for movement.
- Facilitate additional homeownership opportunities for moderate-income local residents.

#### Examples

- LIHTC housing: Na Hale Makoa (Waikoloa, Hawai'i),
- Workforce rental housing: Kaulana Mahina (Wailuku, Maui), and
- Subsidized for-sale housing: Ulana Ward Village (Kaka'ako, O'ahu).

## Strategic Priorities

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SOHHS has adopted three strategic priorities related to the State's response to homelessness. These priorities form the basis of the State's approach to developing and testing innovative solutions to end homelessness, including the Kauhale Initiative, and reflect the administration's goals of alleviating the harms of unsheltered homelessness through low-barrier housing and person-focused services.

### ***Strategic Priority #1 - Quickly move people off the streets and other places not meant for human habitation.***

People living in places not meant for human habitation are subject to an array of negative health and social outcomes due to a lack of housing. Unsheltered homelessness often exacerbates pre-existing physical and behavioral health conditions, worsening over time as individuals become disconnected from mainstream resources. Individuals may develop undiagnosed and untreated medical conditions or lose access to medications and treatments necessary to manage existing conditions. This can lead to early mortality resulting from preventable illnesses.

People navigating unsheltered homelessness also face daily obstacles to basic survival, such as avoiding victimization and loss of personal property and accessing basic resources. The physical and mental tolls of meeting basic health and safety needs can inhibit individuals from being able to focus on the activities that will help to end their homelessness. For example, individuals may feel overwhelmed by the need to constantly search for safe places to sleep or park their cars and may be unable to obtain or maintain employment. Consistently losing phone access or a mailing address can result in the loss of public benefits or the inability to qualify for other types of assistance.

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*"There are so many people that are living on the streets, or they're living in their car, but they're employed. They're employed, but slowly, when that remains your situation, you can't sustain a job on a long-term basis living out of your car."*

*- Emergency shelter operator, O'ahu*

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Over time, the compounding negative impacts of unsheltered homelessness create a snowball effect of hopelessness and despair, and misdemeanor offenses further deepen the divide between being homeless and stably housed. Obtaining permanent housing can feel like an insurmountable goal, especially when coupled with addressing the underlying causes of homelessness for an individual.

Beyond individual harms, unsheltered homelessness also contributes to community and societal strain. Community frustration with unsheltered homelessness contributes to "Not In My Back Yard" ("NIMBY") perspectives that can halt the creation of viable housing solutions for people experiencing homelessness and other low-income households who may be at-risk of homelessness. Furthermore, high numbers of unsheltered homelessness often necessitate an increased response from public safety and health systems, such as increased spending on maintaining public spaces and increased response from law enforcement. These responses are often expensive and rely on systems not designed to address the root causes of homelessness.

**Strategic Priority #2 – Create safe, stable places for homeless individuals to heal from trauma and transform their lives.**

To minimize the individual and societal harms of unsheltered homelessness, we must invest in residential programs, such as Kauhale, that are specifically designed to support homeless individuals on their housing journeys. While permanent housing is the ultimate goal for all people experiencing unsheltered homelessness, we acknowledge that many unsheltered individuals need higher levels of support than a fully independent living situation. Furthermore, the trauma of unsheltered homelessness often leads to the development of survival-based coping mechanisms that can jeopardize independent housing.

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*“People can rediscover social connections with other people that can serve them as they leave the Kauhale and move into permanent housing.”*

*- Kauhale project operator, O’ahu*

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Many homeless service providers agree that immediately placing highly vulnerable individuals into scattered-site, independent housing can be isolating and destabilizing for individuals who lack independent living skills. In some cases, this results in evictions and damaged relationships between service providers and landlords. In addition, Tier 2 and Tier 3 permanent housing resources are not always available when needed, and some homeless individuals may not be

prioritized for permanent housing resources in the CES.

The existence of low-barrier places for unsheltered individuals to live in a supportive community can make a significant difference in long-term health and housing outcomes. These programs serve as safe, trauma-informed spaces for individuals to navigate through the underlying conditions that contributed to their housing crisis.

**Strategic Priority #3 – Build a robust housing ladder that offers person-focused pathways to deeply affordable permanent housing.**

Ending homelessness requires permanent, affordable housing for people at all income levels and circumstances. Affordable housing for households with limited income is in short supply, and the lack of realistic pathways out of homelessness places a greater strain on existing homeless resources. Without viable pathways out of the CoC, households will remain in programs longer, reducing the availability of these resources for other homeless households.

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A robust housing ladder acknowledges the need for resources at every level and realistic opportunities to move up to a higher rung. Upward mobility is critical to preventing a backlog of individuals in Tier 1 and Tier 2 homeless programs, which usually provide higher levels of services. Realistic pathways out of homelessness reinforce the State’s goal of helping homeless individuals transform their lives and transition back to the community. While each person’s pathway to housing stability and independence will differ, ensuring an adequate inventory of affordable housing resources for all households in the state will help both prevent and end homelessness.

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*“If the person doesn’t have hope for their future, it’s really hard for them to be motivated to take the next step around you.”*

*- Kauhale project operator, O’ahu*

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# Honolulu

## Overview

The majority of people experiencing literal homelessness in Hawai‘i reside in the City & County of Honolulu (the City). During the 2024 PIT Count, an estimated 4,494 individuals on O‘ahu were experiencing literal homelessness.<sup>17</sup> This represents approximately 70% of the statewide total number of individuals experiencing homelessness. Of this total, 2,766 were experiencing unsheltered homelessness, representing approximately 62% of the total number of individuals experiencing homelessness on O‘ahu.<sup>18</sup>

The majority of individuals counted on O‘ahu were single adults (2,360 individuals, 53% of all individuals). This reflects historic reductions in family homelessness throughout the state over the past decade. Since 2016, statewide family homelessness declined by approximately 49%.<sup>19</sup>

Nearly 55% of individuals surveyed on O‘ahu reported being diagnosed with one or more disabling conditions. For unsheltered individuals participating in the PIT Count survey, this data is self-reported and likely reflects an undercount, as individuals may not want to disclose health information to surveyors. In addition, the O‘ahu PIT Count employs a non-contact option to manually count unsheltered individuals who are unable to answer survey questions or who are encountered while asleep. Therefore, not all unsheltered individuals respond to the PIT survey questions.

While unsheltered individuals were encountered islandwide, the highest concentrations of unsheltered homelessness were in the Downtown Honolulu and surrounding areas and on the Leeward Coast. This reflects trends over time in these regions of the island.

The O‘ahu PIT Count unsheltered survey also asked respondents to self-report the primary reasons they became homeless. Although this data is anecdotal, the primary self-reported causes of homelessness in Downtown Honolulu and the Leeward Coast were the inability to pay rent and loss of income. Substance abuse, family conflict, and job loss were also commonly reported causes of homelessness, especially in less concentrated regions of the island.

## At a Glance - O‘ahu

**4,494**

People experiencing literal homelessness

**3,145**

Temporary housing beds exclusively for people experiencing homelessness

**2,946**

Permanent housing beds for exclusively for people experiencing homelessness

**\$798**

Affordable rent for a single person earning 30% AMI

**\$1,824**

Fair Market Rent for a 1BR rental unit

<sup>17</sup> Data is available through [PIC's 2024 PIT Count Report](#) and [HUD's Homeless Population and Sub-Population Report](#), based on PIT Count data.

<sup>18</sup> While the number of unsheltered persons reported by the CoC was 2,764, HUD adjusted this figure to 2,766.

<sup>19</sup> [HUD Homeless Population and Sub-Population Reports](#), 2016-2024.

## Current Landscape

Figure 5 (below) depicts the trends in temporary and permanent housing resources reported in the Housing Inventory Count over the years. Overall, the inventory of permanent housing resources has increased, aligning with federal funding priorities that have encouraged communities to use federal and local funds to create permanent housing. The emergency shelter inventory has also increased, especially following the end of the COVID-19 pandemic. Notable fluctuations or abnormalities in the inventory of specific resource types are described later in this section.

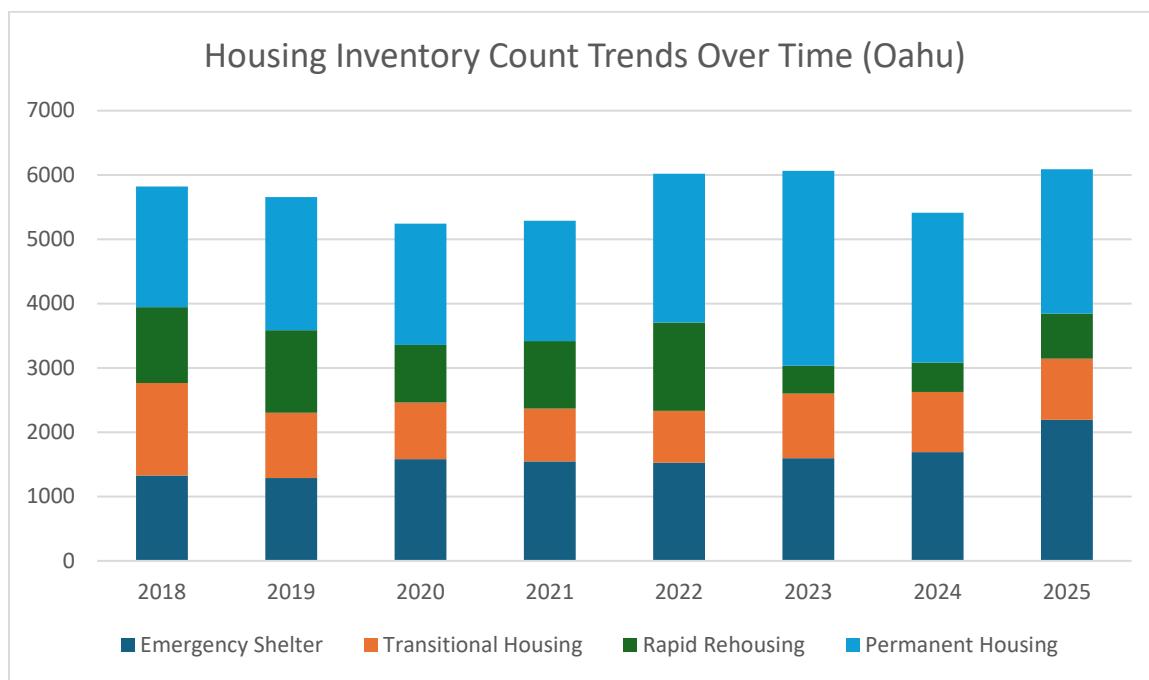


Figure 5 - Housing Inventory Count Trends Over Time (O'ahu)

## Tier 1

### Outreach and Basic Services

O'ahu is served by a diverse range of homeless outreach services, including specialty programs for specific subpopulations. The State, through the DHS HPO, contracts non-profit organizations to provide housing-focused street outreach services to unsheltered individuals islandwide. Other sources of funding for street outreach services include the Department of Health, Adult Mental Health Division (DOH AMHD), Medicaid health plans (via reimbursement for specific services provided to eligible beneficiaries), the City, HUD, and private sources.

The City, through its Crisis Outreach Response and Engagement (CORE) and TEAM WorkHawai'i programs, also provides direct outreach services to homeless individuals on O'ahu. The CORE program focuses on rapidly responding to homeless individuals with non-emergency medical needs.<sup>20</sup> The CORE team includes City staff with community health and emergency medical technician expertise, as well as repurposed

<sup>20</sup> Additional information about CORE is available on the [Honolulu Emergency Services Department's website](#).

ambulances used to transport individuals to medical care or shelters. TEAM WorkHawai‘i strives to connect homeless individuals and those at risk of exiting to homelessness after incarceration with housing and employment services. Both programs collaborate with other service providers to enhance the overall response to unsheltered homelessness on O‘ahu.

The high concentration of unsheltered homelessness in certain parts of the island, particularly in downtown Honolulu and surrounding areas, has resulted in the creation of additional resources for unsheltered individuals who may not be ready or able to access shelters. The Pūnāwai Rest Stop in Iwilei provides restrooms, showers, laundry services, temporary lockers, mail service, and access to case management for unsheltered individuals. Historically, meal services have also been provided by private organizations in downtown Honolulu and Waikīkī, though community feedback has led to the de-concentration of these services.

The locations of outreach providers’ physical offices and other drop-in service locations where unsheltered individuals regularly access basic needs indicate that some parts of the island are less resourced than others. For example, the only dedicated hygiene center is located outside of urban Honolulu. Unsheltered individuals living outside of the urban Honolulu area would need to rely on mobile hygiene services, such as Project Vision Hawai‘i’s Hie Hie hygiene outreach program.

While enrollment in the Medicaid CIS program often overlaps with street outreach and other basic service programs for people experiencing unsheltered homelessness, 1,327 Medicaid members were enrolled in the CIS program on O‘ahu as of September 30, 2025.<sup>21</sup> Enrollment in the program requires a documented behavioral health need in addition to a housing need, such as being literally homeless or facing homelessness upon release from an institutional setting. Enrollment may continue as the member transitions from unsheltered or sheltered homelessness into housing until the prescribed time limit authorized under the CIS program. The number of individuals enrolled in this program underscores the need for additional residential resources capable of serving homeless individuals with varying degrees of behavioral health needs.

### Emergency Shelters

Most regions of O‘ahu have at least one emergency shelter for people experiencing homelessness, though shelters for certain subpopulations are available only in some areas. While federal policy shifts over the past decade have encouraged the creation of more permanent housing rather than shelters and other temporary housing, emergency shelter resources have remained relatively steady, though individual locations have changed.

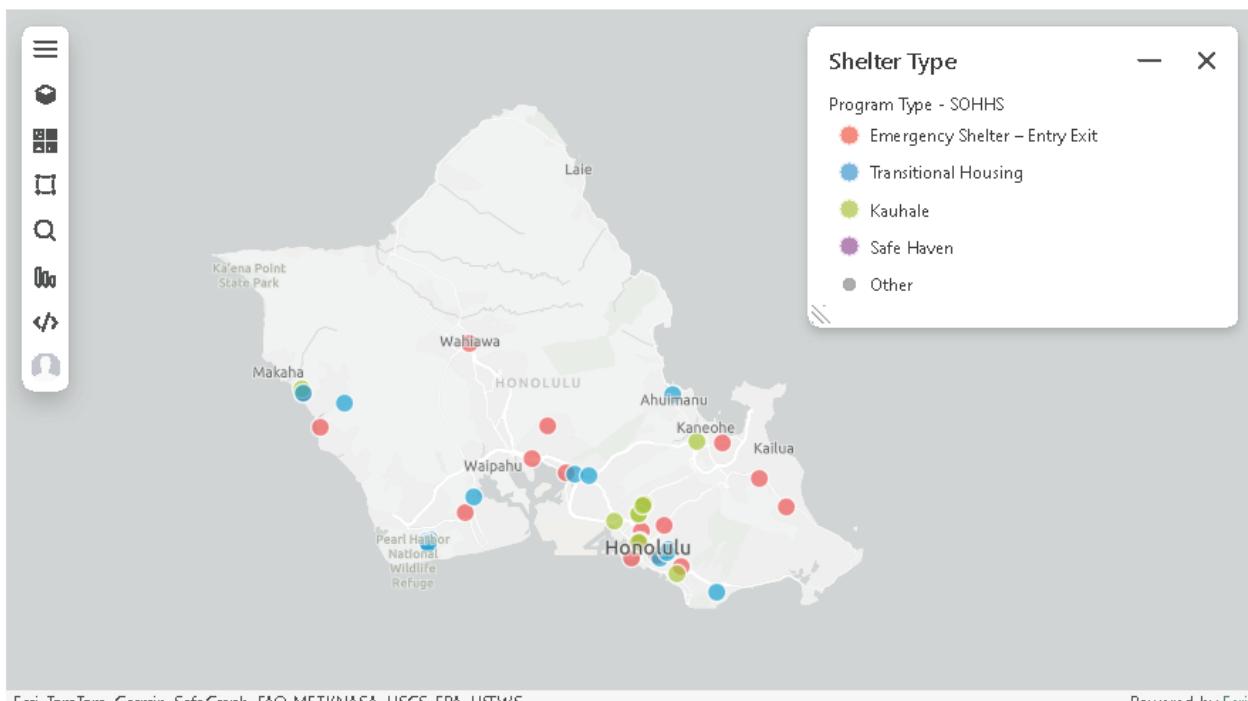
In 2019, the City and the State partnered to pilot a mobile shelter and triage program operated by City staff and the Honolulu Police Department. The Homeless Outreach and Navigation for Unsheltered persons (HONU) program was created to alleviate some of the limitations of existing emergency shelters, including geographic coverage in rural areas, the ability to accept referrals outside of standard business hours, and the flexibility to accept households with pets. The purpose of the program is to identify appropriate shelter or other options for participants and provide a safe place to stabilize until another resource becomes available.

The majority of emergency shelters are located in Honolulu, West O‘ahu, and lower Windward O‘ahu. While temporary housing resources are not typically restricted to unsheltered individuals living within a specific region, individuals often prefer to access shelters and housing resources within the vicinity of their preferred

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<sup>21</sup> Data is available in the [CIS Rapid Cycle Assessment for 2025 Q3](#), published by the University of Hawai‘i at Manoa.

place of residence. See Figure 6 for a geographic map of emergency shelters and other temporary housing resources on O'ahu.



**Figure 6 - Map of Temporary Housing Resources on O'ahu.**

The lack of temporary housing resources for single adults and adult-only households in the Central O'ahu, North Shore, and Upper Windward is likely an aggravating factor in unsheltered homelessness in these regions. Feedback from homeless outreach providers serving these regions supports the belief that unsheltered individuals tend to have family or other connections near the areas where they reside. One outreach provider interviewed noted that many of their outreach clients in these regions declined placement in shelters in Honolulu because the shelters were too far from their informal support networks. Many hoped to eventually be permanently housed in the regions where they were currently experiencing unsheltered homelessness.

### Kauhale

The Kauhale Initiative has resulted in the creation of 16 Kauhale projects on O'ahu that serve single adults and couples, families with children, medically fragile individuals, individuals with behavioral health needs, survivors of domestic violence, and young adults. These low-barrier projects have increased the inventory of Tier 1 homeless resources, especially for special subpopulations that are not easily served in regular emergency shelters. Figure 6 (above) also depicts the locations of current Kauhale projects on O'ahu.

At this time, the Kauhale inventory and resource distribution across the island largely mirror those of emergency shelter and transitional housing programs. This is often due to the availability of suitable land for

development and the demand for resources in certain areas. The State can expand the geographic distribution of Kauhale projects over the next few years through additional planned projects.

## Tier 2

### Transitional Housing

Transitional housing for homeless households on O'ahu is typically available through the CES. Households prioritized for transitional housing are typically non-chronically homeless households with moderate levels of vulnerability. Transitional housing may also be used for non-chronically homeless households with higher levels of vulnerability if PSH resources are not available.

Although federal funding for transitional housing has declined over the years, O'ahu's inventory of transitional housing beds has remained relatively stable since 2018. However, several programs have converted to permanent housing or emergency shelter models. The largest concentration of transitional housing inventory is at two locations serving families with children in West O'ahu. However, other transitional housing beds are available for adults with special needs, young adults, veterans, and survivors of domestic violence.

### Rapid Rehousing (RRH)

RRH on O'ahu may be either short- or medium-term, with rental assistance and supportive services for up to 12 months. Some programs, such as the State's RRH program and the City's Rent to Work program, may extend participation for up to 24 months if needed.

During the COVID-19 pandemic, the City allocated Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to a coordinated housing effort through the O'ahu Housing Now (OHN) program. OHN provided up to 1 year of rental assistance to homeless households and successfully housed over 300 households, representing nearly 800 individuals.<sup>22</sup> This resulted in a temporary spike in the number of RRH beds available on O'ahu during 2022, when a majority of the vouchers were in use. Because the CARES program was temporary, these vouchers were no longer included in the HIC after 2023. In 2025, the HIC began including the City's Rent to Work program, which assists homeless households who are employed for at least 20 hours per week. This resulted in an increase in RRH beds in the HIC, although the program was not new.

### Permanent Housing

O'ahu's permanent housing beds for people experiencing homelessness include both tenant-based vouchers and specific subsidized housing units or projects. The majority of these resources are PSH, which includes both a long-term rental subsidy and supportive services for the duration of participation in the program. PSH resources on O'ahu are typically reserved for chronically homeless households with high levels of vulnerability, though there is some flexibility in the State's Housing First program and the HUD-VASH program for veterans.

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<sup>22</sup> Data is available on the [PIC HIC Dashboard](#).

O'ahu's permanent housing beds also experienced a temporary spike during the COVID-19 pandemic, driven by the creation of the Emergency Housing Voucher (EHV) program. This program was designed to pair HCV voucher resources with the CoC to help current or formerly homeless households transition to permanent housing. On O'ahu, vouchers were available through HPHA (up to 187 vouchers), the City (up to 312 vouchers), and the CoC provided administrative support to identify and place eligible households into rental units. The inclusion of these vouchers in the HIC resulted in approximately 182 additional beds in 2022 and 858 in 2023.<sup>23</sup> Under federal regulations, the EHV program stopped accepting new applications and turnover applications on September 30, 2023.

The majority of permanent housing resources exclusively for homeless individuals on O'ahu are found in the forms of tenant-based rental assistance vouchers or set-aside units within existing housing projects, although several project-based locations exist. Some of the driving factors behind the use of tenant-based rental assistance vouchers, such as the State's Housing First program or other government-funded PSH programs administered by other non-profit organizations, are the comparatively easier process of matching households with existing housing inventory and the greater level of client choice in the location and type of housing offered.

### Tier 3

#### Public Housing and Section 8

HPHA owns and operates 4,677 federal and State public housing units on O'ahu. These units are available to low-income households earning no more than 80% AMI. Roughly 40% of units in the federal public housing program are reserved for extremely low-income households earning no more than 30% AMI.

Both HPHA and the City administer HCV programs on O'ahu. Each PHA maintains a separate waitlist for its respective programs. The exact number of vouchers available varies depending on budget authority and utilization and is capped by the maximum number of Unit Months Authorized for the year.

In addition to regular HCV program vouchers, HPHA and the City also administer Special Purpose Vouchers (SPVs) for households with disabled members, veterans, former foster youth, and families referred by DHS. Table 2 depicts the number of HCV and SPV vouchers awarded on O'ahu.

Table 2 - Housing Choice Vouchers and Special Purpose Vouchers on O'ahu.

Type of Voucher	HPHA	City and County of Honolulu	Total
Housing Choice Voucher	4,379	4,911	9,290
Mainstream	78	175	253
Non-Elderly Disabled (NED)	175	0	175
Family Unification Program (FUP) and Foster Youth to Independence (FYI)	4	100	104

<sup>23</sup> Current utilization of EHV vouchers is available on [HUD's EHV Data Dashboard](#).

Type of Voucher	HPHA	City and County of Honolulu	Total
Veterans Affairs Supportive Housing (HUD-VASH)	643	270	913

Source: HUD Housing Choice Voucher Dashboard, as of September 2025

At the time of this report, both HPHA and the City included a local preference in their HCV waitlist selection policies for homeless households.<sup>24</sup> However, both PHAs use a lottery system to select for the waitlist due to overwhelming demand for the HCV program. The local preference for homeless households applies only to households selected for the waitlist during the lottery process. Therefore, not all homeless households that apply when the waitlists open will be selected.

The HUD-VASH program is a specialty program for homeless veterans and their families who meet the eligibility criteria for the HCV program and are referred by U.S. Department of Veterans Affairs (VA) homeless program staff at the VA Medical Centers. These households do not need to be selected from the HCV waitlist to qualify for a HUD-VASH voucher and must meet other eligibility and case management criteria.

#### Affordable and Workforce Housing

In Honolulu County, there are 20,238 subsidized rental housing units currently in operation, as outlined in Figure 7 below. These properties include federal and state public housing, LIHTC housing, and workforce housing. A large majority of the subsidized housing units are operated by private management companies, and data on vacancies is unavailable. Generally, subsidized housing projects have a 5% vacancy rate, which is lower than the national average and reflects normal turnover within a project.

The Governor's Housing Team's Affordable Housing Pipeline Tracker shows 36,643 units in housing units in affordable and mixed-income projects in the pipeline for development.<sup>25</sup> Of those, 3,037 have recently been completed and are leasing up, and another 3,313 are currently under construction and estimated to come online between 2026 and 2030. These units are predominantly in Honolulu County's urban core.

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<sup>24</sup> The HPHA's HCV Administrative Plan can be found on the [HPHA Policies & Rules](#) page. The City's HCV Administrative Rules can be found on the [Community Assistance Division's HCV](#) page.

<sup>25</sup> The Affordable Housing Pipeline Tracker is available at: <https://hale.hawaii.gov/pipeline/>

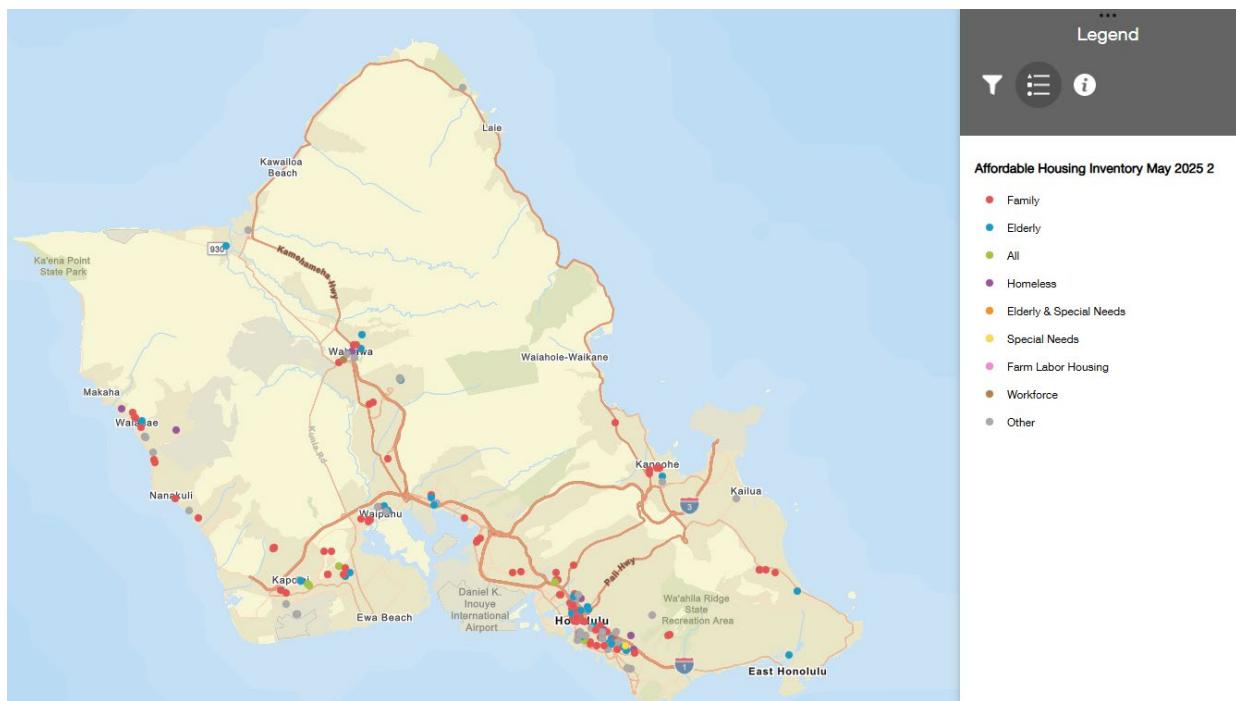


Figure 7 – Affordable Rental Housing Inventory (O’ahu).

## System Performance

In 2025, over 10,000 individuals were enrolled in O’ahu homeless programs, including homeless housing programs.<sup>26</sup> This does not include enrollments in the CES, which are typically concurrent with enrollments in outreach, shelter, or other service programs, or in homelessness prevention programs serving people at risk of homelessness. The number of individuals enrolled illustrates the overall demand for homeless programs over the calendar year compared to the estimated number of people experiencing homelessness on a single night.



**252 days**

Average length of participation in homeless programs prior to obtaining housing



**36%**

Percentage of all exits to permanent housing from homeless programs



**13.8%**

Percentage of persons exiting to permanent housing who return to homeless programs within 24 months

<sup>26</sup> Data is based on [2025 HMIS enrollments](#) reported by PIC. This figure may differ from other measures of length of stay in homeless programs as determined by HUD.

On O'ahu, the average length of participation in homelessness programs prior to obtaining housing is 252 days.<sup>27</sup> However, this does not account for the length of time experiencing homelessness prior to engaging in services. Among O'ahu homeless households who enrolled in homeless programs in 2025, the average duration of homelessness prior to program enrollment was 1,045 days.<sup>28</sup> Among households identified as chronically homeless, the average duration of homelessness prior to program enrollment was 2,026 days, nearly twice the average duration of non-chronically homeless households.<sup>29</sup>

O'ahu's permanent housing exit rate has declined since the COVID-19 pandemic, likely due to the sunset of one-time resources for homelessness and the increase in overall demand for affordable housing as market-rate rents continue to rise across the State. According to the most recent HMIS data published by PIC, O'ahu's permanent housing exit rate was approximately 36%, meaning that 36% of all persons exiting homeless programs exited to a permanent housing destination.<sup>30</sup>

According to the most recent HUD System Performance Measures published for federal fiscal year 2024, approximately 13.8% of persons exiting to permanent housing on O'ahu return to homeless programs within 24 months.<sup>31</sup> The average rate of returns to homelessness within 24 months of being permanently housed is approximately 10% in 2025.<sup>32</sup> Historically, adult-only households are more likely to return to homelessness after being permanently housed than families with minor children. This percentage also does not include homeless individuals who do not re-engage in homeless programs within 24 months of permanent housing placement or individuals who become homeless in another jurisdiction within 24 months.

There are currently 3,313 units under construction in affordable and mixed-income projects in Honolulu County.

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<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Data is based on [2025 HMIS exits](#) reported by PIC. This figure may differ from other measures of exits to permanent housing as determined by HUD.

<sup>31</sup> Data is available on the [HUD System Performance Measures Dashboard](#).

<sup>32</sup> Data is available on the [PIC HMIS Dashboard](#).

# Maui

## Overview

The 2024 PIT Count identified 654 individuals experiencing homelessness in Maui County. Of this number, 285 were unsheltered, and 369 were sheltered.

Maui's homeless population is almost entirely made up of households without children (393 of 452 households). Non-family households are also overrepresented in Maui's unsheltered population, comprising 231 of 241 households (96%).

Approximately 30% of homeless individuals (196 of 654 individuals) were determined to be chronically homeless. Since 2022, the number of chronically homeless individuals on Maui has declined. While the total number of individuals diagnosed with a serious mental illness or chronic substance use condition has also declined since 2022, there are now more individuals with these diagnoses residing in emergency shelters than in prior years.

Central Maui and Lahaina had the highest concentration of unsheltered individuals. This is consistent with historical trends, although the overall total number of unsheltered individuals in Maui has declined since 2022.

At HUD's request, BTG reported the number of individuals and families residing in Non-Congregate Shelter (NCS) locations following the Maui Wildfires.<sup>33</sup> The number of individuals in the NCS program was 5,245 (2,328 households).

## Current Landscape

The County of Maui's homeless housing resources over time are described in Figure 8. The availability of temporary and permanent housing resources has generally followed similar statewide trends over this time period, with a reduction in transitional housing beds and an increase in permanent housing, including RRH.

We also note that the majority of permanent housing resources identified in the HIC are considered tenant-based, meaning that programs provide rental assistance to private landlords on behalf of participants. This model offers a higher degree of client choice and flexibility, but costs may vary significantly depending on the household's income, the unit's gross rent, and the length of time the household receives assistance in programs with time limits. Historically, State funding for RRH and Housing First voucher programs has not increased annually to keep

## At a Glance

**654**

People experiencing literal homelessness

**367**

Temporary housing beds exclusively for people experiencing homelessness

**411**

Permanent housing beds for people experiencing homelessness

**\$757**

Affordable rent for a single person earning 30% AMI

**\$1,762**

Fair Market Rent for a 1BR rental unit

<sup>33</sup> The inclusion of these numbers by HUD in the Annual Homelessness Assessment Report (AHAR) to Congress, published in December 2024, resulted in HUD concluding that the state's homeless population increased by 87% between the 2023 and 2024 PIT Counts.

pace with rising costs. Therefore, program operators may adjust their estimated number of households served based on available funding in a program year.

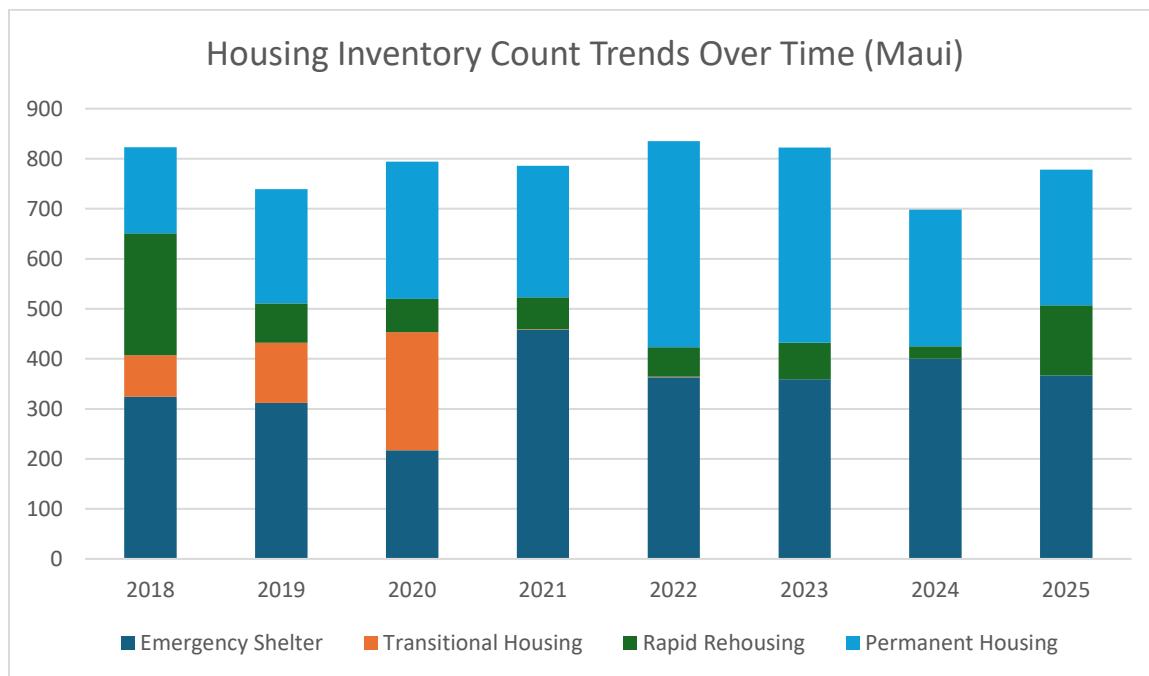


Figure 8 - Housing Inventory Count Trends Over Time (Maui).

The 2023 Maui Wildfires dramatically changed the landscape of housing resources for both families who lost their homes in the disaster and those who were already experiencing homelessness or housing instability. The loss of approximately 2,000 structures resulted in an immediate need for emergency housing for over 5,000 people.<sup>34</sup> A homeless shelter facility in West Maui was also destroyed in the fires, resulting in the displacement of approximately 140 people experiencing homelessness to other facilities or temporary arrangements. The fires also revealed some aspects of “hidden homelessness,” such as people living in the homes of others due to economic hardship, often without the property owner’s knowledge.

The sudden loss of shelter beds for people experiencing homelessness in West Maui prior to the fires, coupled with the displacement of unsheltered individuals from burn zones, necessitated a rapid response by the State and other stakeholders. The Pu’uhonua O Nēnē wildfire disaster response shelter used tents to quickly provide temporary housing for homeless individuals who did not qualify for the Federal Emergency Management Agency’s (FEMA) safe harbor provisions and other disaster response housing. While not intended to be a long-term part of Maui’s homeless resource system, the Pu’uhonua O Nēnē program remained open through 2025 to prevent widespread displacement of homeless individuals who were still receiving services.

<sup>34</sup> Estimates were provided by the Economic Research Organization of the University of Hawai’i (UHERO) in the [2023 Q3 Forecast for the State of Hawai’i](#).

## Tier 1

### Outreach and Basic Services

Maui's Tier 1 homeless resources include State-funded homeless street outreach, behavioral health outreach, mobile hygiene services, and expanded outreach in response to the Maui Wildfires. The State, through the DHS HPO, contracts a non-profit organization to provide housing-focused street outreach services to unsheltered individuals islandwide. Other sources of funding for street outreach services include DOH AMHD, Medicaid health plans (via reimbursement for specific services provided to eligible beneficiaries), the County of Maui, HUD, and private sources.

In addition to traditional homeless outreach provided by non-profit organizations, the Maui Police Department sponsors the Mobile Medical Education Unit (MMEU) program that brings a combination of medical and social services to encampments in partnership with other public and private sector organizations.<sup>35</sup>

As of December 2025, 369 households (452 individuals) are enrolled in Maui street outreach programs.<sup>36</sup> Approximately three-quarters of enrolled individuals reside in the Kahului area and surrounding areas. Approximately 37% of individuals reported a mental health diagnosis, while 29% reported a substance use issue. Of the 369 actively enrolled households, only 20 (5%) were family households.

While enrollment in the Medicaid CIS program often overlaps with street outreach and other basic service programs for people experiencing unsheltered homelessness, 375 Medicaid members were enrolled in the program on Maui as of September 30, 2025.<sup>37</sup> Enrollment in the program requires a documented health need in addition to a housing need, such as being literally homeless or facing homelessness upon release from an institutional setting. Enrollment may continue as the member transitions from unsheltered or sheltered homelessness into housing until the prescribed time limit authorized under the CIS program. The number of individuals enrolled in this program underscores the need for additional residential resources capable of serving homeless individuals with varying degrees of health needs.

### Emergency Shelters

Emergency shelters on Maui are primarily located in Central Maui. During the 2025 HIC, there were 367 emergency shelter beds in use, including 82 at the Pu'uhonua O Nēnē temporary tent shelter program. Maui's emergency shelter inventory, included in the 2025 HIC, also includes 15 medical respite beds for medically fragile homeless adults who are unable to be served in regular emergency shelters due to complex health needs. Additional medical respite beds may not be reflected in the 2025 HIC.

The County of Maui has recently issued a Request for Proposals for a Safe Parking shelter program, although a provider and location have not yet been finalized. The Pu'uhonua O Nēnē temporary tent shelter program for homeless individuals affected by the Maui Wildfires was also located in Central Maui. There is one emergency shelter on Moloka'i. Temporary Shelters are outlined in Figure 9 below. Some locations offer more than one program at the same address.

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<sup>35</sup> Additional information about the MMEU program is available on the [Maui Police Department's website](#).

<sup>36</sup> [BTG Active Street Outreach Clients Dashboard](#), updated December 26, 2025.

<sup>37</sup> Data is available in the [CIS Rapid Cycle Assessment for 2025 Q3](#), published by the University of Hawaii at Manoa.

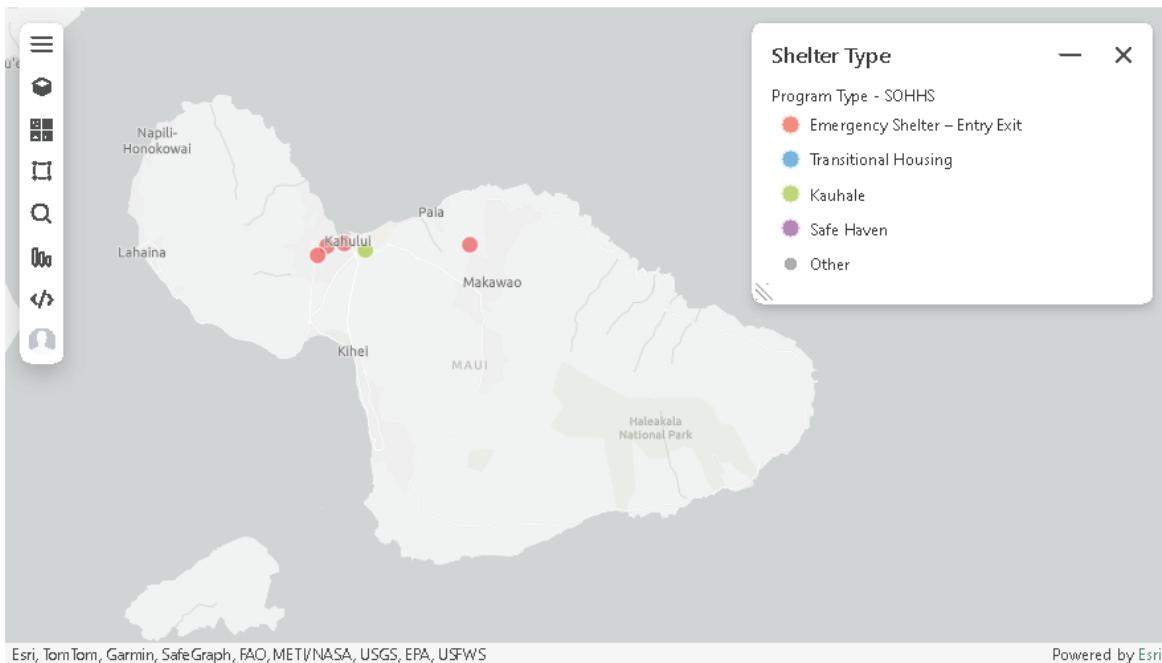


Figure 9: Maui County Temporary Shelter Map

### Kauhale

The Kauhale Initiative has resulted in the creation of 3 Kauhale projects on Maui. Two projects, using repurposed existing housing, serve homeless adults diagnosed with a serious mental illness. The Kīpūola Kauhale began accepting applications at the end of November 2025, and the first resident moved in at the beginning of December 2025. The project includes 64 units for homeless adults, with a focus on economic mobility through workforce development, job-placement partnerships, and vocational training. There are no Kauhale projects on Lanai or Molokai.

### Tier 2

#### Transitional Housing

There are no transitional housing programs in Maui County included in the HIC.

#### Rapid Rehousing (RRH)

RRH programs in Maui County include State-funded RRH for singles and families, veteran RRH through the SSVF program, and federal RRH using a special allocation of Rapid Unsheltered Survivor Housing (RUSH) funds.

#### Permanent Housing

Permanent housing resources for homeless households on Maui include both tenant-based voucher programs, such as the State's Housing First program, and other federally funded PSH programs, as well as project-based rental units, such as the Huliau supportive housing program for homeless families.

Maui County received an allocation of EHV permanent housing vouchers during the COVID-19 pandemic. A total of 76 EHVs were allocated to the County of Maui PHA. The inclusion of these vouchers in the HIC resulted in approximately 152 additional beds in 2022 and 2023.<sup>38</sup> Under federal regulations, the EHV program stopped accepting new applications and turnover applications on September 30, 2023.

### Tier 3

#### Public Housing and Section 8

HPHA owns and operates 108 federal and State public housing units in Maui County. This count does not include the 60 units that were destroyed in the 2023 Lahaina Wildfire. These units are available to low-income households earning no more than 80% AMI. Roughly 40% of units in the federal public housing program are reserved for extremely low-income households earning no more than 30% AMI.

The County of Maui administers the HCV program within its jurisdiction. The exact number of vouchers available varies depending on budget authority and utilization, and is capped by the maximum number of Unit Months Authorized for the year in the PHA's Annual Contributions Contract. At this time, the County of Maui is leasing approximately 97% of its allotted HCV vouchers.

In addition to regular HCV program vouchers, the County of Maui also administers HUD-VASH vouchers for homeless veterans and does not currently have an allocation of other types of SPVs. Table 3 depicts the number of HCV and SPV vouchers awarded in Maui County.

**Table 3 - Housing Choice Vouchers and Special Purpose Vouchers in Maui County.**

Type of Voucher	Total
Housing Choice Voucher	1,563
Mainstream	0
Non-Elderly Disabled (NED)	0
Family Unification Program (FUP) and Foster Youth to Independence (FYI)	0
Veterans Affairs Supportive Housing (HUD-VASH)	80

Source: HUD Housing Choice Voucher Dashboard, as of September 2025

At the time of this report, the County of Maui has not established any current local preferences for selecting households from the HCV waitlist.<sup>39</sup> The County of Maui uses a lottery system to determine waitlist selection

<sup>38</sup> Current utilization of EHV vouchers is available on [HUD's EHV Data Dashboard](#).

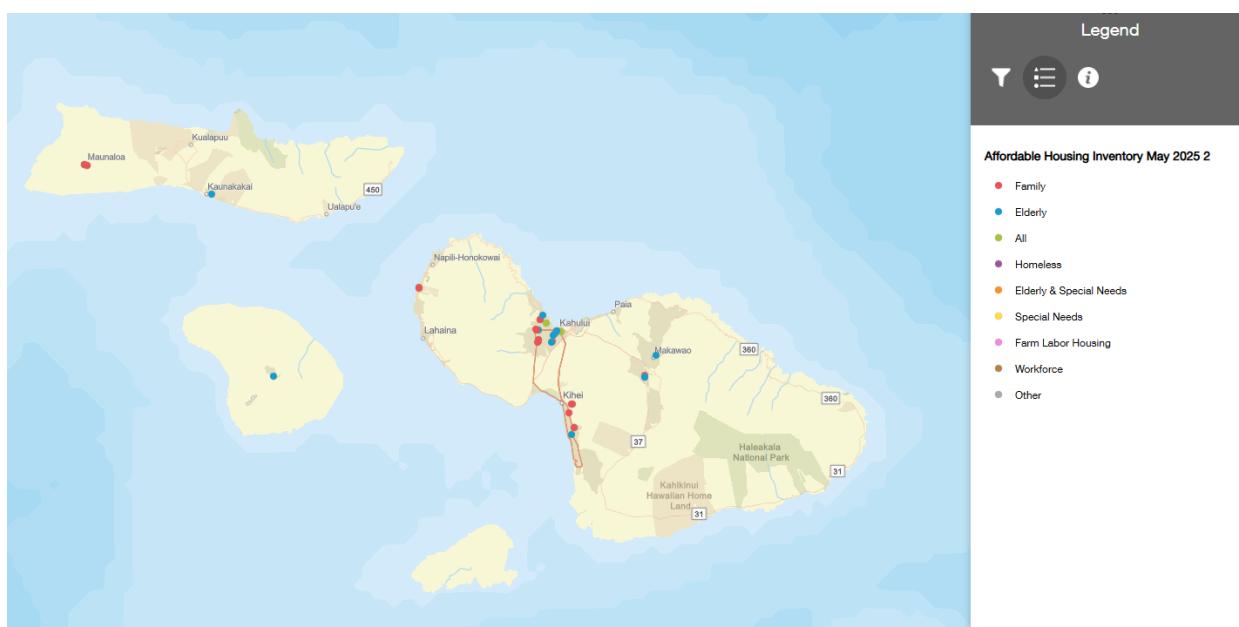
<sup>39</sup> The Administrative Plans for the County of Maui's HCV program can be found online at <https://www.mauicounty.gov/2041/Housing-Choice-Voucher-Section-8-Program>.

due to overwhelming demand for the HCV program. While homeless households may apply for the HCV waitlist, there is no guarantee they will be selected, and there are no special preferences that would affect a homeless household's position on the waitlist.

The HUD-VASH program is a specialty program for homeless veterans and their families who meet the eligibility criteria for the HCV program and are referred by VA homeless program staff at the VA Medical Centers. These households do not need to be selected from the HCV waitlist to qualify for a HUD-VASH voucher and must meet other eligibility and case management criteria.

## Affordable and Workforce Housing

In Maui County, there are 2,562 units on Maui island, 215 on Moloka'i, and 72 on Lāna'i. These properties include federal and state public housing, LIHTC housing, and workforce housing, and are outlined in Figure 10. A large majority of the subsidized housing units are operated by private management companies, and data on vacancies is unavailable. Generally, subsidized housing projects in Hawai'i have a 4% vacancy rate, which is lower than the national average and reflects normal monthly turnover within a project.



**Figure 10 - Affordable Rental Housing Inventory (Maui).**

The Governor's Housing Team's Affordable Housing Pipeline Tracker shows 16,080 housing units in affordable and mixed-income projects in the pipeline for development. Of these, 969 have been recently completed and are in lease-up, and an additional 975 housing units are currently under construction and are estimated to come online between 2026 and 2028. These units are predominantly in Central and South Maui.

## System Performance

In 2025, the CoC on Maui served approximately 615 households each month.<sup>40</sup> This includes households enrolled in outreach, emergency shelter, transitional housing, and RRH projects that participate in the HMIS. For RRH, these figures reflect only the number of households that have not moved into housing.



**165 days**

Average length of participation in homeless programs prior to obtaining housing



**44%**

Percentage of all exits to permanent housing from homeless programs



**13.3%**

Percentage of persons exiting to permanent housing who return to homeless programs within 24 months

During the 2024 PIT Count, a total of 285 unsheltered individuals were surveyed, compared to 203 individuals actively enrolled in street outreach programs identified in the HMIS during that time. As of December 2025, 452 individuals were actively enrolled in street outreach programs.<sup>41</sup> While there was no unsheltered survey in 2025, the increase in street outreach enrollments suggests that more individuals are facing homelessness now, or individuals who were previously not engaged in housing-focused outreach are now engaged in services. Maui service providers also received additional funds to support increased street outreach, which may have contributed to higher enrollments. We note that higher street outreach enrollments may lead to a reduction in homelessness over time as individuals participate in housing-focused services.

On average, homeless households who eventually find permanent housing spend approximately 5-6 months enrolled in street outreach or temporary housing programs. This metric does not account for the time spent homeless prior to enrolling in these programs. However, the average length of stay in street outreach and temporary housing programs illustrates the need for sufficient inventory in these programs. There were no reported exits from transitional housing programs during this time.

The average utilization rate of homeless shelter and permanent housing resources in Maui County was approximately 94% during the 2025 PIT Sheltered Count.<sup>42</sup> This percentage represents 734 beds filled out of approximately 778 available beds. The largest number of vacancies was in emergency shelter programs.

The average utilization rate of temporary housing resources in Maui County was approximately 90% during the 2025 PIT Sheltered Count. This percentage represents a total of 332 beds filled out of approximately 367 beds available. We note that bed utilization rates may fluctuate depending on family household size relative to site and unit configurations. While this methodology represents a snapshot of temporary housing utilization, we observe similar occupancy trends throughout 2025.

We find that permanent housing resources in Maui County are well-utilized, with an average utilization rate of 98% during the 2025 PIT Sheltered Count. This percentage represents 402 beds filled out of approximately 411 beds available. Vacancies were limited and may be attributed to family sizes and subsidy levels, as the

<sup>40</sup> [BTG Length of Stay, Inflow, Outflow, Served & Active Dashboard](#), updated December 26, 2025.

<sup>41</sup> [BTG Active Street Outreach Clients Dashboard](#), updated December 26, 2025.

<sup>42</sup> [BTG 2025 Housing Inventory Count](#), based on occupancy data collected during the [2025 PIT Sheltered Count](#).

number of beds in a voucher program that serves singles and families is often an approximation. RRH programs were 100% utilized during the 2025 PIT Sheltered Count.

In 2025, the average exit to permanent housing rate was approximately 44%.<sup>43</sup> We note that, while not permanent, exits from street outreach to emergency shelter or transitional housing should still be considered positive outcomes. The rate of returns to homelessness within 24 months of exiting to a permanent housing destination is based on the average return rate for BTG, as reported in HUD's System Performance Measures.

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<sup>43</sup> Data is from [BTG Monthly Exit Destination Reports](#), based on 2025 HMIS data.

# Hawai‘i

## Overview

The 2024 PIT Count identified 718 individuals experiencing homelessness on Hawai‘i island. Of this number, 527 were unsheltered, and 191 were sheltered.

Although unsheltered homelessness accounts for approximately 73% of all individuals experiencing homelessness on Hawai‘i island, there has been a reduction in the total number of unsheltered individuals since 2023. Overall, homelessness on Hawai‘i island decreased approximately 28%.

Hawai‘i island’s homeless population is almost entirely made up of households without children (580 of 621 households). Non-family households are also overrepresented in Hawai‘i island’s unsheltered population, comprising 481 of 492 households (98%).

Approximately 49% of homeless individuals (349 of 718 individuals) were determined to be chronically homeless. Since 2022, the number of chronically homeless individuals on Hawai‘i island has increased, although overall homelessness has decreased.

South Hilo, North Kona, and Puna had the highest concentrations of unsheltered individuals. This is consistent with historical trends, although the overall total number of unsheltered individuals on Hawai‘i island has decreased since 2023.

In addition to standard survey questions, the PIT unsheltered survey included narrative questions on Hawai‘i island. The most common self-reported reasons for experiencing homelessness were family/relationship conflicts (23.4%) and inability to afford rent (18.5%). Approximately 78% of individuals stated they needed help securing housing, and nearly half stated they needed financial assistance to pay rent and to replace vital documents.

## Current Landscape

The County of Hawai‘i’s homeless housing resources over time are described in Figure 11. The total number of housing beds available in Hawai‘i County, as reported in the HIC, has decreased since the end of the COVID-19 pandemic. These changes are largely attributed to the State’s Housing Placement Program (HPP), a RRH component reserved for homeless families who are also eligible for the Temporary Assistance for Needy Families (TANF) program. It is important to note that funding availability for these programs is often subject to change throughout the year, as costs depend on each household’s income level, the rent amount of the assisted unit, and the duration of assistance. As market rents increase, the projected number of households and individuals assisted is expected to decrease unless program funding is adjusted.

## At a Glance

**718**

People experiencing literal homelessness

**255**

Temporary housing beds exclusively for people experiencing homelessness

**413**

Permanent housing beds for people experiencing homelessness

**\$680**

Affordable rent for a single person earning 30% AMI

**\$1,612**

Fair Market Rent for a 1BR rental unit

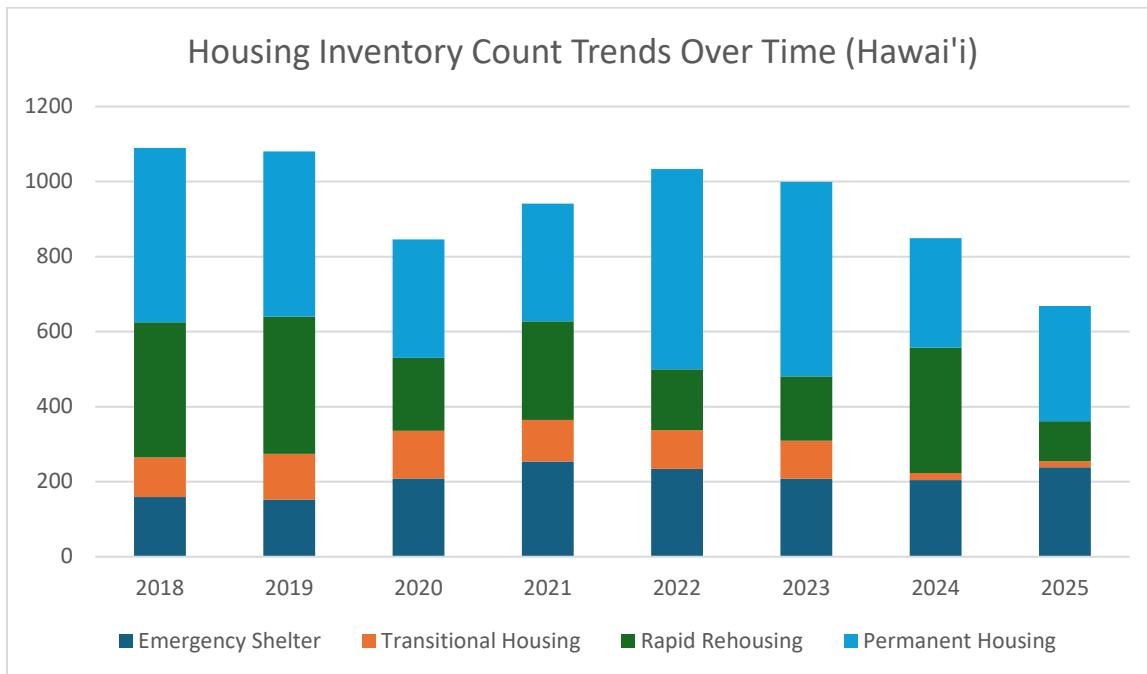


Figure 11 - Housing Inventory Count Trends Over Time (Hawai'i).

## Tier 1

### Outreach and Basic Services

Hawai'i's Tier 1 homeless resources include State-funded homeless street outreach, mobile hygiene outreach, street medicine, and supplemental outreach funded with federal funds for rural communities. The State, through the DHS HPO, contracts a non-profit organization to provide housing-focused street outreach services to unsheltered individuals islandwide. Other sources of funding for street outreach services include DOH AMHD, Medicaid health plans (via reimbursement for specific services provided to eligible beneficiaries), the County of Hawai'i, HUD, and private sources.

As of December 2025, approximately 125 households (126 individuals) are actively enrolled in street outreach services funded by the State and HUD.<sup>44</sup> Nearly three-quarters of all active street outreach enrollments are in the Hilo area. 60% of individuals reported having a mental health diagnosis, while 46% reported having a substance use disorder. No family households were enrolled in street outreach services.

While enrollment in the Medicaid CIS program often overlaps with street outreach and other basic service programs for people experiencing unsheltered homelessness, 254 Medicaid members were enrolled in the CIS program on Hawai'i island as of September 30, 2025.<sup>45</sup> Enrollment in the program requires a documented health need in addition to a housing need, such as being literally homeless or facing homelessness upon release from an institutional setting. Enrollment may continue as the member

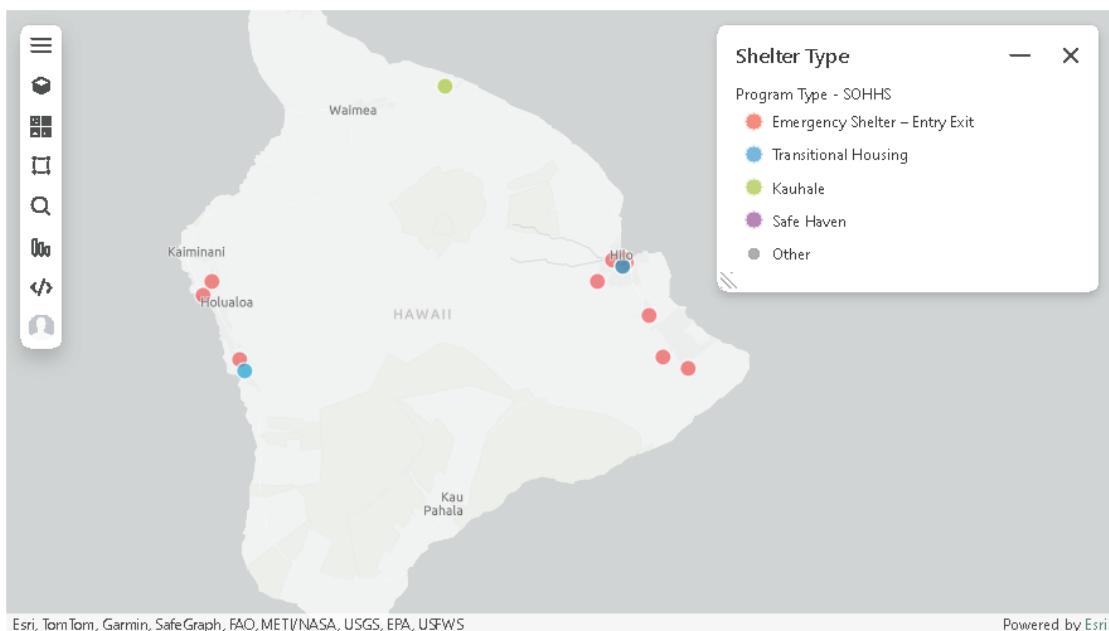
<sup>44</sup> [BTG Active Street Outreach Clients Dashboard](#), updated December 26, 2025.

<sup>45</sup> Data is available in the [CIS Rapid Cycle Assessment for 2025 Q3](#), published by the University of Hawai'i at Manoa.

transitions from unsheltered or sheltered homelessness into housing until the prescribed time limit authorized under the CIS program. The number of individuals enrolled in this program underscores the need for additional residential resources capable of serving homeless individuals with varying degrees of health needs.

### Emergency Shelters

Emergency shelters on Hawai'i island are primarily located in East Hawai'i. Emergency shelter beds in East Hawai'i account for approximately 85% (203 beds) of the 238 beds reported in the 2025 HIC. While shelter beds are available in West Hawai'i, some of the beds counted in the HIC are reserved for veterans and survivors of domestic violence. Temporary shelter locations are outlined in Figure 12 below. Some locations offer more than one program at the same address.



**Figure 12: Hawaii County Temporary Shelter Map**

### Kauhale

The Kauhale Initiative has created 3 additional projects on Hawai'i island, adding approximately 82 new beds for homeless adults, including young adults and seniors. These projects are located in Hilo and Honoka'a. Two projects were opened after the 2025 HIC and were not reflected in the total count of available temporary housing beds. At this time, SOHHS is planning to develop another Kauhale on Hawai'i island during the FY26-27 biennium. The final location has not yet been determined.

### Tier 2

### Transitional Housing

Like the rest of the State, Hawai'i island's inventory of transitional housing for homeless households has decreased over the years. During the 2025 HIC, only 17 transitional housing beds for homeless households were reported. These beds were exclusively for youth and young adults.

### Rapid Rehousing

RRH programs on Hawai'i island include State-funded RRH, the HPP for TANF-eligible homeless families, CoC-funded RRH, and SSVF.

### Permanent Housing

Hawai'i island's permanent housing beds for people experiencing homelessness include both tenant-based vouchers and specific subsidized housing units or projects. All permanent housing beds currently reported in the HIC are considered PSH and include both a long-term rental subsidy and supportive services for the duration of participation in the program. PSH resources on Hawai'i island are typically reserved for chronically homeless households with high levels of vulnerability, though there is some flexibility in the State's Housing First program and the HUD-VASH program for veterans.

Hawai'i island also received an allocation of EHV permanent housing vouchers during the COVID-19 pandemic. A total of 110 EHVs were allocated to the County of Hawai'i PHA. The inclusion of these vouchers in the HIC resulted in approximately 258 additional beds in 2022 and 2023.<sup>46</sup> Under federal regulations, the EHV program stopped accepting new applications and turnover applications on September 30, 2023.

The majority of permanent housing resources exclusively for homeless individuals on Hawai'i island are found in the forms of tenant-based rental assistance vouchers or set-aside units within existing housing projects, although several project-based locations exist. Some of the driving factors behind the use of tenant-based rental assistance vouchers, such as the State's Housing First program or other government-funded Permanent Supportive Housing programs administered by other non-profit organizations, are the comparatively easier process of matching households with existing housing inventory and the greater level of client choice in the location and type of housing offered.

## Tier 3

### Public Housing and Section 8

HPHA owns and operates 725 federal and State public housing units in Hawai'i County. These units are available to low-income households earning no more than 80% AMI. Roughly 40% of units in the federal public housing program are reserved for extremely low-income households earning no more than 30% AMI.

The County of Hawai'i administers the HCV program within its jurisdiction. The exact number of vouchers available varies depending on budget authority and utilization, and is capped by the maximum number of

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<sup>46</sup> Current utilization of EHV vouchers is available on [HUD's EHV Data Dashboard](#).

Unit Months Authorized for the year in the PHA's Annual Contributions Contract. At this time, the County of Hawai'i is leasing approximately 94% of its allotted HCV vouchers, although this results in the PHA projecting to spend more than its Annual Budget Authority for 2025 based on Per Unit Costs and attrition rates.

In addition to regular HCV program vouchers, the County of Hawai'i also administers Special Purpose Vouchers (SPVs) for households with disabled members, veterans, former foster youth, and families referred by DHS. Table 4 depicts the number of HCV and SPV vouchers awarded on Hawai'i island.

**Table 4 - Housing Choice Vouchers and Special Purpose Vouchers in Hawai'i County.**

Type of Voucher	Total
Housing Choice Voucher	2,176
Mainstream	87
Non-Elderly Disabled (NED)	0
Family Unification Program (FUP) and Foster Youth to Independence (FYI)	18
Veterans Affairs Supportive Housing (HUD-VASH)	126

Source: HUD Housing Choice Voucher Dashboard, as of September 2025

At the time of this report, the County of Hawai'i does not have a local preference for homeless households when selecting households from the HCV waitlist.<sup>47</sup> However, the County does include local preferences for households experiencing emergency situations and households who are "moving up" from other voucher or assistance programs. The HCV program waiting list opened on August 1, 2025, and remains open. While homeless households may apply for the HCV waitlist, there is no guarantee that they will receive a voucher within a specific timeframe.

The HUD-VASH program is a specialty program for homeless veterans and their families who meet the eligibility criteria for the HCV program and are referred by VA homeless program staff at the VA Medical Centers. These households do not need to be selected from the HCV waitlist to qualify for a HUD-VASH voucher and must meet other eligibility and case management criteria.

#### Affordable and Workforce Housing

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<sup>47</sup> Administrative Plans for Hawai'i County can be found at the Office of Housing and Community Development's HCV page: <https://www.housing.hawaiicounty.gov/housing-assistance>.

In Hawai‘i County, there are 3,093 units in subsidized housing projects. These properties include federal and state public housing units noted above, LIHTC housing, and workforce housing, and are outlined below in Figure 13. A large majority of the subsidized housing units are operated by private management companies, and data on vacancies is unavailable. Generally, subsidized housing projects in Hawai‘i have a 4% vacancy rate, which is lower than the national average and reflects normal monthly turnover within a project.

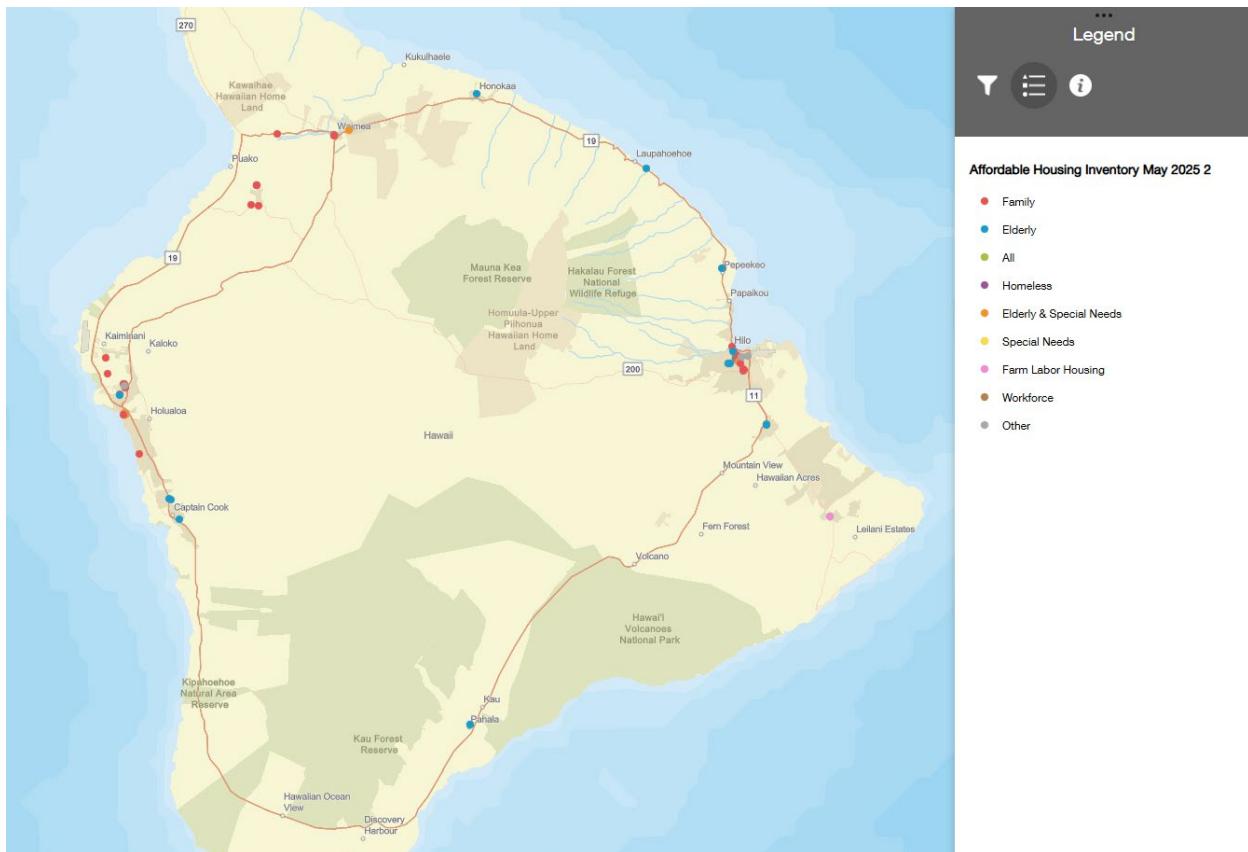


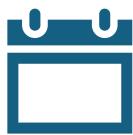
Figure 13 - Affordable Rental Housing Inventory (Hawai‘i).

The Governor’s Housing Team’s Affordable Housing Pipeline Tracker shows an additional 8,620 housing units in affordable and mixed-income projects in the pipeline for development. Of these, 336 units have been completed and are leasing up, and another 188 units are currently under construction and estimated to come online between 2026 and 2028. These units are predominantly in West Hawai‘i.

## System Performance

In 2025, the CoC on Hawai‘i island served approximately 304 households each month.<sup>48</sup> This includes households enrolled in outreach, emergency shelter, transitional housing, and RRH projects that participate in the HMIS. For RRH, these figures reflect only the number of households that have not moved into housing.

<sup>48</sup> [BTG Length of Stay, Inflow, Outflow, Served & Active Dashboard](#), updated December 26, 2025.

**158 days**

Average length of participation in homeless programs prior to obtaining housing

**75%**

Percentage of all exits to permanent housing from homeless programs

**13.3%**

Percentage of persons exiting to permanent housing who return to homeless programs within 24 months

The County of Hawai'i faces unique geographical challenges related to homelessness due to the island's size. Outreach services through the State's homeless street outreach program are provided islandwide, with supplemental street medicine and hygiene outreach services in certain areas. Outreach to people living in rural encampments can be logistically complex, and individuals living in isolated encampments may lack access to other resources that require transportation to town.

The lack of dedicated homeless facilities and providers in some rural parts of Hawai'i island may also lead to community frustration and concerns regarding the resources available to reduce unsheltered homelessness in these areas. While current street outreach enrollment reflects an overwhelming majority of adult-only households, it is also possible that geographic limitations contribute to lower overall outreach enrollments. During the 2024 PIT Count, Hawai'i County surveyed approximately 90% of its enrolled outreach clients, but the total number of unsheltered individuals surveyed (527) far exceeded the number of active street outreach clients (104).

On average, homeless households who eventually find permanent housing spend approximately 6 months enrolled in street outreach or temporary housing programs. This metric does not account for the time spent homeless prior to enrolling in these programs. However, the average length of stay in street outreach and temporary housing programs illustrates the need for sufficient inventory in these programs. There were no reported exits from transitional housing programs during this time. According to the 2025 Housing Inventory Count, only one homeless transitional housing program for young adults with 6 beds was active on Hawai'i island.

The average utilization rate of homeless shelter and permanent housing resources on Hawai'i island was approximately 92% during the 2025 PIT Sheltered Count. This percentage represents 630 beds filled out of approximately 688 available beds. The largest vacancies were in emergency shelter, transitional housing, and permanent supportive housing programs. Bed utilization in family programs may fluctuate depending on household size, and permanent supportive housing voucher capacity can be limited by available funding, as the subsidy amount for each household is determined by household income and the total unit rent.

The average utilization rate of temporary housing resources on Hawai'i island was approximately 85% during the 2025 PIT Sheltered Count.<sup>49</sup> This percentage represents 217 beds filled out of approximately 255 available beds. We note that several emergency and transitional shelters with less than 90% occupancy during the 2025 PIT Sheltered Count were reserved for special subpopulations, such as veterans, young adults, medically fragile adults, or households fleeing domestic violence. While this methodology represents a snapshot of temporary housing utilization, we observe similar occupancy trends throughout 2025.

<sup>49</sup> [BTG 2025 Housing Inventory Count](#), based on occupancy data collected during the [2025 PIT Sheltered Count](#).

We find that permanent housing resources on Hawai‘i island are well-utilized, with an average utilization rate of 95% during the 2025 PIT Sheltered Count. This percentage represents 413 beds filled out of approximately 433 beds available. We note that vacancies in the State’s Housing First program may be attributed to family sizes and subsidy levels, as the number of beds in a voucher program that serves singles and families is often an approximation. Several vacancies were attributed to beds in other programs that are reserved for specific subpopulations, such as adults with a serious mental illness receiving behavioral health case management services through DOH or a Medicaid-contracted provider.

Hawai‘i island’s overall permanent housing exit rate across all homeless programs in 2025 is approximately 75%. This is slightly higher than the overall permanent housing exit rate across all homeless programs on the neighbor islands (63%). The highest exit rate to permanent housing was observed in RRH housing (99%). Exits to permanent housing were lower in street outreach programs (54%) and emergency shelters (50%). No exits from transitional housing programs were recorded in 2025.

In 2025, 10 exits from homeless permanent housing programs were recorded. Only 5 of those exits were to other permanent housing programs, such as public housing or a LIHTC unit. While some individuals returned to homelessness, we note that 4 individuals exited into institutional settings and 3 individuals were deceased. Notably, the target population for most permanent housing programs on Hawai‘i island is households that meet the definition of “chronically homeless.” As such, these households may have health issues that require a transition to institutional care or result in death.

Roughly 50% of exits from street outreach programs and emergency shelters were to permanent housing destinations. The most frequent exit destination for emergency shelter residents who did not exit to permanent housing was to unsheltered homelessness.

# Kaua‘i

## Overview

The 2024 PIT Count identified 523 individuals experiencing homelessness on Kaua‘i.<sup>50</sup> Of this number, 464 were unsheltered, and 59 were sheltered.

Unsheltered homelessness accounts for approximately 89% of all individuals experiencing homelessness on Kaua‘i and has increased each year since 2018. Unsheltered homelessness on Kaua‘i has increased by 148% since 2018, while overall homelessness increased by 79%.

Kaua‘i’s homeless population is almost entirely made up of households without children (349 of 382 households). Non-family households are also overrepresented in Maui’s unsheltered population, comprising 328 of 350 households (94%).

Approximately 32% of homeless individuals (168 of 523 individuals) were determined to be chronically homeless. Since 2022, the number of chronically homeless individuals on Kaua‘i has remained relatively stable. However, the number of individuals reporting a mental health diagnosis has risen every year since 2018.

The highest concentrations of unsheltered homelessness were in South Central and East Kaua‘i. This is consistent with historical trends, although the number of unsheltered individuals in West Kaua‘i is also increasing.

## Current Landscape

The County of Kaua‘i’s homeless housing resources over time are described in Figure 14. Since 2018, the number of permanent housing beds exclusively for people experiencing homelessness has risen, driven largely by joint State and County investments in developing affordable housing for homeless households. Each county also received an allotment of tenant-based rental assistance vouchers for homeless households through the EHV program, which added funding for approximately 28 permanent housing vouchers on Kaua‘i.

The 2025 HIC does not reflect some dedicated homeless housing beds that are not a part of the CES. Therefore, the total number of permanent housing beds for homeless households is higher than reported in the HIC.

## At a Glance

**523**

People experiencing literal homelessness

**83**

Temporary housing beds exclusively for people experiencing homelessness

**88**

Permanent housing beds for people experiencing homelessness

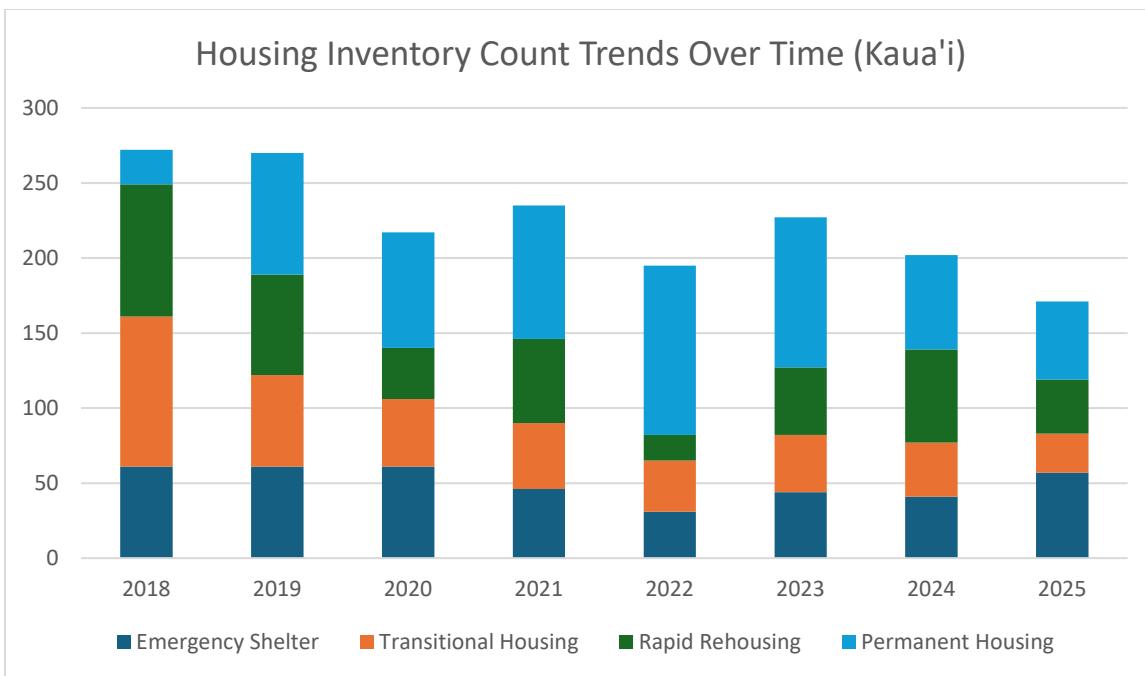
**\$698**

Affordable rent for a single person earning 30% AMI

**\$1,777**

Fair Market Rent for a 1BR rental unit

<sup>50</sup> Data is from the [BTG 2024 PIT Count Report](#) and [PIT Dashboard](#).



**Figure 14 - Housing Inventory Count Trends Over Time (Kaua'i).**

## Tier 1

### Outreach and Basic Services

Kaua'i's Tier 1 homeless resources include State-funded homeless street outreach, mobile hygiene outreach, street medicine, and supplemental outreach funded with federal funds for rural communities. The State, through the DHS HPO, contracts a non-profit organization to provide housing-focused street outreach services to unsheltered individuals islandwide. Other sources of funding for street outreach services include Medicaid health plans (via reimbursement for specific services provided to eligible beneficiaries), the County of Kaua'i, HUD, and private sources.

As of December 2025, approximately 107 households (202 individuals) are actively enrolled in street outreach services funded by the State and HUD.<sup>51</sup> Over 70% of all active street outreach enrollments are in the Lihu'e area. Only 20% of individuals reported having a mental health diagnosis, while 7% reported having a substance use disorder. Nearly three-quarters of households were single adults or adult-only households.

While enrollment in the Medicaid CIS program often overlaps with street outreach and other basic service programs for people experiencing unsheltered homelessness, 30 Medicaid members were enrolled in the CIS program on Kaua'i as of September 30, 2025.<sup>52</sup> Enrollment in the program requires a documented health need in addition to a housing need, such as being literally homeless or facing homelessness upon release from an institutional setting. Enrollment may continue as the member transitions from unsheltered or sheltered homelessness into housing until the prescribed time limit authorized under the CIS program. The

<sup>51</sup> BTG [Active Street Outreach Clients Dashboard](#), updated December 26, 2025.

<sup>52</sup> Data is available in the [CIS Rapid Cycle Assessment for 2025 Q3](#), published by the University of Hawai'i at Manoa.

relatively low number of CIS enrollments, compared to people experiencing literal homelessness, is likely indicative of provider capacity limitations.

### Emergency Shelters

Emergency and transitional spaces for homeless households, including the only emergency shelter for non-veteran single adults, are primarily located in Līhu'e. While this concentration of resources aligns with PIT Count data on unsheltered households, the lack of low-barrier emergency shelter space in other parts of the island can complicate access to services and the pursuit of permanent housing. The concentration of emergency shelters in Līhu'e affects housing pathways for people experiencing homelessness on Kaua'i, as households residing outside Lihue may remain unsheltered until they can find permanent housing. Nineteen (19) of the 45 emergency shelter beds reported in the 2025 HIC were reserved for veterans or survivors of domestic violence. Temporary shelter locations are outlined in Figure 15 below. Some locations offer more than one program at the same address.

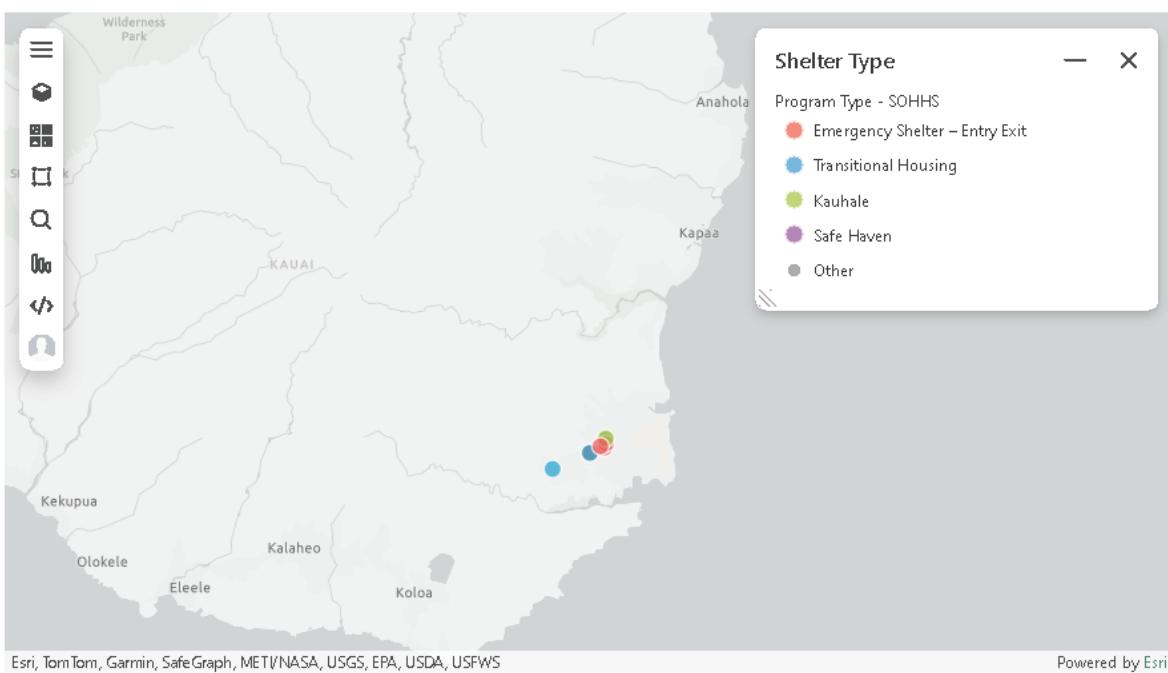


Figure 15: Kauai County Temporary Shelter Map

### Kauhale

The Kauhale Initiative resulted in the creation of 1 project for survivors of domestic violence using a renovated property owned by a non-profit agency. SOHHS intends to work with the County of Kaua'i to develop another Kauhale project serving homeless families in Kapa'a, which is expected to proceed with development in 2026. The planned capacity of this project is approximately 32 family units.

## Tier 2

### Transitional Housing

Like the rest of the State, Kaua'i's inventory of transitional housing for homeless households has decreased over the years. During the 2025 HIC, 26 transitional housing beds for homeless households were reported. Since the 2025 HIC, 3 beds have been removed due to the winding down of the program for survivors of domestic violence.

### Rapid Rehousing

RRH programs on Kaua'i include State-funded RRH, the HPP for TANF-eligible homeless families, RRH funded by the Bezos Day One Families Fund, and the SSVF program.

### Permanent Housing

The State's Housing First program on Kaua'i uses a scattered-site rental assistance model that does not require set-aside housing inventory. Consistent with the program on other islands, the State's Housing First program allows homeless households to find appropriate housing within the existing rental market, offering greater client choice and breaking down geographical barriers to housing. The current capacity of the State's Housing First program on Kaua'i is approximately 14 households and is subject to fluctuation depending on the amount of subsidies per household.

In addition to the Housing First program, the Kaua'i County Housing Agency (KCHA) administers dedicated permanent housing units for homeless individuals and families at specific projects. The Kealaula Supportive Housing Project in Līhu'e, funded by the State's 'Ohana Zones program, has 28 housing units dedicated to serving homeless families. An additional 24 units will be added in early 2026. Last year, the KCHA opened another project at Lima Ola in Ele'ele with 32 housing units for singles and families. These units are not reflected in the HIC.

## Tier 3

### Public Housing and Section 8

HPHA owns and operates 347 federal and State public housing units in Kaua'i County. These units are available to low-income households earning no more than 80% AMI. Roughly 40% of units in the federal public housing program are reserved for extremely low-income households earning no more than 30% AMI.

The County of Kaua'i, through the KCHA, administers the HCV program within its jurisdiction. The exact number of vouchers available varies depending on budget authority and utilization and is capped by the maximum number of Unit Months Authorized for the year in the PHA's Annual Contributions Contract. At this time, the KCHA can lease only approximately 71% of its eligible vouchers due to funding limitations.<sup>53</sup>

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<sup>53</sup> Current voucher utilization data is from the [HUD HCV Dashboard](#).

In addition to regular HCV program vouchers, the KCHA also administers HUD-VASH vouchers for homeless veterans, but does not currently have an allocation of other types of SPVs. Table 5 depicts the number of HCV and SPV vouchers awarded on Kaua'i.

**Table 5 - Housing Choice Vouchers and Special Purpose Vouchers in Kaua'i County.**

Type of Voucher	Total
Housing Choice Voucher	1,178
Mainstream	0
Non-Elderly Disabled (NED)	0
Family Unification Program (FUP) and Foster Youth to Independence (FYI)	0
Veterans Affairs Supportive Housing (HUD-VASH)	28

Source: HUD Housing Choice Voucher Dashboard, as of September 2025

At the time of this report, the County of Kaua'i does not have a local preference for homeless households when selecting households from the HCV waitlist.<sup>54</sup> However, the County does include local preferences for households who are currently residing on Kaua'i, including those with an existing rental unit (a "lease-in-place" preference). The waiting list for the HCV program is currently closed.

The HUD-VASH program is a specialty program for homeless veterans and their families who meet the eligibility criteria for the HCV program and are referred by VA homeless program staff at the VA Medical Centers. These households do not need to be selected from the HCV waitlist to qualify for a HUD-VASH voucher and must meet other eligibility and case management criteria.

#### Affordable and Workforce Housing

In Kaua'i County, there are 1,497 subsidized rental housing units currently in operation. These properties include federal and state public housing, LIHTC housing, and workforce housing, and are outlined below in Figure 16. Private management companies operate the vast majority of subsidized housing units, and data on vacancies is unavailable. Generally, subsidized housing projects in Hawai'i have a 4% vacancy rate, which is lower than the national average and reflects normal monthly turnover within a project.

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<sup>54</sup> The KCHA's HCV Administrative Plan can be found on the [KCHA HCV page](#).

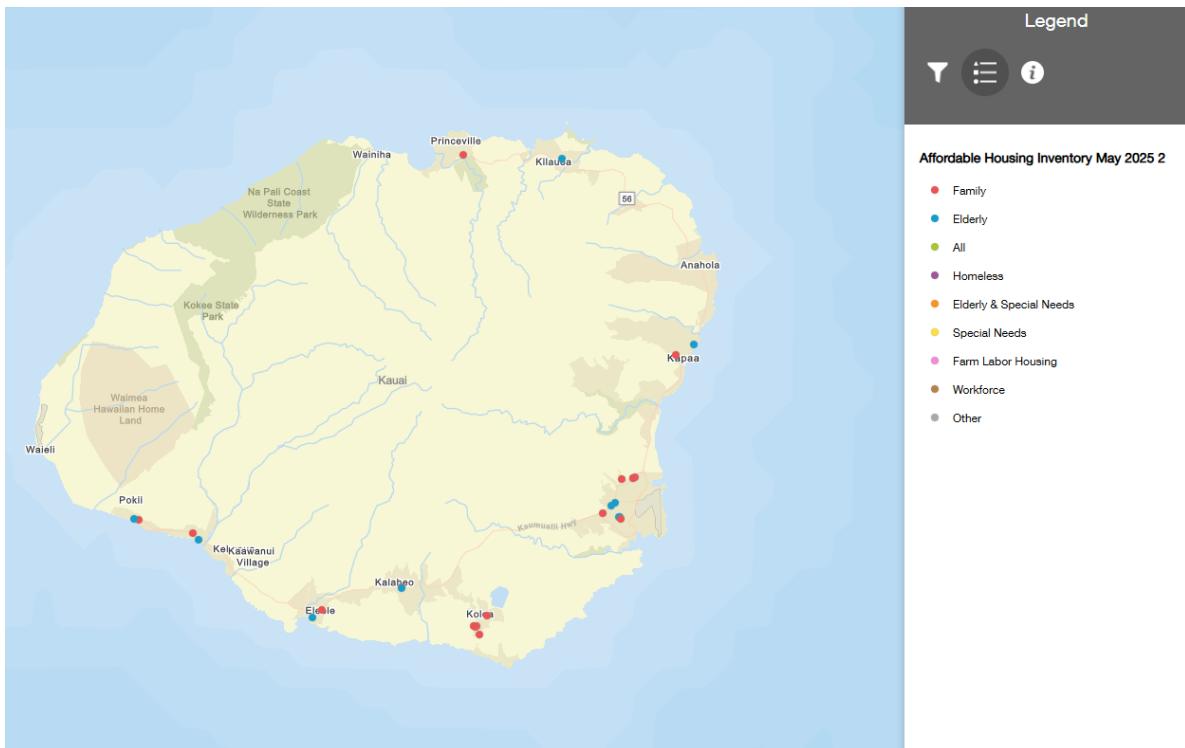
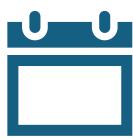


Figure 16 - Affordable Rental Housing Inventory (Kaua'i).

The Governor's Housing Team's Affordable Housing Pipeline Tracker shows 2,868 housing units in affordable and mixed-income projects in the pipeline for development. Of these, 162 units have been recently completed and are leasing up, and 361 units are under construction and are estimated to come online between 2026 and 2028.

## System Performance

In 2025, the CoC on Kaua'i served approximately 187 households each month.<sup>55</sup> This includes households enrolled in outreach, emergency shelter, transitional housing, and RRH projects that participate in the HMIS. For RRH, these figures reflect only the number of households that have not moved into housing.



**231 days**

Average length of participation in homeless programs prior to obtaining housing



**51%**

Percentage of all exits to permanent housing from homeless programs



**10.4%**

Percentage of persons exiting to permanent housing who return to homeless programs within 24 months

<sup>55</sup> [BTG Length of Stay, Inflow, Outflow, Served & Active Dashboard](#), updated December 26, 2025.

On average, homeless households who eventually find permanent housing spend at least 6-9 months enrolled in street outreach or temporary housing programs.<sup>56</sup> This metric does not account for the time spent homeless prior to enrolling in these programs. However, the average length of stay in street outreach and temporary housing programs illustrates the need for sufficient inventory in these programs.

The average utilization rate of homeless shelter and housing resources on Kaua'i was approximately 92% during the 2025 PIT Sheltered Count.<sup>57</sup> This percentage represents 171 beds filled out of approximately 185 available beds. The largest drivers of vacancies were in emergency shelter and transitional housing programs, although bed utilization in family programs may fluctuate depending on household size.

The average utilization rate of temporary housing resources on Kaua'i was approximately 86% during the 2025 PIT Sheltered Count. This percentage represents 83 beds filled out of approximately 96 available beds. While this methodology represents a snapshot of temporary housing utilization, we observe similar occupancy trends throughout 2025.

We find that permanent housing resources on Kaua'i are well-utilized, with an average utilization rate of 98% during the 2025 PIT Sheltered Count. This percentage represents 88 beds filled out of approximately 89 beds available. The State's Housing First program has maintained a utilization rate of 100% throughout the current year, and the KCHA's supportive housing units consistently operate at above 90% utilization.

The limited number of designated permanent housing units for homeless households, coupled with a high overall retention rate, means fewer households can access them when needed. When compared with the demographics of Kaua'i's homeless population, including demographics of homeless households currently waiting for housing referrals, we note that most of the households that are actively participating in CES are single adults without children who may not be eligible for long-term permanent supportive housing, where a disabling condition is required for participation. Permanent housing resources available to these households are more likely to be time-limited, such as RRH with a maximum participation period of 3-24 months.

Kaua'i's overall permanent housing exit rate across all homeless programs in 2025 is approximately 51%. This is slightly lower than the overall permanent housing exit rate across all homeless programs on the neighbor islands (63%). The highest exit rates to permanent housing were observed in transitional housing (89%) and RRH (64%). Comparatively, 43% of exits from emergency shelters and 33% of exits to street outreach were to permanent housing.

Although street outreach programs have the lowest reported exit rates to permanent housing, we observe that the average exit rate to successful destinations other than the streets (including emergency shelters, transitional housing, and permanent housing) is approximately 47%. These individuals may later exit a temporary housing program into permanent housing.

Due to the limited number of dedicated permanent housing beds for homeless households on Kaua'i, we find that other resources on the housing ladder are leveraged to support successful housing transitions. Examples of other housing resources leveraged include State public housing, the HCV program administered by KCHA, and LIHTC affordable housing units open to households with lower AMIs.

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<sup>56</sup> Data is from the [BTG Length of Stay \(LoS\) Reports](#), based on 2025 HMIS data.

<sup>57</sup> [BTG 2025 Housing Inventory Count](#), based on occupancy data collected during the [2025 PIT Sheltered Count](#).

## Recommendations

While each county has its own circumstances exacerbating the homelessness crisis, there are a number of common gaps in the continuum of care that, if addressed, could significantly strengthen resources for people experiencing homelessness.

**1. *Expand the Kauhale model, ensuring more Tier 1 low-barrier places for people experiencing unsheltered homelessness, especially for adult-only and single households.***

Across all counties, there is a dearth of options for individuals transitioning from Tier 1 to Tier 2 homelessness services. Many existing emergency shelters are low-barrier facilities, but do not provide stability for households seeking to move off the streets and into stable housing. Many Tier 2 resources, however, lack the resources to expand their reach to new homeless individuals and face higher barriers to entry. This gap in resources is particularly acute for adult-only, single households and those with behavioral health needs.

Kauhale serves a unique role in the homelessness system. They have fewer barriers to entry than Tier 2 resources, offer no time limits, and provide private spaces for people to heal and access resources, unlike traditional Tier 1 resources. These projects are critical to stopping the harmful impacts of unsheltered homelessness on individuals and communities. When unsheltered individuals have the opportunity to heal from trauma and stabilize in a supportive living environment, their chances of future housing stability and independence increase. The creation of additional Kauhale can also alleviate some of the pressures on existing emergency shelter facilities by giving individuals an opportunity to “step up” to a Kauhale project with a higher level of independence, freeing up shelter space for other unsheltered individuals, while they build long-term skills to reach independent housing solutions.

- **Honolulu County:** O’ahu has the highest proportion of Kauhale in the State and serves two primary functions that were previously under-resourced on the island: low-barrier transitional housing and medical respite. These resources are predominantly concentrated in Urban Honolulu, with fewer options in other parts of the state. FY 26 and FY 27 funding includes projects in the West and Central O’ahu regions, which have a high concentration of homelessness but are not currently served by the program.
- **Maui County:** Maui opened its first Kauhale community, Kīpūola Kauhale, in November 2025. This pilot project will help determine additional resource gaps to expand Kauhale into more communities across Maui.

### PROGRAM HIGHLIGHT: HO’OKAHI KAUHALE

Ho’okahi Leo Kauhale, featured above, offers 20 tiny home units with shared bathroom and kitchen spaces, and has served 38 individuals since opening in February 2024.

### 100% ACCESS HEALTH SERVICES

Over half of residents have now also an established, regular connection with a primary health care provider.

### 87.5% REDUCTION IN ER VISITS

Prior to being housed at a Kauhale, residents averaged two to three ER nights per week. Now they average one per month.

### \$35,000 POTENTIAL MONTHLY SAVINGS

Per resident in costs to the state’s Medicaid system due to deferred ER visits, based on estimated monthly operations costs per person in Kauhale communities.

- **Kaua'i and Hawai'i Counties:** There is limited Kauhale inventory in Kaua'i and Hawai'i counties. Funding in FY26 and FY27 will support the expansion of the Kauhale program in Kapa'a, Kaua'i, and East Hawai'i island.

## **2. Invest in Tier 2 Permanent Supportive Housing and Transitional Housing Resources**

The Kauhale model helps plug a hole in the continuum of care—providing semi-permanent space for people to heal and build the skills they need to stay successfully housed in the long term. Statewide, however, there is a severe lack of adequate Tier 2 resources to transition homeless people into. For many households, particularly those experiencing complex medical and behavioral health conditions and elderly individuals living on fixed incomes, Tier 2 resources like permanent supportive housing or transitional housing may be the last stop of their housing journey. Such measures will help alleviate pressure on existing homeless services, allowing individuals to move towards stable, long-term housing solutions. There is a particular lack of permanent and transitional housing options for single, adult-only individuals.

Innovative approaches, such as acquiring existing buildings to preserve lower rents and using project-based subsidies in new developments to reach deeper levels of affordability, can help create more housing for extremely low-income households that are traditionally challenging to build under current market conditions. It is essential that the projects include funding for robust wraparound supportive services to ensure participants remain adequately housed in the long term.

Examples:

- **Kaua'i County:** Kaua'i County's Lima Ola project serves as an example for future permanent supportive housing projects statewide. The project provides units set aside in the larger master-planned area for families and individuals exiting homelessness. Services and rental subsidies are provided through the state's 'Ohana Zones program.
- **Honolulu and Maui County:** Honolulu and Maui Counties operate both scattered-site and project-based PSH programs through state- and federally-funded programs. Examples of dedicated project-based PSH include the Kumuawai project for homeless seniors on O'ahu and the Huliau supportive housing project for homeless families on Maui. Project-based assistance can help to control costs while providing households with easier pathways to housing. Expanding project-based subsidies across existing and newly

## **PROGRAM HIGHLIGHT: LIMA OLA**

Lima Ola is a master-planned, mixed-income community by the County of Kaua'i. The community is thoughtfully designed to address major gaps in the housing continuum for local residents.

### **35 PERMANENT SUPPORTIVE HOUSING UNITS**

These units are dedicated to those who have previously experienced homelessness, modeled after the 'Ohana Zones-funded Kealaula project.

### **85 LIHTC AFFORDABLE RENTAL UNITS**

These units serve both seniors and families with affordable rents ranging from 30% AMI to 100% AMI.

### **38 WORKFORCE FOR-SALE HOUSING UNITS**

Offered as a leasehold for-sale product, the County of Kaua'i was able to reach deeper levels of affordability to give low- and middle-income local families homeownership opportunities.

developed affordable housing projects can help establish pathways into permanent housing under current development pathways.

- Hawai'i County: Hawai'i County can continue to increase Tier 2 housing inventory by exploring the conversion of existing residential or commercial housing, similar to the acquisition of the Dolphin Bay Hotel in Hilo by the County of Hawai'i. This method can shortcut the development process, especially given that the majority of planned affordable housing projects on Hawai'i island are still in the planning/development or financing stages.

### **3. *Encourage New Development of Tier 3 Rental and For-Sale Housing and Establish Pathways for Homeless Individuals***

Increasing inventory up and down the housing ladder is necessary to ensure low-income individuals who are ready to exit homeless programs have access to affordable housing resources in the community. This is especially important, as dedicated federal funding for permanent housing for the homeless population may be limited in the future. For elderly and disabled households who may not be able to increase their income beyond certain levels, the creation of more dedicated units at deeply affordable rent prices is necessary to prevent homelessness.

There is demand for these units up and down the income ladder, but statewide, we see the largest deficit in affordable rental housing at or below 50% AMI and in rental and for-sale housing at or above 80% AMI. Statewide, there are over 64,000 units in the pipeline for development; nearly half are in the entitlements stage, many of which lack adequate infrastructure to proceed. Further, affordable rental housing often requires deep subsidies from the State and relies on limited financing resources to build. Streamlining housing development and facilitating additional pathways to build more housing that does not require such deep State subsidy will strengthen the entire spectrum of housing opportunities.

At this time, there are very limited dedicated pathways for homeless or formerly homeless individuals in Tier 1 or Tier 2 housing resources to “graduate” to Tier 3 housing resources. While some opportunities exist for individuals who qualify for the limited inventory of units, many struggle to locate viable housing resources outside CES. This can place additional pressure on the homeless service system to continue expanding, as individuals who become stably housed in Tier 2 housing programs may be unable to move on. This could be achieved through establishing set-aside units at existing or new developments for formerly homeless households referred by a CoC provider.

Examples:

- Statewide: The EHV program was a highly impactful concept that specifically targeted formerly homeless households who had stabilized enough in PSH and other programs to be able to sustain independent housing without ongoing supportive services. This program provided an important housing pathway for households that did not require a high level of supportive services but still needed a rental subsidy. By transitioning less acute households to the EHV program, existing PSH programs were able to serve new households that required a higher level of supportive services.
- Statewide: LIHTC projects will often set aside a unit for special needs homeless individuals. Set-aside units within private affordable housing projects can provide additional rental housing for people who have experienced homelessness while allowing overall rental revenue to offset some of the higher costs associated with these units.

- O’ahu: The Ulana Ward Village—697 below-market for-sale units pursuant to HCDA Reserved Housing rules—was recently completed in 2025. Five families from a nearby LIHTC affordable rental housing project were able to purchase units in Ulana Ward Village. Because these families were able to move into a subsidized homeownership program, five additional low-income rental units are now available for local families in need. This shows the importance of the whole spectrum of housing opportunities.

#### **4. *Expand Capacity for Robust Supportive Services Across all Tiers***

The 2024 PIT Count highlighted an important metric: the ratio of homeless individuals currently enrolled in outreach services to those surveyed. Approximately 56% of individuals surveyed in the 2024 PIT Count were not actively enrolled in street outreach or other programs in HMIS. This figure is likely an undercount, as approximately 1,458 of 2,766 individuals on O’ahu were counted but did not complete a survey. The reasons for this difference may include client choice, but we recommend exploring strategies to provide more consistent, diversified services in regions with limited existing service provider capacity. We also recommend identifying other types of street outreach and basic services providers who may not be contributing data to the HMIS and encouraging participation, if determined appropriate by the CoC.

Homeless programs, especially longer-term programs in Tier 2 and Tier 3, should focus on creating opportunities for able-bodied adults to increase their income over time, thereby reducing their reliance on deep rent subsidies. Furthermore, because the majority of households currently on the By-Name List on the neighbor islands are recommended for RRH programs, it is necessary to find ways to help households increase their income or transition to other affordable subsidized housing to prevent future returns to homelessness.

Finally, supportive services that extend beyond a household’s episode of homelessness should be available. Dedicated supportive services for formerly homeless households who transition to community-based housing resources are highly limited and often reserved for households with higher needs who qualify for behavioral health case management through Medicaid or another health insurance provider. The lack of dedicated supportive services for sub-acute households transitioning into Tier 3 housing resources, such as public housing or an affordable rental unit, can lead to housing instability if the household experiences a setback while in that housing. Prioritizing “light-touch” supportive services for households in Tier 3 housing resources can lead to greater housing success and fewer returns to homelessness.

Examples:

- Statewide: Leverage the CIS program and Medicaid health plans to help increase outreach and service provider capacity to serve unsheltered and unstably housed individuals. Early data from the CIS program suggest that participation in CIS can support overall health improvements among homeless and at-risk households, although the quality of data on housing destinations upon program disenrollment is still being improved.<sup>58</sup>
- Statewide: Establish a pilot program to provide ongoing, “light-touch” services to formerly homeless households who have transitioned to Tier 3 housing resources without a time limit. The focus of this program would be to quickly identify issues that could result in loss of housing and connect households to other resources.

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<sup>58</sup> Data is from the [CIS Rapid Cycle Assessments](#), published by the University of Hawai’i at Manoa.

## Glossary

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**Affordable Housing** – In general, housing is considered “affordable” when the cost is less than 30 percent of a household’s income. When housing costs exceed this amount, a household is considered to be “cost burdened.”

**Affordable Housing Project** – An affordable housing project is a project where units are offered to people making at or below 140 percent of the Area Median Income (AMI), in line with definitions under the 201H program.

**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, adding up to at least 12 months of homelessness over four episodes. A chronically homeless family is a family with an adult head of household who meets the definition for a chronically homeless person.

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

**Coordinated Entry System (CES)** – Coordinated Entry is a process to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. A Coordinated Entry System helps communities to prioritize housing and homeless assistance based on a homeless person’s vulnerability and the severity of their needs, so that people who need assistance the most can receive it in a timely manner. Prior to the implementation of a Coordinated Entry System, housing resources often went to individuals who were better able to self-advocate and navigate the system, even if they were not the most vulnerable individuals in need of those resources. Federal law requires that CoCs establish a Coordinated Entry System.

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

**Hawai‘i Interagency Council on Homelessness (HICH)** – The HICH was formally established in July 2011 through executive order by then-Governor Neil Abercrombie. Hawai‘i was the first state in the nation to create a state interagency council patterned after the U.S. Interagency Council on Homelessness (USICH). In 2012, the HICH was established by Act 105 of the Hawai‘i State Legislature. Composed of State Department directors, federal agency representatives, and community leaders, the HICH is tasked with providing solutions to end homelessness and strengthen the continuity of efforts to end homelessness across the state.

**Homeless Management Information System (HMIS)** – The HMIS is a local information technology system used to collect client-level data on the provision of housing and services to homeless persons and families, as well as to persons at immediate risk of homelessness. Each Continuum of Care maintains its own HMIS database.

**Housing First** – Housing First is a philosophy that centers on providing homeless people with housing quickly and then providing services as needed. In a Housing First approach, the immediate and primary focus is on accessing and sustaining permanent housing for all homeless populations. In addition to the Housing First philosophy, the term is used to refer to specific permanent supportive housing programs operated by the State through the DHS Homeless Programs Office and by the City & County of Honolulu. The State and City Housing First programs adopt the philosophy, and also specifically target chronically homeless households for services.

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

**Kauhale** – Kauhale are homeless housing projects that use semi-private living arrangements, emphasizing shared responsibility and community building among residents. There is no predetermined length of stay, and residents may participate in the program as long as necessary to rebuild their lives in a supportive environment. The Kauhale model is currently used to support several subpopulations of people experiencing homelessness, including medically fragile adults, young adults, survivors of domestic violence, families, and adults with behavioral health needs.

**Mixed-Income Housing Project:** A project that offers a mix of affordable and market-rate housing units. These projects offer 50% plus one unit at affordable rates for residents earning at or below 140% AMI, with the remaining units at market rate.

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

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

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

**Street Outreach** – The work of street outreach includes meeting homeless persons in places not meant for human habitation, including streets, parks, vehicles, or remote rural areas. Outreach providers assist with the completion of program applications, the determination of program eligibility, housing search and placement, and work with the person to obtain identification and other vital documents (e.g., birth certificate or Social Security card).

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