

*Plan to End Chronic  
Homelessness in  
Hawaii*



*September 2004  
Prepared by the Hawaii Policy Academy on  
Chronic Homelessness*

## **Background**

The purpose of this plan is to document Hawaii's proposals to end homelessness in the next ten years. It is the culmination of two years of collaborative work between federal, State, county, non-profit, and private sector representatives.

The Homeless Policy Academy was developed as a joint initiative of the federal Departments of Health and Human Services, Housing and Urban Development, and Veterans Affairs. The Academy's mission is to plan and develop a comprehensive and integrated system of housing and services for people who are chronically homeless and to provide them with help to achieve their optimal level of health, safety, and well-being.

In April 2002, Hawaii was selected as one of eight states to participate in the Policy Academy to Improve Access to Mainstream Services for Chronically Homeless Persons. Through the support of the Academy, Hawaii developed an interagency team with representatives from a cross section of the community. The members of the team are listed in Attachment A.

The Hawaii State Plan begins with a set of guiding principles followed by specific goals and an action plan to achieve each goal. This is followed by the strategy plan that included benchmarks for evaluating when each plan goal is achieved.

The basic plan is augmented with data about chronic homelessness in Hawaii, including information on the scope of the problem as it exists in the four counties of Oahu, Maui, Hawaii, and Kauai. Additionally, information is provided on the demographics of the homeless population.

The following plan incorporates information developed in the "Hawaii Action Plan to End Homelessness".

## Guiding Principles

The following principles were developed to guide efforts to end homelessness in Hawaii within the next decade:

- Homelessness is unacceptable within our community. Everyone must have a fair and realistic opportunity to obtain safe, decent, and affordable housing.
- Homelessness is a solvable problem. We have the expertise, creativity, and know-how in this community to create a comprehensive plan that addresses the magnitude and scale of the problem.
- Every part of our society benefits when all individuals have access to safe, decent, and affordable housing.
- The plan will be attentive to the cultural aspects of homelessness.
- Programs and services of the State of Hawaii should be administered in a manner that facilitates the prevention or alleviation of homelessness.
- Homeless people are individuals and families who have become homeless for a variety of reasons. Remedies must be tailored to the needs of each individual and service providers must be ready and have the flexibility to do whatever it takes to get a person out of homelessness.
- We will hold ourselves and all community policy makers and leaders accountable for generating the resources to make this Plan a reality. The State must maximize and leverage funding opportunities from other sources, including the federal government and private philanthropies.
- We refuse to adopt recommendations that merely “manage” rather than solve homelessness and its related problems.
- We support the goals of the Housing First approach. Put simply, all the myriad of issues that a homeless person faces, such as mental illness, domestic violence, substance abuse, loss of employment and income, are best addressed after the person or family has a place to stay and can see a potential for permanent stable housing.
- Results matter. Programs intended to prevent or reduce homelessness should be accountable to the public for results. Programs and services should be measured in terms of outcomes, not merely in complying with program procedural requirements.

- Fund what works. Programs that get the best results should continue; programs that do not get results should be improved or ended. Expectations for results and provisions for determining results should be included as conditions of funding.
- We will develop partnerships with businesses, service providers, community and faith-based organizations, government entities, and consumers to develop and implement this Plan.

## **Goals**

Following are the goals to end homelessness in Hawaii within the next decade. Change in the political, social, and economic state of Hawaii is inevitable, as are the circumstances surrounding homelessness. The following Plan has been developed with change in mind. Over the course of the next ten years, this plan will be reviewed annually and adapted to meet the changing needs of the target population and the capabilities of the State. The end result of this plan will remain the same: ending homelessness.

### **Goal #1: Improve Data Collection/Research**

Accurate data collection and research are essential. The new Homeless Management Information System (HMIS) is designed to accomplish the goal of data collection for a portion of government-funded programs. We should encourage all programs that provide services to the homeless to be a part of this system, whether they receive government funding or not.

### **Goal #2: Decrease Barriers to Housing**

There are many barriers to housing for individuals and families who are homeless. These barriers will need to be removed and replaced with support so that individuals and families are able to be housed. Streamlining services and government programs, including setting up a “one stop shop,” should be considered. Frontline workers often do not understand the difficulty of their own system and the homeless individuals and families often do not understand the law. Simplification can increase access to services.

Past housing history and criminal history often prevent individuals from attaining housing. They are often unable to enter public housing if they have any former debts or have been convicted of a crime. This results in individuals remaining on the streets where the potential for more crime is increased. Programs are needed that will assist these individuals with attaining appropriate housing and helping them maintain it.

Landlords often are hesitant to rent to Section 8 tenants and homeless individuals due to the possibility of property damage beyond the security deposit. Landlords with past bad experiences find themselves financially responsible for much of the damage made by tenants, which discourages them from participating in future rental assistance programs. Many different regions in the United States have incorporated a damage insurance program to assist with property damage. Although damage above the deposit does not happen often, the security of a fund that will assist in paying for damages may encourage landlords to participate in subsidized programs.

### **Goal #3: Access to Appropriate, Affordable, Safe and Decent Housing**

There should be a continuum of housing available for all individuals who are experiencing homelessness, from 24 hour staffed facilities, to Permanent Supportive

Housing, and long term private housing. Access to this continuum is essential. Homeless individuals and families often find themselves in a dilemma when looking for housing. The paperwork, background checks, and initial payments prevent many from even attempting to get into housing. Although it may be easy to blame the individual for their financial history and past mistakes, this does not help the community end homelessness.

The “Housing First” model has been nationally recognized as a prime example of prevention of homelessness. Housing an individual allows stability to occur. Many individuals who suffer from a severe mental illness have benefited greatly from this model program. The HUD Shelter Plus Care program has housed several hundred individuals here in Hawaii over the last several years and has proven its effectiveness. Individuals are given the opportunity to live where they choose and be assisted through supportive services.

In order to achieve this goal, we must have an understanding of what the affordable housing stock looks like, including developing a list that covers the different types of housing for all types of individuals and families. Hawaii has many of these lists, but they are not in one organized document. With a comprehensive housing list, we can then move on to determine the gaps in the housing continuum.

#### **Goal #4: Prevent Individuals and Families from Becoming Homeless**

The most economically efficient way to end homelessness is to prevent its occurrence. Financial assistance to prevent an eviction, mediation to address problems with a landlord or lender, and case management can all prevent individuals and families from becoming homeless. A 1991 study of eviction prevention programs by the U. S. Department of Health and Human Services found that the average cost to prevent family homelessness was one-sixth the average cost of a stay in a shelter.

Hawaii should dedicate resources to the endeavor of prevention. This includes enhancing the coordination between emergency assistance agencies and moving beyond one-time crisis payments to providing time limited housing subsidies until families become financially stable. Continuous case management services beyond crisis will also assist in preventing future homelessness.

Creation of a Rapid Exit program in shelters will assist in having people homeless for as little time as possible. In order for this to be successful, an affordable housing inventory will need to be developed for individuals and families to go into. Crisis financial assistance and development of a security deposit/first months rent loan program can help families and individuals move into housing. This effort can be coupled with support for landlords so that people are counseled on how to be good tenants and programs are available that will assist tenants so they do not have to be evicted. Landlord/tenant mediation is one tool as is legal assistance.

Discharges from hospitals and the criminal justice system will need to be improved to prevent homelessness upon release. Treatment teams that include hospital/criminal justice system personnel as well as community partners should be in place well before release.

### **Goal #5: Provide Appropriate Support Services**

Support Services are essential for the continued success of consumers. These can be time limited services or ongoing services. Support services can include case management, treatment services, life skills training, legal services, benefit attainment assistance, needle exchange, services for HIV/AIDS consumers, veterans etc. Preservation of support service resources will be a part of the overall Plan to end homelessness.

Parity in insurance coverage for treatment of substance abuse and mental health will be examined as one option to help ensure appropriate support services.

Adequate case management is also important. Through regular checks and follow-ups, individuals can get the support needed to stay housed. Although many programs provide case management, there appears to be a lack of long-term case management services in Hawaii. These will be examined.

Specialized services to the HIV/AIDS population, domestic violence victims, and substance users are also part of the equation. Hawaii has some good programs already in place to provide services to these populations, but they are limited to the number of people they are able to serve. We need research and data collection to determine the true gap in these services to determine whether an increase to the services is necessary.

### **Goal #6: Create Collaborative Partnerships to End Homelessness**

We need to create effective collaboration in order to end homelessness. Every sector of our community should and can be involved. The different sectors, including the tourism authorities, neighborhood boards, business associations, tenant associations, and others have all encountered the homeless. Through creation of a statewide homeless coalition, all islands can share their ideas, concerns, successes and failures.

## **Action Plan**

### **Goal #1: Improve Data Collection/Research**

Action Plan: Collect relevant data to create new funding sources for homeless assistance.

- Initiate new Homeless Management Information System statewide with contracted and non-contracted providers.
- Use data collected by Homeless Management Information System to conduct research and investigate other funding sources.
- Research best practices currently in use in other regions as well as our own and investigate if they would be beneficial for repetition.

### **Goal #2: Decrease Barriers to Housing**

Action Plan: Work with communities to reduce the stigma of poverty, homelessness, and contributing issues.

- Provide training to Section 8 staff and property managers including public housing managers on working with the homeless.
- Institute damage guarantee or other mechanism for Section 8/S + C program to encourage program participation. (Adult Mental Health Division already has a program in place.)
- Work towards assisting individuals in addressing their poor credit/housing history.
- Work with mainstream service providers to have them do outreach to various programs versus having office hours only.
- Provide job training for individuals who are capable of working. Investigate the job market, work with the Department of Human Services to develop a plan to assist capable adults in this endeavor. Look to Job Corps for best practices. Investigate Vocational training programs and GED attainment programs.
- Create apartment deposit programs that would allow people to take out loans and pay back gradually.
- Increase affordable, appropriate, and safe childcare.
- Enhance transportation services.

### **Goal #3: Access to Appropriate, Affordable, Safe, and Decent Housing**

Action Plan: Increase the access to housing and develop comprehensive understanding of needs/gaps in continuum of housing.

- Develop housing task force to compile a list of all available housing and work on creative plan to accomplish this goal.
- Work with all stakeholders to create/renovate/repair housing units.
- Meet with City and State officials to review current affordable housing inventory.
- Determine gaps in housing inventory including Safe Havens, medical healing house, permanent supportive housing, youth housing, clean and sober housing, harm reduction housing.
- Decrease barriers for development of affordable housing.
- Build positive relationships between developers, government entities, and homeless providers.



- Work with other advocates to reduce timeframes for HUD 811 program approvals and release of funds for new construction of affordable housing.
- Investigate feasibility of leasing or acquiring surplus military housing units for homeless and/or low-income housing.
- Work with HUD and Public Housing Authorities to increase Fair Market Rent standards.
- Promote preservation of existing, affordable housing.

**Goal #4: Prevent Individuals and Families from Becoming Homeless**

Action Plan: Increase services to those at or below poverty level in order to prevent homelessness.

- Provide short-term interventions such as:
  - a. Crisis financial assistance and coaching
  - b. Information and coaching on tenant rights and responsibilities
  - c. Provide outreach to those at risk of becoming homeless
- Create rental insurance program
- Improve discharge planning from hospitals/jail/prison
- Increase and support outreach and ongoing services for individuals experiencing domestic violence

**Goal #5: Provide Appropriate Support Services**

Action Plan: Expand capacity to meet the gap needs in supportive services.

- Identify and publicize the array of treatment options and availability.
- Support parity in insurance coverage for treatment of substance abuse and mental health.
- Improve long-term case management services for homeless populations.
- Improve other support services such as vocational rehab, physical and mental health treatment, housing skills training, tenant training, life-skills training.
- Provide transportation.
- Work with mainstream Veterans Affairs services to ensure that veterans are receiving all necessary services.

**Goal #6: Create Collaborative Partnerships to End Homelessness**

Action Plan: Involve the entire community to solve homelessness.

- Create Statewide Homeless Coalition.
- Educate and actively work with the community/Legislature/County Councils on the issue of homelessness.
- Collaborate with tourism authority, the chamber of commerce, business community, and developers to work on homelessness issues.
- Reduce stigma of homelessness through education.

**Strategic Plan**

To accomplish the goals and carry out the actions listed in the preceding section of the Hawaii State Plan, the Policy Academy Team has developed a specific set of

implementation steps referred to as the strategic plan. The strategic plan is divided into four priorities: planning and coordination, targeted services, housing, and demonstration programs. Expected outcomes and benchmarks have been developed for each part of the strategic plan. Additionally, we have identified who is responsible for implementing this part of the plan and the expected completion dates.

## **Data**

### **Research and Data Collection**

As identified in the preceding strategic plan section, the Housing and Community Development Corporation of Hawaii (HCDCH) has begun the implementation of the statewide Homeless Management Information System (HMIS) encompassing the State's two Continuums of Care, which includes the City and County of Honolulu and the rural county continuum. HCDCH contracted with Hybrid International to design the HMIS and also purchased the server and software for the system. The State HMIS is a web-based system, which can be accessed via the internet. The HMIS will be replacing the existing statewide homeless database, which is a standalone system that only tracked the homeless in transitional and emergency shelters. This database will meet the requirements set forth by the Federal Department of Housing and Urban Development.

In 2002, a new universal intake form was developed and introduced to all homeless provider agencies funded through HCDCH, State, and federal funds. The software was developed with provider input to allow for generation capability and information requirements. In March 2003, HCDCH began entering data concurrently into the HMIS and the old data system. HCDCH is running both systems at this time in order to test the accuracy and identify any problems with the HMIS. After the testing phase, HCDCH plans to have homeless provider agencies enter their own data. HCDCH plans to bring all federal homeless programs, State homeless programs, and all county funded entities into the HMIS by June 2005. This HMIS will include statewide data from State and federally funded programs, as well as non-funded programs. HCDCH will continue to encourage privately funded entities that serve the homeless to also enter data into the HMIS.

The HMIS system will assist in providing current information regarding the number of homeless both on the island of Oahu and statewide as well as aid in coordination and tracking of assistance programs. This should negate the use of expensive point in time studies. Providers and government entities will be able to pull out aggregate information from this HMIS in order to make more appropriate funding decisions.

### ***Research and Data Collection***

The last comprehensive study of homelessness was a 2003 study conducted by SMS Research. The statistics that accompany this Plan are from the most recent 2003 SMS Research Study.

Also currently in the works is the creation of a “Homeless Management Information System (HMIS)”. The Housing and Community Development Corporation of Hawaii (HCDCH) has begun the implementation of the statewide HMIS encompassing the State’s two Continuums of Care, which includes the City and County of Honolulu and the rural county continuum. HCDCH contracted with Hybrid International to design the HMIS and also purchased the server and software for the system. The state HMIS is a web-based system, which can be accessed via the internet. The HMIS will be replacing the existing statewide homeless database, which is a standalone system that only tracked the homeless in transitional and emergency shelters. This database will meet the requirements set forth by HUD.

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### ***Current Data***

The following section provides the current data available on homelessness, chronic homeless, homeless youth and some of the related issues including poverty, discharge planning, housing inventory, mental health, and substance abuse.

#### **Homeless**

In the summer of 2003, SMS Research completed a homeless needs assessment for Hawaii to provide comprehensive, up-to-date information on homelessness in the State of Hawaii.” The study was divided into six phases; the agency survey, expert interviews, HMIS database analysis, shelter count surveys, external fielding, and telephone interviews. The external fielding consisted of a site count and homeless interviews. In

total, 894 homeless interviews were conducted all over the State, including 283 in Maui County, 355 in the City and County of Honolulu, 156 in Hawaii County, and 100 in Kauai County. The key findings of the Study were as follows:

- Using a point-in-time estimate: 4,105 unsheltered homeless and 1,923 sheltered homeless were counted statewide for a combined total of 6,029 homeless individuals. Examining the unsheltered and sheltered homeless populations by county, there were a total of 2,053 and 1,244 respectively on Oahu, 754 and 400 respectively on Maui, 1,293 and 249 respectively on the Big Island, and 306 and 30 respectively on Kauai. (*SMS Research 2003*)

County	Sheltered Homeless Persons				Unsheltered Homeless		Total Homeless Persons
	From HMIS Records		Not in HMIS Database		Counts	Survey Estimate	
	Transitional	Emergency	Transitional	Emergency			
Honolulu	824	420	-	-	572	1,481	3,297
Maui	253	93	-	54	270	483	1,153
Hawaii	139	110	-	-	272	722	1,243
Kauai	22	-	-	8	153	153	336
State	1,238	623	-	62	1,267	2,839	6,029

	Individuals	Persons in Families	Persons in Families with Children	Person in Non-Family Groups	Total
<b>Sheltered</b>					
Honolulu	506	738	495	-	1,244
Maui	133	265	164	2	400
Hawaii	-	249	208	-	249
Kauai	-	30	30	-	30
State	640	1,281	897	2	1,923
<b>Unsheltered</b>					
Honolulu	470	729	346	854	2,053
Maui	265	313	165	176	754
Hawaii	478	468	173	347	1,293
Kauai	77	197	84	32	306
State	1,289	1,708	765	1,108	4,105

(*SMS Research, 2003 Homeless point-in-Time Study, page 7*)

- Many of the homeless population tended to be either lifetime or long-time residents of the state. 40.7% of the homeless population has lived in the Islands

for their entire lifetime. More than half of the homeless population, (53%) were lifetime residents or people who had been here for 20 years or more. Only 3.3% of the homeless population have lived in Hawaii for one year or less.

- 37% of the total homeless population is considered Hawaiian or Part-Hawaiian which is well above the comparative ethnic composition of the population in the State of Hawaii.  
*(SMS Research, 2003 Homeless Point-in-Time Study, page 17)*
- Homeless individuals cited that economic, substance abuse and domestic situations were the major reason for their most recent term of homelessness.  
*(SMS Research, 2003 Homeless Point-in-Time Study, page 17)*
- The number of hidden homeless has more than doubled in the last decade, while the number of at-risk homeless has declined by more than half. The increase in hidden homeless can be explained by a very tight housing market. Housing is less affordable, and it drives those that can least afford it out of the market. *(SMS Research, 2003 Homeless Point-in-Time Study, page 24)*



**PLANNING AND COORDINATION  
(Working Group Infrastructure)**

<sup>1</sup> The Manager is the individual responsible for coordinating each action.

<sup>2</sup> The Implementer is the individual (or entity) responsible for carrying out each action.

<b>PRIORITY ONE:</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 1.1 Summarize available data and resources to serve Hawaii's chronically homeless.	Action 1.1.1 Gather statewide data on target population.	Sandi Miyoshi	SMS Research	Gain a fairly accurate number of chronically homeless plus client profile.	Survey completed; Unmet needs determined; Results released.	Done
	Action 1.1.2 Gather statewide data on affordable <i>and subsidized</i> housing stock.	Sandi Miyoshi	SMS Research	Severe shortage of affordable and subsidized housing will quantify the unmet need of the homeless.	Survey completed; Unmet needs determined; Results released.	Done
	Action 1.1.3 Identify and develop catalogue of mainstream services	Sandi Miyoshi	Policy Academy	Improved access as the information is made available to providers and other line staff.	Improved understanding of available services, eligibility criteria, accessibility, and service gaps. Catalogue produced.	12/30/04



Strategy 1.2 Develop and implement a reliable homeless management information system (HMIS) to track clients and program utilization.	Action 1.2.1 Initiate the new HMIS with homeless provider agencies under the State programs.	Sandi Miyoshi	Hybrid International	An integrated database will facilitate a more effective response to homeless needs; and provide data on homeless trends, demographics, service utilization and program effectiveness.	All contracted service providers will master inputting intake and progress data into the web-based system. They will also be capable of creating reports from their data.	Done
	Action 1.2.2 Expand the HMIS program to encompass federal, city and county programs.	Sandi Miyoshi	Hybrid International	An integrated database will facilitate a more effective response to homelessness; and provide data on trends, demographics, service utilization and program effectiveness.	All service providers will master inputting intake and progress data into the web-based system. They will also be capable of creating reports from their data.	06/30/05
	Action 1.2.3 Solicit private homeless provider agencies that do not receive public funds to participate in the HMIS system	Sandi Miyoshi	Counties and other provider agencies	An integrated database will facilitate a more effective response to homelessness; and provide data on homeless trends, demographics, service utilization and program effectiveness.	All homeless providers will master inputting intake and progress data into the web-based system. They will also be capable of creating reports from their data.	06/30/05
	Action 1.2.4 Use HMIS to generate and publish placement outcomes and homeless success data.	Sandi Miyoshi	Hybrid International	Higher community profile of homeless services and the effectiveness of the services.	Strong media attention initially. Improved community understanding and support.	Ongoing

Strategy 1.3 Identify risk factors associated with becoming homeless and use the findings to develop prevention and intervention protocols.	Action 1.3.1 Academy aids state agencies in identifying opportunities for collaboration and integration of prevention and intervention protocols.	Policy Academy	Policy Academy	Less persons become homeless	Agencies respond to with preemptive measures.	Ongoing
	Action 1.3.2 Each affected state agency needs to modify reporting requirements to include the number of participants who are homeless as part of client demographics. (Include drug court and substance abuse providers)	Lillian Jeskey Lubag	Elaine Wilson	Expect to find a large component of substance abusers are chronically homeless.	Amend ADAD contract requirements to include homeless demographic. Include in reporting requirements from provider agencies.	7/01/05

Strategy 1.4 Improve access by removing barriers to mainstream services	Action 1.4.1 Identify and document the barriers to accessing services	Darlene Hein	Policy Academy and State Agencies	Barriers will be removed or modified to improve service access.	Barriers researched. Collaboration on how to solve the access problem. Adoption of new procedure to accommodate better access.	Ongoing
	Action 1.4.2 Address confidentiality concerns	Darlene Hein	State and County agencies	A service network which is in compliance with privacy laws.	Research privacy laws. Adopt procedures to comply with privacy requirements.	Ongoing

	Action 1.4.3 Identify processes and mechanisms to share information with staff, providers and clients on service to the homeless – no wrong door with coordinated services.	Darlene Hein	HCDCH	More effective service delivery, resource sharing and coordination.	Develop a series of communication devices. Utilize each to determine which are most effective.	Ongoing
	Action 1.4.4 Expand eligibility criteria from SMI to also include individuals who are chronically homeless due to co-occurring disorders	Adult Mental Health Division	Adult Mental Health Division	More services available to the chronically homeless, especially those who straddle jurisdictional lines.	Policy change by AMHD included in the Community Plan.	Done
	Action 1.4.5 Implement model for co-occurring treatment.	Adult Mental Health Division	Adult Mental Health Division and ADAD	The most effective practices will be utilized to maximize benefit.	Research models have been included in the Community Plan.	Done
	Action 1.4.6 Expand services to those with co-occurring disorders.	Bernie Miranda	Adult Mental Health Division and ADAD	Integrated services produce positive outcomes for clients.	Agreements on service pieces and integrated treatments.	07/01/05

	Action 1.4.7 Increase accessibility to VA services.	Rick Velasquez	VA	More veterans will receive mainstream services.	Adult Mental Health Div. taking vets who don't have other resources. Contract with Network Enterprises for job training and housing for Vets not qualified for healthcare. Now have same day appts. at medical clinic & mental health / substance treatment for vets.	Ongoing
	Action 1.4.8 Provide for interventions for those who need more care, but fall outside of the need hospitalization or other standards of care.	Lynn Maunakea and Linda Appel	Hospital system, Office of Health Care Assurance and AMHD	Timely and appropriate treatment available to preempt emergency situations for the homeless.	***Benchmarks forthcoming.	12/30/04
Strategy 1.5 Discharge Planning	Action 1.5.1 Collect and analyze discharge plans and assess consistency with discharge actions.	Sandi Miyoshi	HCDCH	Most discharge policies do not address housing.	Survey to assess discharge policies of all residential facilities. Analysis of whether facilities' actions are consistent with their policy.	Done
	Action 1.5.2 Work with discharge entities to effectuate appropriate discharge planning, if necessary.	Laura Thielen Darlene Hein	State and Counties	All facilities will have discharge plans that include housing upon discharge.	Identify potential solutions to the discharge dilemma when the client has nowhere to go but homelessness. Make housing upon discharge a contract requirement.	6/30/05

**TARGETED SERVICES**

<b>PRIORITY TWO:</b>						
<b>Strategy(-ies)</b>	<b>Action(s)</b>	<b>Manager<sup>1</sup></b>	<b>Implementer<sup>2</sup></b>	<b>Expected Outcomes</b>	<b>Benchmarks</b>	<b>Completion Date (Estimated)</b>
Strategy 2.1 Strengthen statewide homeless outreach.	Action 2.1.1 Increase homeless outreach staff so as to increase contact with the homeless and increase penetration into under served areas.	Laura Thielen and Lynn Maunakea, AMHD	PIC to lead lobby for more funds; HCDCH to contract for more outreach staff.	More outreach teams for greater coverage; Less time spent homeless.	Funding approved and released by State. Additional outreach staff hired by contracted agencies.	July 2005
	Action 2.1.2 Investigate adding advance practice nurses to health outreach teams.	DOH AMHD - Bernie Miranda, Laura Thielen	Case Mgmt. Services Director Pam Haina and Bernie Miranda	Prompt mental health assessment, immediate appropriate treatment, and less time homeless	Funding approved and released. Nurses hired to support outreach teams.	July 2005
	Action 2.1.3 Convene quarterly meetings of Honolulu outreach workers to implement collaboration.	Darlene Hein of Harm Reduction Hawaii	Darlene Hein	Information sharing; improved communication; better targeted services.	Quarterly meetings convened	Ongoing
	Action 2.1.4 Convene quarterly meetings of outreach workers in the rural counties to implement collaboration.	Bernie Miranda	Office of Social Ministry (Hawaii), Mental Health Kokua (Maui, Kauai)	Information sharing; improved communication; better targeted services.	Quarterly meetings convened	Ongoing

Strategy 2.2 Establish a Mental Health Court with treatment services		Dept. of Public Safety Wendell Murakawa	Judiciary Branch, District/Circuit Court Judge	Connect the mentally ill offender with the appropriate treatment service.	Grant for funds approved and pending.	Dec 2004
Strategy 2.3 Achieve clinician competency in substance abuse among line staff to achieve early intervention		DOH AMHD - Eva Kishimoto	DOH AMHD - Eva Kishimoto	Early screening and assessment aids in appropriate referrals and early intervention.	Training established for line staff in all disciplines. Line workers use their new skills for early intervention.	Ongoing
Strategy 2.4 Formalize veteran parolees benefit awareness	Action 2.4.1 Establish outreach for intake of incarcerated Vets.	U.S. Vets Inc. – Dwight Radcliffe, Rick Velasquez, Wendell Murakawa	Outreach Coordinator of US Vets, Inc. and Public Safety	Vets will be linked with services and housing upon release	Probation district court	Ongoing
	Action 2.4.2 Provide information materials to incarcerated veterans on benefits and services prior to parole or probation.	Rick Velasquez and Wendell Murakawa	Allan Kellogg	VA services will be available to help parolees and probationers reintegrate into the community.	Regular informational outreach visits scheduled at the correctional facilities.	December 2005

<p>Strategy 2.5 Establish community aid centers in the rural counties.</p>	<p>Action 2.5.1 Collaborate with agencies and private sector to gain support for a site which will most serve the chronic homeless.</p>	<p>Darlene Hein, Carol Ignacio, MaBel Fujiuchi</p>	<p>Office of the Mayor of each county.</p>	<p>Additional resource available for providers and community agencies. Place where the homeless may just BE in a low demand setting and assessed for needs.</p>	<p>Release of funding by the Mayor for development of a center.</p>	<p>July 2005</p>
<p>Strategy 2.6 Develop/improve inter-agency communication and agreements that can influence and enhance release plans for inmates being released by the Department of Public Safety</p>	<p>Action 2.6.1 Develop a discharge plan for exiting prisoners upon entry or well in advance of release date.</p>	<p>Wendell Murakawa and Laura Thielen</p>	<p>Dept. of Public Safety</p>	<p>Discharge prisoners will have a smoother transition into the community and are less likely to become homeless and reenter prison.</p>	<p>An individualized plan is developed for each prisoner which outlines benefits to which he is eligible, support services he may access, housing accommodation on release, and job goals.</p>	<p>July 2005</p>

	<p>Action 2.6.2          Coordinate with a variety of agencies, state and federal, to ensure eligible inmates receive available services and/or benefits. (SSI, Med-Quest, drivers licenses, veteran's benefits, employment training, financial management, mental health services, and others)</p>	<p>Wendell Murakawa,          Pat Murakami,          Aileen Hiramatsu</p>	<p>Dept. of Public Safety</p>	<p>Follow State Hospital model;          Specialized intake process developed for incarcerated</p>	<p>Establishment of specialized DHS procedure;          MOU between DPS and DHS, DOH and VA.</p>	<p>January 2005</p>
	<p>Action 2.6.3          Collaborate to enhance inmate stability upon release including housing intervention and equipping inmates with a transition plan to receive a continuum of community care upon parole.</p>	<p>DOH Adult Mental Health Forensics Director, Dr. R. Kennedy;          Wendell Murakawa</p>	<p>Adult Mental Health Division,          Dept. of Public Safety</p>	<p>Incarcerated will be linked to a community service provider in the continuum of care.</p>	<p>Development of community plan for triage and referral to appropriate agency.</p>	<p>July 2005</p>



## HOUSING

### PRIORITY THREE

Strategy(-ies)	Action(s)	Manager <sup>1</sup>	Implementer <sup>2</sup>	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Develop affordable supportive housing.	Action 3.1.1 Develop new supportive housing projects, first in one county, ultimately in each county Note: Project hoped to serve as demonstration to other counties and community. Phased development will reduce competition for limited funds	Gail Kaito and Bernie Miranda	Nonprofit and for profit developers	50 Supportive housing units on Oahu	Secure operating funding Obtain site Obtain 201G exemptions from development requirements Secure development financing	
	Action 3.1.2 Advocate establishment of preference for disabled or homeless in County-owned rental units	Carol Ignacio, MaBel Fujiuchi, and Darlene Hein	County governments (Maui has no inventory)	Increased availability of affordable rental units 10 per year	Letter requesting establishment of preference Property management firms adopting preference for specific properties	Dec 2005

	<p>Action 3.1.3 Aggressively pursue funding for additional rent subsidies including but not limited to project based Section 8, assigned Section 8, Section 8 mainstream vouchers, Shelter Plus Care, HOME.</p>	<p>Gail Kaito, Bernie Miranda</p>	<p>Nonprofit agencies Public housing authorities to extent possible</p>	<p>Increased availability of affordable rental units</p>	<p>Multiple applications each year (In 2003, three applications of 50 units each were submitted in Oahu County and one application for 50 units for Hawaii County)</p>	<p>Ongoing</p>
	<p>Action 3.1.4 Make ending chronic homelessness a priority in all Consolidated Plans.</p>	<p>Gail Kaito</p>	<p>Counties Nonprofit agencies, advocates</p>	<p>Many chronically homeless housed as the result of increased funding for services and facilities for the chronically homeless</p>	<p>Brief Mayors on Policy Academy effort in public hearings on each county's Consolidated Plan, provide testimony requesting such priority</p>	<p>2005 Consolidated Plans</p>
	<p>Action 3.1.5 Investigate alternative financing sources for development of housing, including medical healing house, clean and sober, harm reduction programs, group homes.</p>	<p>Sandi Miyoshi</p>	<p>Nonprofit agencies HCDCH Counties</p>	<p>More affordable housing units are produced as the result of increased resources</p>	<p>Technical assistance workshops convened. Grant applications and other financing tools are generated.</p>	<p>Initially 1 year but ongoing</p>
	<p>Action 3.1.6 Advocate establishment of preference for disabled or homeless in county Section 8 programs</p>	<p>Bernie Miranda, Gail Kaito</p>	<p>County public housing authorities</p>	<p>10 more clients per year on Oahu</p>	<p>Meet with Section 8 coordinators Adopt administrative rules to create preference</p>	<p>Ongoing</p>

	Action 3.1.7 Assess feasibility of leasing or acquiring surplus military housing units from private owner for chronic homeless	Sandi Miyoshi	Nonprofit agencies	Another potential resource is developed to add houses to the affordable housing stock.	Participation in the process of privatizing military housing at Iroquois Point.	2-3 years
	Action 3.1.8 Initiate discussions with HCDCH to lease or acquire State-owned debt-free rental properties for chronic homeless	Sandi Miyoshi, Gail Kaito	Nonprofit agencies	Develop another potential resource to add houses to the affordable housing stock.	Initiate discussions. Exploration of resources that may lead to development of the properties.	2-3 years
Strategy 3.2 Reduce barriers to securing and maintaining permanent affordable housing	Action 3.2.1 Provide training to Section 8 staff (including inspectors) and property managers including public housing managers on working with the chronically homeless.	DOH Adult Mental Health Division Bernie Miranda	AMHD	Better accommodation of clients with special needs	Discussions with Exec Director about the need and feasibility of holding training sessions. Training sessions held.	18 months

	Action 3.2.2 Establish affordable housing placement service linked with case management, providing assistance to tenants and maintaining list of potential landlords	Pat Murakami, Sandi Miyoshi	HCDCH w/ Department of Human Services funds	Tenants who are ready to rent and maintain their housing	Contract signed with Dept. of Human Services. RFP issued for service proposals from private sector. Contract signed with a provider.	Start in Fall 2004!!
	Action 3.2.3 Institute damage guarantee or other mechanism for chronic homeless Section 8 and Shelter Plus Care clients to encourage landlord participation	Pat Murakami, Sandi Miyoshi	HCDCH Counties	Landlords willing to rent to chronic homeless clients	Explore funding sources/secure funding. Contract with private provider to manage program.	1 year

### DEMONSTRATION PROGRAM

Strategy(-ies)	Action(s)	Manager <sup>1</sup>	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Develop and implement a collaborative model to secure permanent housing and supportive services for chronically	Action 4.1.1 Develop new supportive housing projects, first in one county, ultimately in each county Note: Project hoped to serve as demonstration to	DOH Adult Mental Health Division – Bernie Miranda	Department of Health Adult Mental Health Division and Outreach agencies on the Waianae Coast	Twenty three chronically homeless persons will retain permanent housing for eight to twelve months.	MOUs executed. Care Coordination teams committee formed. Private provider agencies contracted. Housing placement begins. Client intervention and case management continues as needed by each individual placed in housing. Outcomes measured.	December 2004

homeless individuals. (Kalaelo)	other counties and community. Phased development will reduce competition for limited funds					
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