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GOVERNOR



PANKAJ BHANOT  
DIRECTOR

BRIDGET HOLTHUS  
DEPUTY DIRECTOR

**DEPT. COMM. NO. 162**

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Office of the Director  
P. O. Box 339  
Honolulu, Hawai'i 96809-0339

Hand-Delivered

December 30, 2016

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

The Honorable Joseph M. Souki  
Speaker and Members of the House  
of Representatives  
Twenty-Eighth State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

SUBJECT: Reports from the Department of Human Services

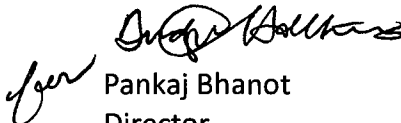
Dear President Kouchi, Speaker Souki, and Members of the Legislature:

Attached are the following reports:

- Report to the Hawaii State Legislature on the Spouse and Child Abuse Special Fund pursuant to section 346-7.5(d), Hawaii Revised Statutes;
- Report to the Hawaii State Legislature on the Housing First Program pursuant to section 346-378, Hawaii Revised Statutes;
- Report to the Governor, Hawaii State Legislature and the County Mayors on the Hawaii Interagency Council on Homelessness pursuant to section 346-381(b)(9), Hawaii Revised Statutes; and
- Report to the Governor and the Legislature on the Commission on the Status of Women pursuant to section 347-3(8), Hawaii Revised Statutes.

In accordance with section 93-16, HRS, a copy of this report has been transmitted to the Legislative Reference Bureau Library and the report may be viewed electronically at <http://humanservices.hawaii.gov>.

Sincerely,

  
Pankaj Bhanot  
Director

AN EQUAL OPPORTUNITY AGENCY

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
Child Welfare Services Branch

Report to the Hawaii State Legislature on the Spouse and Child Abuse Special Fund  
pursuant to section 346-7.5(d), Hawaii Revised Statutes

December 2016

Section 346-7.5(d), Hawaii Revised Statutes (HRS) requires:

The department of human services, in coordination with the department of health, shall submit an annual report to the legislature, prior to the convening of each regular session, providing an accounting of the receipts of and expenditures from the [Spouse and Child Abuse Special] account.

Act 232 (1994), established the Spouse and Child Abuse Special Account (SCASA) in the Department of Human Services (DHS), codified as section 346-7.5, HRS. Section 346-75(b) specifies that,

the proceeds of the account shall be reserved for use by the department of human services for staff programs and grants or purchases of service . . . that support or provide spouse or child abuse intervention or prevention as authorized by law.

The following is an accounting of the receipts of and expenditures of the SCASA for state fiscal year (SFY) 2016, proposed budget for SFY 2017, and a brief report of outcomes for SCASA funded programs.

**I. SFY 2016 ACTUAL BUDGET**

<b>A. CARRYOVER BALANCE FROM SFY 2015</b>	<b>\$ 876,014</b>
<b>B. SFY 2016 ACTUAL REVENUE</b>	
Fees from Certified Copies of Health Statistics Records	\$ 239,078
Fees from Certified Copies of Marriage Licenses	\$ 114,940
Miscellaneous	\$ 33,052
<b>SFY 2016 ACTUAL REVENUE</b>	<b>\$ 387,070</b>
<b>TOTAL SFY 2016 ACTUAL REVENUE (A+B)</b>	<b>\$ 1,263,084</b>
<b>C. SFY 2016 ACTUAL EXPENDITURE</b>	
1. Transitional Housing for Domestic Violence Survivors and Children	\$ 200,000
2. Medically Fragile Infants and Toddlers in Foster Care	\$ 100,000
3. Family Wrap Hawaii	\$ 148,650
4. Comprehensive Counseling and Family Strengthening Services	\$ 79,407
5. Intensive Home Based Services for Families	\$ 49,356
6. Sex Trafficking Services to Minors	\$ 13,178
7. Hawaii State Citizen Review Panel / CWS Management Leadership Team	\$ 52,904
8. DAGS Special Fund Assessment	\$ 33,807
<b>TOTAL SFY 2016 ACTUAL EXPENDITURE</b>	<b>\$677,302</b>
<b>TOTAL ACTUAL REVENUE</b>	<b>\$1,263,084</b>
<b>MINUS TOTAL ACTUAL EXPENDITURE</b>	<b>\$(677,302)</b>
<b>REMAINING BALANCE IN SFY 2016</b>	<b>\$585,782</b>

**II. SFY 2017 PROJECTED BUDGET**

<b>A. CARRYOVER BALANCE FROM SFY 2016</b>	<b>\$585,782</b>
<b>B. SFY 2017 PROJECTED REVENUE</b>	
Fees from Certified Copies of Health Statistics Records	\$239,100
Fees from Certified Copies of Marriage Licenses	\$115,000
Miscellaneous	\$ 33,100
<b>SFY 2017 PROJECTED REVENUE</b>	<b>\$387,200</b>
<b>TOTAL SFY 2017 PROJECTED REVENUE (A+B)</b>	<b>\$972,982</b>
<b>C. SFY 2017 PROJECTED EXPENDITURES</b>	
1. Transitional Housing for Domestic Violence Survivors and Children	\$200,000
2. Medically Fragile Infants and Toddlers in Foster Care	\$100,000
3. Family Wrap Hawaii	\$100,000
4. Comprehensive Counseling and Family Strengthening Services	\$100,000
5. Intensive Home Based Services for Families	\$100,000
6. Sex Trafficking Services to Minors	\$100,000
7. Institute on Violence, Abuse & Trauma Statewide Training	\$ 40,000
8. Hawaii State Citizen Review Panel	\$ 40,000
9. Child Welfare Services Management Leadership Team	\$ 40,000
10. DAGS Special Fund Assessment	\$ 34,000
<b>TOTAL SFY 2017 PROJECTED EXPENDITURES</b>	<b>\$854,000</b>
<b>TOTAL SFY 2017 PROJECTED REVENUE</b>	<b>\$972,982</b>
<b>MINUS TOTAL PROJECTED EXPENDITURES</b>	<b>\$(854,000)</b>
<b>REMAINING BALANCE IN SFY 2017</b>	<b>\$118,982</b>

### **III. SFY 2016 Outcomes**

#### **1. Transitional Housing for Spouse Abuse Survivors and Children**

Domestic violence is one of the leading causes of homelessness. On Oahu, 27% of the women in shelters are homeless due to domestic violence. On the neighbor islands, 39% of women are in shelters because of domestic violence. State of Hawaii; Department of Human Services; Benefit, Employment & Support Services Division, Homeless Programs, *2015 Statewide Point-In-Time (PIT) Count*, April 2015. These statistics, do not account for homeless women who are not in shelters but are living on the streets or living with friends or family.

Since 2010, DHS has provided emergency shelter and support services for victims of spouse abuse. Additionally, SCASA provides funds for transitional housing services for families in domestic violence shelters. In SFY 2016, 173 survivors and their children in domestic violence shelters statewide received transitional housing services. These services provide a critical bridge from immediate safety toward increased skills and resources that promote self-sufficiency, economic security, stable housing, and the opportunity to break the cycle of violence.

When these survivors are safe, healthy and independent, they are better able to properly care for their children. Child Welfare Services Branch (CWS) anticipates that investment in transitional housing services will have a positive impact on both the entry and the re-entry rates of children into foster care, since stable and safe housing is a protective factor that will lower the risk of abuse or neglect of children.

#### **2. Services for Medically Fragile Infants and Toddlers in Foster Care**

SCASA funded specialized services for medically fragile infants and toddlers in foster care. The program assists birth parents and resource caregivers to transition the care of their infant or toddler from a medical facility (i.e. hospital) to a more permanent setting (i.e. family or resource caregiver home). The child's doctor and nurses teach and train birth parents or specially-trained caregivers on the specialized medical care for their infant or child. The medical team supports the parent or resource caregiver in the daily care of the medically fragile child. In SFY 2016 birth parents and resource caregivers were trained in the specialized medical care, allowing 36 medically fragile infants and toddlers to leave the hospital and go to their family or resource care givers' home.

#### **3. Family Wrap Hawaii**

Wrap around services are provided to families with children in foster care. The children may be able to be reunified with their family, however, the family needs assistance and support to achieve reunification. The families involved in this program are engaged with multiple agencies which help serve their complex issues. Some parents struggle with stable housing, domestic violence, mental health issues, and/or substance use. Other

families have children with behavioral challenges and physical and/or intellectual disabilities. Most of the children in these families are healing from physical and emotional trauma, and may additionally have learning differences that are difficult to address. Wrap around services brings all of the service agencies together to collaborate and overcome systemic barriers. The multiple services are coordinated with the providers and the family to remove the barriers to reunification. CWS works with the Department of Education (DOE), Department of Health (DOH), the Family Court, service providers, and others to "wrap" the family in supportive services, strengthening the family and enabling the children to return to their family.

Families expressed feeling profoundly supported by the wrap around services, and that the services felt more respectful and empowering than other services they had previously received.

In SFY 2016, 45 families received family wrap around services, and 15 children in foster care were able to reunify with 7 families.

#### **4. Comprehensive Counseling and Support Services**

Comprehensive Counseling and Support Services (CCSS) is a core service that CWS provides families who have children in foster care. These services help families acquire the skills and information they need to have their children returned to their care. The array of services includes: assessment, individualized program planning, parenting education, crisis intervention, counseling, supervised visitation, budgeting, practical life skills enhancement, nutritional assistance, transportation, advocacy, resource development, family management skills development, and clinical therapy.

In SFY 2016, 1,118 families received CCSS services statewide. Unfortunately, there are often waitlists for these crucial services. With more funding for these contracted services, waitlists will be reduced, families will receive the necessary services sooner, and children in foster care will be reunified with their parents at a faster rate.

#### **5. Intensive Home Based Services for Families**

In February 2015, Child Welfare Services (CWS) implemented Intensive Home Based Services (IHBS) on Oahu and expanded the service to Hawaii Island in October 2015. IHBS is provided to families with minimal risk, to address their needs and strengthen their capacity so their children will be safe and not have to be removed and placed in foster care. Specially-trained IHBS therapists work directly with the parents and children in their home for approximately 10-15 hours per week for 4-6 weeks. Intensive services include crisis intervention, hands-on discipline and parenting skills training, behavioral management, conflict resolution skill-building, and psychoeducation.

In SFY 2016, 40 families with 93 children participated in the IHBS program. Ninety percent of those families were able to keep their children at home, preventing these children from being removed from their families and experiencing additional trauma.

## **6. Sex Trafficking Services to Minors**

The Preventing Sex Trafficking and Strengthening Families Act (2014), Public Law 113-183, requires child welfare services in all states to provide support services to minor victims of sex trafficking. Unfortunately, no federal funds accompanied the change in law. CWS plans to use SCASA funds to offer counseling, advocacy and support to trafficked children throughout the State by trained and experienced professionals working with this specialized population.

These services are needed, as seven trafficking victims were identified by Hawaii CWS staff within the first two months following Sex Trafficking Awareness Trainings conducted for CWS staff in August and September 2015. Without these supportive services, the trafficked minors may suffer more emotional and physical trauma, as many would return to their traffickers.

## **7. Hawaii State Citizen Review Panel /CWS Management Leadership Team**

The Department financially supports the Citizen Review Panel (CRP) required by the federal Child Abuse Prevention and Treatment Act (CAPTA), as amended. The purpose of the CRP is to evaluate the extent to which the State is fulfilling its child protection responsibilities by (1) examining the policies, procedures and practices of the State, and (2) reviewing specific cases, where appropriate. Funding provides airfare for neighbor island CRP members to attend bi-monthly meetings and participate in the National CRP Conference. This allows the CRP to carry out its mandate of examining CWS systems and making recommendations for improvements.

The CRP completed an evaluation of CWS intake process. CWS implemented the CRP's recommendations which enhanced the accuracy of intake assessments and improved services to children and their families.

SCASA also funded the CWS Management Leadership Team (MLT) initiative which brings together CWS Section Administrators and Supervisors statewide, once a quarter. At these meetings, CWS leadership: 1) identifies, discusses, and develops plans to enhance services to children and families engaged with CWS; 2) shares local strategies to reach desired casework outcomes, and reviews statewide and local data and its implications for improving practice; and 3) reviews changes in federal and State law, governing rules, and procedures, and the impact on CWS practice.

One important outcome of the MLT meetings is the CWS Supervisor Training Program. The foundation for the training program was developed at MLT meetings in SFY 2015. The training program was implemented in SFY 2016. The CWS-tailored training is

organized into 9 modules, which are presented over a 9-month period. Supervisor training topics include: strengths-based approach to supervision, crisis management, motivational interviewing, evidence-based practices, use of data, change management, communication styles and skills, and performance evaluation. Enhancing the skills of CWS supervisors will facilitate increased monitoring of case work, improve outcomes for children, and achieve permanency more quickly. Most importantly, responsive and supportive supervision also will increase employee retention, critical to ensuring continual services to children and their families.

#### **8. DAGS Special Fund Assessment**

In 2016 SCASA fund paid \$33,807 for special fund assessment fees.

### **IV. SFY 2017 Planned Use of Funds**

#### **1. Transitional Housing for Spouse Abuse Survivors and Children**

In SFY 2017, CWS projects that 175 survivors and their children in domestic violence shelters statewide will receive transitional housing services.

#### **2. Services for Medically Fragile Infants and Toddlers in Foster Care**

In SFY 2017, CWS projects that 45 birth parents and resource caregivers will be trained in the specialized medical care, allowing 40 medically fragile infants and toddlers to leave the hospital and go to their family or resource care givers' home.

#### **3. Family Wrap Hawaii**

In SFY 2017, CWS projects that 50 families will receive wrap services and 52 children in foster care will be able to be reunified with their families.

#### **4. Comprehensive Counseling and Support Services**

In SFY 2017, CWS projects that 1,250 families will receive Comprehensive Counseling and Support Services.

#### **5. Intensive Home-Based Services for Families**

Given the initial success of the Intensive Home Based Services (IHBS), CWS will continue the services and may potentially expand the eligibility criteria so more families and children may benefit from these services and prevent removal of children from their families. In SFY 2017, CWS projects that 50 families with 120 children will receive IHBS.

#### **6. Sex Trafficking Services to Minors**



In SFY 2017, Hawaii will be required to serve all sex trafficked victims who are minors. Proposed legislation extending the mandated reporting of all minors who are victims of sex trafficking will allow the Department to meet the provisions of the Preventing Sex Trafficking and Strengthening Families Act (2014). CWS anticipates that the new reporting requirements will result in a significant increase in the identification of minors who are sex trafficked victims which in turn will impact the demand for services. Additional resources will be required.

#### **7. Institute on Violence, Abuse & Trauma Statewide Training**

In collaboration with the Institute on Violence, Abuse and Trauma, Hawaii hosts an annual conference which features national and local experts presenting on a wide range of CWS-relevant topics, such as teen dating violence, commercial sexual exploitation of minors, evidence-based practices in child welfare, culturally-informed service-delivery, and the use of psychotropic medication with foster youth. The financial support from CWS permits nearly 25% of CWS staff to attend this learning opportunity. The SCASA support is essential to keep the CWS and DV communities informed about current developments and research in child welfare practice, especially since Hawaii is geographically isolated and CWS staff and community providers cannot easily attend mainland conferences. Increasing our staff's knowledge and experience will enable them to better serve our children and families.

#### **8. Hawaii State Citizen Review Panel Support**

In SFY 2017, Hawaii's CRP will focus on improving the engagement of fathers by CWS workers, and enhancing the frequency, quality, and documentation of monthly visits by CWS workers and children in foster care. Improved engagement of fathers will result in positive outcomes for the child's wellbeing and increase the rate of reunification.

National research indicates that enhancing social workers' visits with children has innumerable positive benefits, including: reduced incidents of harm to children while they are in foster care; improved child well-being; decreased time to family reunification or adoption; increased identification and addressing of children's physical, emotional, academic, and health needs; and increased parent and sibling contact.

#### **9. CWS Management Leadership Team (MLT) Meetings**

In SFY 2017, the Management Leadership Team (MLT) will focus on improving statewide performance of the standard national child welfare data measures. These criteria delineate three primary areas in child welfare services, safety, permanency, and well-being, into 18 measurable objectives. The planned effort and collaboration with the statewide CWS leadership will lead to improved practice and services which will ultimately benefit the children and families CWS serves.

#### **10. DAGS Special Fund Assessment**

In order to remain current with its fiscal obligation to the Department of Accounting and General Services, DHS plans to pay \$34,000 for special fund assessment fees.

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Benefit, Employment, and Support Services Division  
Homeless Programs Office

Report to the Hawaii State Legislature on the Housing First Program  
pursuant to section 346-378, Hawaii Revised Statutes

December 2016

Section 346-378(d), Hawaii Revised Statutes (HRS), requires the Department of Human Services (DHS) to submit an annual report on the implementation of Housing First (HF) to include:

- (1) Total number of participants in housing first programs;
- (2) Annual costs of the programs;
- (3) Types of support services offered; and,
- (4) Duration of services required for each participant.

Per section 346-378(b), HRS, the principles of the HF program include:

- (1) Moving chronically homeless individuals into housing directly from streets and shelters, without a precondition of accepting or complying with treatment; provided that the department may condition continued tenancy through a housing first program on participation in treatment services;
- (2) Providing robust support services for program participants, predicated on assertive engagement instead of coercion;
- (3) Granting chronically homeless individuals priority as program participants in housing first programs;
- (4) Embracing a harm-reduction approach to addictions, rather than mandating abstinence, while supporting program-participant commitments to recovery; and
- (5) Providing program-participants with leases and tenant protections as provided by law.

Per section 346-378(e) "chronically homeless individual" means a homeless individual who has an addiction or a mental illness, or both.

Note: The U.S. Department of Housing and Urban Development (HUD), in its final rule on "Defining Chronically Homeless," additionally requires that an individual or head of household to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least twelve (12) months either continuously or cumulatively over a period of at least four (4) occasions in the last three (3) years.

State fiscal year (SFY) 2017 Requests for Proposals (RFP) for the State HF Programs on Oahu and the rural counties will require compliance with HUD's definition in determining priority for permanent housing. DHS anticipates posting the Oahu and neighbor island RFPs in early 2017.

## **Hale O Malama**

Section 346-378(c) (1)-(2), HRS, directs the department to identify target populations, specifically chronically homeless individuals, and to develop assessments for the chronically homeless population. During the interim between the HF Pilot and the execution of the DHS HF contract in June 2014, (see discussion below), DHS, the Hawaii Interagency Council on Homelessness (HICH), and Partners in Care (PIC), a Continuum of Care (CoC) of service providers in the City and County of Honolulu, adopted **Hale O Malama**. Hale O Malama is a data-driven system of coordinated access to homeless resources. HUD and the U.S. Department of Veterans Affairs (VA) provided tremendous support to Hale O Malama's development of Oahu's coordinated system of homeless services.

Beginning in October 2013, Hale O Malama implemented the use of a common assessment survey called the **VI-SPDAT** (Vulnerability Index - Service Prioritization Decision Assistance Tool). VI-SPDAT is "a triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available."<sup>1</sup> VI-SPDAT survey responses prioritizes an individual or family into one of three levels of care: 1) Permanent Supportive Housing (PSH), 2) Rapid Re-Housing (RRH), and 3) Mainstream/Usual Care (Main).

As of December 2016 (from VI-SPDAT's inception in late 2013), PIC providers assessed approximately 5,171 homeless singles and 904 families residing in unsheltered conditions and homeless shelters on Oahu. The non-profit PHOCUSED (Protecting Hawaii's Ohana Children Under Served Elderly and Disabled) collected Hale O Malama's data generated from the VI-SPDAT and entered them into the Homelink database (see discussion below). The data allow providers to identify individual and global needs, and to prioritize and target services for those with the greatest need. Providers using the VI-SPDAT as the common assessment tool created a quantifiable process for determining acuity and prioritization so that homeless individuals and families receive services appropriate to their level of need. The rationale for coordinated entry into the system of care is that community resources are scarce and should be matched with appropriate needs to avoid over- or under-resourcing of individuals and families.

Bridging the Gap (BTG), the CoC for Hawaii, Kauai and Maui counties, has also adopted "housing first" as a philosophical premise to end homelessness in the rural counties. They recognized that providing support for stable housing is an important first, rather than last step in a transition to independently sustained permanent housing. Moreover, BTG has also selected VI-

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<sup>1</sup> For more information on VI-SPDAT, see <http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf>.

SPDAT as its common assessment tool, and completed a substantial number of assessments using the pre-screening tool in 2016 screening approximately 209 singles and 33 families.

In November 2016, the data from the Homelink database was migrated to the Homeless Management Information System (HMIS). HMIS is an electronic data system that contains client level data about persons who access the homeless services system through a CoC and is federally required for communities by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. A robust HMIS is a valuable resource with a capacity to aggregate and unduplicate data from all homeless assistance and homelessness prevention programs in a CoC; data which assists to understand patterns of service use and measures of effectiveness. DHS Homeless Programs Office (HPO) is the lead agency managing the administration of the HMIS on behalf of PIC and BTG. Service providers are now able to input VI-SPDAT data directly into HMIS. When the data system reaches its full potential, one expectation for HMIS is the automation of scoring and referrals without human interpretation and subjectivity.

Developing a robust HMIS requires regular training of providers. In December 2016, a series of VI-SPDAT/Coordinated Entry System (CES) trainings were conducted by Iain De Jong, President and Chief Executive Officer of OrgCode Consulting, and creator of the VI-SPDAT. Hawaii, Kauai and Maui county service providers and stakeholders benefitted from the intensive two-day, in-person trainings in anticipation of the CES implementation in each county.

### **DHS Housing First (HF)**

As described in the 2014 Housing First Report to the Legislature, a great deal of coordination and consultation with the Substance Abuse and Mental Services Administration (SAMHSA) and its grantee the State Department of Health's Alcohol and Drug Abuse Division (ADAD), enabled the State's Housing First program to be aligned with the federally funded Hawaii Pathways Project (HPP). In addition, the HF program accepted clients through the Hale O Malama coordinated entry process. In this way, the State's HF operated its program with the highest fidelity to both the Housing First model and to the coordinated system deemed as a best practice for communities to end homelessness. This alignment ensures that system-wide, the State's HF program is accepting those chronically homeless individuals who are unsheltered and have the highest acuity scores. The Hale O Malama referral process is documented to ensure that only clients who meet the eligibility criteria are taken into the program.

DHS contracted with the non-profit U.S. Vets to administer the HF program on Oahu. In SFY 2016, twenty-three (23) of the housing placements were arranged in conjunction with the Hawaii Pathways Project, i.e., the State's SAMHSA grant. Five (5) participants were approved for specialized behavioral health services through the DHS Med-QUEST Division's (MQD) Community Care Services (CCS) program. Thirteen (13) participants are pending approval for the same specialized services. Four (4) individuals were deemed stable and do not require Assertive Community Treatment (ACT) level services (intensive, highly individualized mental

health service). One (1) client has been unaccounted for and numerous attempts to locate him have been unsuccessful.

HPP will conclude its term in March 2017, so a transition plan has been executed by U.S. Vets to provide continued assistance to its participants. Services will be maintained for five clients approved for CCS to sustain their needs. U.S. Vets and its subcontractor, Kalihi Palama Health Center, will absorb the four clients who do not require ACT-level services due to their current stability. An alternative plan is being developed in the event the remaining clients pending approval for the CCS program are declined. Most are expected to be approved, while the remainder will be engaged by U.S. Vets. A follow-up meeting will be held in January 2017 to discuss other strategies and resources to ensure the best quality service to those clients in transition.

Providing the housing voucher to HPP eligible clients has been another avenue for effective leveraging of the federal funds and capacity building for our community.

ADAD has identified state general funds to assist with the short-term transition, and is working closely with the MQD on longer-term strategies to sustain case management services. The longer-term strategies include technical assistance from the Centers for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) Community Partnership track to develop an integrated behavioral and other health services plan for Housing First participants. It is important to note that Medicaid benefits cannot be used to pay for room and board, however, there are particular mechanisms that may be used for supportive housing services, such as case management.

#### **Total Number of Participants in HF Programs**

The HF program enrolled a total of seventy-five (75) veteran and non-veteran households during the period from July 2015-June 2016. Eleven (11) additional households were served with short-term supplemental state funds made available through Governor David Ige's Emergency Homeless Proclamation. A total of 117 individuals were served, (including 9 unduplicated families with children). These individuals and heads of households were assessed with the VI-SPDAT and received a range of scores indicating eligibility for permanent supportive housing (PSH). The retention rate of 92.2% reflects the percentage of the participating chronically homeless individuals and families who sustained placement in permanent housing with the assistance of rental subsidies and supportive services.

#### **Other HF Program Outcomes**

Other measures of program effectiveness include: 7 individuals voluntarily entered treatment for either substance abuse or mental health services; 6 individuals participated in employment training or an educational endeavor; 13 individuals obtained employment; and 40 landlords were recruited to provide rental units for HF clients.

As of this writing, the HF Program is at 95% capacity (82/86) with four (4) vacancies. It is important to note that referrals for all of the vacancies are pending document readiness.

However, if a document ready household is referred for a vacant unit, that household will have priority over those households with documents pending.

The success of the program utilizing the Housing First model of service has been significant. The U.S. Vets HF Program Overview table (attached) illustrates the rate of housing retention over the four year period since the inception of the state's HF program. The outcomes data has steadily shown that 90%+ of veteran and non-veteran HF participants have maintained their housing status. The case management approach is adjusted to each individual to strengthen their ability to be re-housed. It is also noteworthy that those who were evicted from their housing continued to receive services to mitigate the potential of return to the streets.

### **Annual Cost of Services**

The initial funding for Housing First services on Oahu during SFY16 was \$1,250,000; this amount was subsequently supplemented with an additional appropriation of \$312,000 for a total of \$1,562,000. Currently, \$1,500,000 is designated to implement HF programs on the neighbor islands, in addition to \$1,500,000 to sustain HF services on Oahu. Two Requests for Proposals for the neighbor islands and Oahu will be issued in early 2017 for a total of \$3,000,000 in statewide HF funding.

The Homeless Service Utilization Report, which is anticipated to be released in early 2017, will include updated data and analysis of the Housing First Program. The most recent analysis of the Hawaii Pathways Project by the University of Hawaii Center on the Family, based upon reports of the fifteen (15) initial HPP clients, found that "[a]fter obtaining stable housing, the estimated healthcare cost for Hawai'i Pathways clients served through the State's Housing First Program dropped from an average of \$10,570 per client per month to \$5,980 per client per month. This represents a 43% decrease over a six-month period. The estimated cost savings from reduced healthcare utilization by stably housed clients was \$4,590 per month." (Hawaii Pathways Project Evaluation, January 7, 2016, University of Hawaii Center on the Family.)

While this preliminary finding is an estimate, it is critical to build a robust HMIS data collection system involving non-government and government entities so that the actual effectiveness of the HF program may be measured. While HF is very successful, HF is only one part of a broader community strategy to end homelessness. Implementing the HF program with fidelity will continue to require sustained funding for this vulnerable population, continued supports, and the understanding that for effective long term implementation the availability of different types of affordable housing remains crucial.

### **Duration of Services: a difficult question to answer**

Given the complexities of addressing the acuity and unique needs of homeless individuals, and families, combined with the community's housing and service issues, it is challenging to determine the duration of services individuals need to transition out of homelessness. HF funded services include: assistance with locating temporary/permanent rental placement, case management, employment assistance, housing subsidies, referral to the DOH HPP, and referral to public benefits. We know and continue to learn that many clients served in permanent

supportive housing programs require on-going housing subsidies and access to services such as case management, mental health treatment; and some also require assistance with regular self-care.

Key performance measures for the HF program include: assisting clients to gain employment to the extent possible, and assisting with their application for public or other financial benefits to increase and stabilize income. Typically, the sources of such income for HF clients have been (in order of prevalence): Social Security Disability Income (SSDI), General Assistance (GA), Supplemental Security Income (SSI), VA income, and employment.

During the program year, 15 clients were able to increase their income and thus make a larger contribution to the cost of their housing. Approximately 70% of clients served (58 people) are contributing to the cost of their rent; the average rent paid by clients is \$188/month. The HF program per client housing cost is reduced once an individual's placement is stabilized and they are able to apply, and are approved for benefits by the above programs. Once employed or approved for financial assistance, the individuals are asked to pay no more than 30% of their income toward housing costs.

The HF program provides supportive housing and intensive services to clients. Other community sources of permanent supportive housing include HUD's Shelter Plus Care (now known as the Continuum of Care program) and the HUD-Veterans Affairs Supportive Housing (VASH) programs. All three programs require permanent housing placement and on-going support services to ensure client success at remaining stably housed.

### **The current inventory of permanent supportive housing available statewide**

#### Oahu

- 949+ permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent).\*
- 552 VASH vouchers (approximate)\*\*
- 173 City funded Housing First beds

#### Neighbor Islands

- 389++ permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent)\*
- 125 VASH vouchers (approximate)\*\*

\*Counts based on the 2015 Housing Inventory Count (HIC)

\*\* Number of vouchers can change as vouchers are used, returned or re-located.



# HF Program Overview

## • State HF Program by year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
<b>Total Households To Serve</b>	24 Vet & Non-Vet	24 Vet & Non-Vet	75 Vet & Non-Vet	75 Vet & Non-Vet	86 Vet & Non-Vet
<b>Eligibility</b>	CH, vulnerable according to the 100,000 Homes Campaign assessment	CH, vulnerable according to the 100,000 Homes Campaign assessment	VI-SPDAT score indicating PSH range	VI-SPDAT score indicating PSH range	VI-SPDAT score indicating PSH range
<b>Partnerships</b>	Waikato CAV C. Pararo Consulting	Waikato CAV C. Pararo Consulting	Waikato CAV, KPHC CCH & HPH (HPP) C. Pararo Consulting	KPHC, CCH & HPH (HPP) C. Pararo Consulting	KPHC, C. Pararo Consulting, HPH (HPP)
<b>Housing Retention Outcome</b>	<u>Six-month retention: 90%</u> (1 individual passed away)  <u>Twelve-month retention: 84%</u>		<b>98.5%</b> (1 individual passed away & 1 transitioned to another PH program)	<b>92.2%</b> (2 transitioned another PH program, 1 individual passed away, 3 evicted, 1 incarcerated, 1 d/c for violence)	N/A
<b>Other</b>	N/A	N/A	N/A	Short-Term Supplemental Funding Received to serve additional 18 households	N/A

STATE OF HAWAI'I  
DEPARTMENT OF HUMAN SERVICES  
GOVERNOR'S COORDINATOR ON HOMELESSNESS

Report on the Hawai'i Interagency Council on Homelessness  
pursuant to Section 346-381(b) (9), Hawai'i Revised Statutes

December 2016

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

This reports highlights the following:

- Overview of the HICH, including its mission and responsibilities, historical background, and staffing and organizational structure;
- Current status of homelessness in Hawai'i;
- Ten-year plan and strategic framework to address homelessness; and
- 2016 HICH activities.

This report relies on two primary sources of data to describe the current situation in Hawai'i related to homeless persons and services – the 2016 statewide Point-In-Time Count (PIT), and the 2016 Homeless Service Utilization Report. The PIT provides an estimate of the number of homeless persons on a given night, and the utilization report provides information about the number of homeless persons utilizing homeless services as reported by service providers into the Homeless Management Information System (HMIS) database.

A record of HICH meetings convened in 2016, including agendas and minutes, can be found online at the [Department of Human Services \(DHS\) website](#).

## **I. Overview of the Hawai'i Interagency Council on Homelessness (HICH)**

### **A. Mission and Purpose**

The mission of the HICH is to prevent and end homelessness in Hawai'i. The HICH achieves this mission through the coordination of governmental, private entities, community and homeless service providers, and persons experiencing homelessness statewide. Section 346-381, HRS, outlines the specific duties and responsibilities of the HICH.

## **B. Membership and Quorum**

The HICH consists of 27 members, including a mixture of legislators, representatives from federal, state and county governments, homeless service providers, and the private faith-based and business sectors. Certain members of the HICH are designated by the mayor of their respective county, while others are either designated or requested to serve by the Governor. A majority of members on the HICH – 14 out of 27 members – constitute a quorum.

## **C. Historical Background**

The HICH has existed in a variety of forms over the last decade. Its specific duties and organizational structure have evolved as the HICH transitioned from an informal and voluntary entity to a formal advisory council established in statute. In 2004, the HICH was an informal voluntary council. In 2011, Governor Neil Abercrombie signed Executive Order No. 11-21, formally establishing the HICH, designating the Governor as chair and the Governor's Coordinator on Homelessness as vice chair. In 2012, the legislature passed Act 105, Session Laws of Hawaii (SLH) 2012, and established the HICH in statute, designating the Governor's Coordinator on Homelessness (Coordinator) as Chair. In 2013, the legislature passed Act 76 (SLH 2013), expanding the council membership to include a representative from the Hawai'i Public Housing Authority (HPHA), and members from the House of Representatives and the Senate. The inclusion of federal, state, and county government representatives as HICH council members is unique when compared to interagency councils on homelessness across the nation.

## **D. Organizational Structure and Staffing**

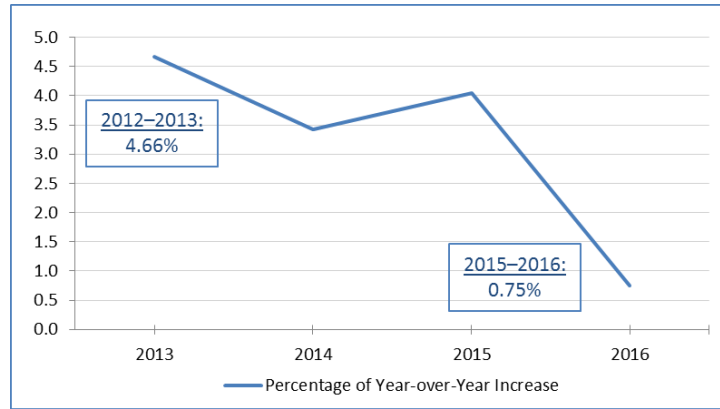
The HICH is established within DHS for administrative purposes. Staff support for the HICH is provided by the Coordinator's staff. Scott Morishige currently serves as the Coordinator and Chair of the HICH. The Coordinator's staff includes Homelessness Assistant Julie Haruki, Administrative Assistant on Homelessness Lanaytte Paia, Special Assistant Julie Ford, and Community Engagement Specialist Tamah-Lani Noh. While physically located within the Office of the Governor, the Coordinator and staff are employees of DHS.

# **II. Current Status of Homelessness in Hawai'i**

## **A. Homeless Population Trends**

When it comes to homelessness in Hawai'i, there is good news and bad news. The bad news is that over the past five years, the number of homeless persons in Hawai'i increased. The good news is that the rate of increase dropped significantly between 2015 and 2016 – from 9% and 10% rate of increase in 2014 and 2015, respectively, to a 4% increase in 2016. On O'ahu, this rate of increase actually declined to less than 1%.

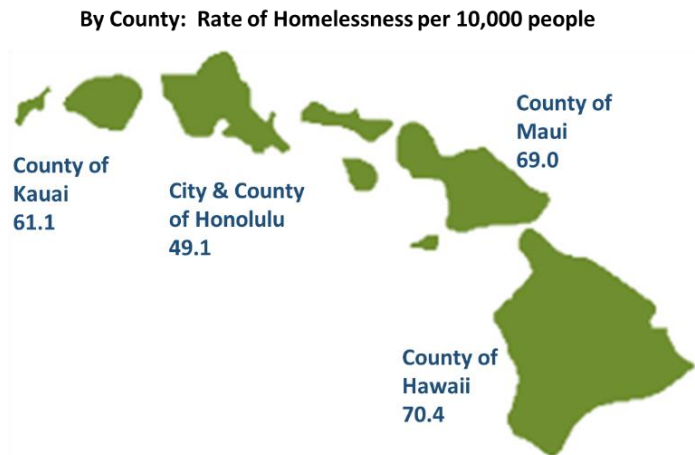
Percentage of year-over-year increase in homelessness on O'ahu



Despite the slowing growth rate, Hawai'i continues to have one of the highest per capita rates of homelessness amongst the 50 states, second only to the District of Columbia.<sup>1</sup> The statewide rate of homelessness in Hawai'i is 54.9 homeless persons per 10,000 people. When taking into account the population size of a county, the rate of homelessness in the City and County of Honolulu was the lowest across all four counties at 49.1 homeless persons per 10,000 people. The highest estimated rate was found in Hawai'i County at 70.4 homeless persons per 10,000 people.<sup>2</sup>

According to the 2016 PIT, there were about 7,921 people experiencing homelessness in Hawai'i. Nearly two thirds of the homeless population (62.4%) reside in the City and County of Honolulu, about one-third live in Hawai'i County (17.6%) and Maui County (14.6%), and a small proportion (5.6%) reside in Kauai County.

Of the total number of estimated homeless persons, over half (54.4% or 4,308 people) are unsheltered – living on the streets or in parks, beaches, or other places not meant for human habitation. Nearly a quarter of the total number of estimated homeless persons (24.6%, or 1,949 people) are identified as “chronically homeless.” Both the number of unsheltered and chronically homeless persons have risen over prior years – between 2015 and 2016, unsheltered homelessness increased by 12.1% (465 people) and chronic homelessness increased by 27.1% (415 people).



<sup>1</sup> The State of Homelessness in America 2016, Table 1.1: Change in Overall Homelessness, 2014–2015. Retrieved from <http://www.endhomelessness.org/page/-/files/2016%20State%20Of%20Homelessness.pdf>

<sup>2</sup> The 2016 county rates of homelessness were calculated based on the estimated county populations derived from 2015 county population estimates and the state's estimated rate of change for population. (Source: The latest data available from the U.S. Census Bureau, retrieved from [http://files.Hawaii.gov/dbedt/census/popestimate/2015-county-population-Hawaii/PEP\\_2015\\_PEPANNRES.pdf](http://files.Hawaii.gov/dbedt/census/popestimate/2015-county-population-Hawaii/PEP_2015_PEPANNRES.pdf))

Between 2015 and 2016, the number of homeless persons identified as experiencing “chronic substance abuse” increased by 9.6% (135 people). In 2016, nearly one-fifth (19.3% or 1,531 people) of the homeless population experienced “chronic substance abuse.” In addition, 21.1% (1,674 people) of the homeless population identified as “severely mentally ill.”

## B. Overview of Current Services to Address Homelessness<sup>3</sup>

In State Fiscal Year (SFY) 2015, DHS – Homeless Programs Office (HPO) administered \$19,753,752 in state general funds, including \$2,431,724 to provide “maintenance of effort” (MOE) for the Temporary Assistance for Needy Families (TANF) program.

The HPO contracts for a variety of services: Shelter, Outreach, State Homeless Emergency Grant, Housing Placement Program, and Housing First (also known as Permanent Supportive Housing). In addition to state funded services, the federal and local governments fund other homeless programs, including the Continuum of Care (CoC) Permanent Supportive Housing programs, Veterans Assisted Supportive Housing (VASH), and Rapid Rehousing. Client level data for homeless services is maintained in the Homeless Management Information System (HMIS), a system required by HUD. HMIS has the capability to track client level data, demographic information and outcomes data entered by government funded homeless services programs.

The following is a brief description of the major types of homeless services:

- **Outreach Programs** target unsheltered individuals in order to provide resources and referrals for shelter and other services. Over 90% of outreach services are state funded. In SFY 2015, the outreach program served 8,030 homeless people statewide.
- **Shelter Programs** provide a safe place for individuals and families to sleep at night and often include many additional services and resources. The service duration of the emergency shelter program tends to be shorter than that of transitional housing program. The latter program is designed to provide more intensive



HICH staff work join homeless outreach workers to connect homeless individuals to housing resources at a recent outreach effort in downtown Honolulu. Photo: J. Ford

<sup>3</sup> Data and analysis presented in this section are largely based on the Homeless Service Utilization Report: Hawai'i, 2015 (Yuan, Vo, Gleason, & Azuma, 2016), and its Statistical Supplement (Yuan, Vo, & Azuma, 2016). Retrieved from <http://uhfamily.Hawai'i.edu/publications/list.aspx>

services to help individuals and families transition gradually into more stable housing situations. The majority of shelter services are funded by the state, including over 95.0% of emergency shelter services and about 85.0% of transitional housing services. During SFY 2015, 8,844 people accessed the shelter program: 56.0% of them received emergency shelter services, slightly more (56.9%) received transitional housing services, and 12.9% received both.



Information regarding available services is shared at community meetings and at housing resource fairs, such as one held recently on Oahu's Leeward Coast in September 2016. Photo. D. Dennison

- **State Homeless Emergency Grant (SHEG)** provides one-time grants to assist persons and families at-risk of homelessness and focuses primarily on homelessness prevention. The grant is used to pay utility bills, medical bills, back rent, or other types of emergency financial obligations that threaten housing stability. Between August 2014 and July 2015, SHEG served a total of 503 households statewide, with the majority of them at-risk of becoming homeless (82.1%) and slightly less than one-fifth residing in transitional housing, emergency shelter, or an unsheltered homeless situation (17.8%).
- **Housing Placement Programs (HPP)** serve TANF-eligible households with minor children by helping them search for, secure, and retain permanent housing. Housing placement services include pre- and post- housing counseling, employment assistance, housing search, landlord engagement, and assistance with initial move-in costs, such as rent, security deposit, utility, and utility deposit payments. In SFY15, HPP provided housing placement services to a total of 845 TANF-eligible families, including 1,375 adults and 2,003 children.
- **Rapid Rehousing (RR)** is part of a newer strategy designed to provide targeted support to those who have recently become homeless to enable their return to stable housing as quickly as possible. The U.S. Department of Housing and Urban Development (HUD) along with Veterans Affairs (VA) provide funding for RR services, with HUD providing 43.0% and VA providing 57.0% of RR funding. In SFY 2015, this program served a total of 981 clients statewide.
- **Permanent Supportive Housing (PSH)** provides housing and ongoing support to homeless persons and families who might otherwise be unable to sustain housing on their own. Services aimed at helping those with disabling conditions, including mental health or substance abuse issues, by pairing housing with case management and other

support services to increase the likelihood these clients will remain housed.<sup>4</sup> In SFY15, HUD's Continuum of Care (CoC) funding served the majority of people (786, or 64.0%) enrolled in PSH.

### C. Service Gaps and Opportunities

Based on the homeless population trends and current services described above, the following are gaps in services and opportunities to pursue:

- **Sustain funding for Housing First and Permanent Supportive Housing** – For chronically homeless persons, we know what works. The State and City's Housing First (HF) programs – part of the PSH programs – have an overall housing retention rate of 98.1% in SFY16. The drawback is that the programs are expensive and are currently only serving a fraction of the “chronically homeless” population. Ongoing investment for housing and supportive services are required to maintain housing stability. Due to the many complexities facing the chronically homeless, they are the most difficult segment of the homeless population to house.



Outreach workers assess an individual's acuity using the VI-SPDAT and connect individuals to the appropriate program. Photo: J. Ford

- **Expand Rapid Rehousing services statewide** – For the segment of the homeless population just below the chronic level, RR programs result in permanent housing. The program had a 73.4% success rate, the highest rate of exit to permanent housing. Again, continued funding is required. The number of people served was limited to 981 in SFY15 due to limited funding.
- **Expand substance abuse and mental health services for the unsheltered population** – The majority of homeless persons experiencing “chronic substance abuse” and the “severely mentally ill” are unsheltered, 72.8% (1,114 people) and 71.1% (1,190 people), respectively. There is a need to link homeless outreach services with targeted substance abuse treatment and mental health services to address the needs of this growing population. When combined with outreach and housing services, substance abuse treatment and mental health services provide the necessary supports to transition unsheltered persons from the streets to permanent and stable housing.

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<sup>4</sup> Excerpts from the Homeless Service Utilization Report: Hawai'i, 2015 (Yuan, Vo, Gleason, & Azuma, 2016).

The data regarding the current state of homelessness suggests an opportunity to “double down” on housing retention with the following strategies:

- **Continue momentum** - Maintain the State’s Housing First program on O’ahu, which has a high rate of housing retention.
- **Expand Housing First** - Roll out the State’s Housing First program to the neighbor islands to mitigate the growing number of chronically homeless persons in those communities.
- **Bolster funding** - Expand the level of funding for Rapid Rehousing services statewide.
- **Cast a wider net** - Expand outreach services, including specific funding for substance abuse treatment and mental health services.

The HICH and the Coordinator will address all of the above through the State Framework to Address Homelessness, and the implementation of the State’s strategic plan.

### III. Ten-Year Plan and Strategic Framework to Address Homelessness

#### A. Statutory Mandate

Section 346-381(a), HRS, tasks the HICH to “formulate, and advise the governor on the implementation of, a unified ten-year statewide plan to address homelessness in all Hawai’i Counties.” Additionally, the HICH is required to “report annually to the governor, the legislature, and the mayor of each county on the progress of its activities, including formulation and progress of the ten-year plan.” Section 346-381(b) (9).



Chair Morishige and the HICH review the Ten-Year Strategic Plan and formally adopt the Hawai’i State Framework to Address Homelessness at a council meeting in August 2016. Photo: J. Ford

#### B. Ten-Year Strategic Plan to End Homelessness

The HICH formally adopted the Ten-Year Strategic Plan to End Homelessness (“Ten-Year Plan”) on September 10, 2012. The plan was developed following a twelve-month strategic planning process with input from service providers and key stakeholders in all four counties.

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



- **Goal 1: Retool the Homeless Crisis Response System**

This includes refocusing homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing. A retooled homeless crisis response system also prioritizes critical services for funding, and ensures that information systems are integrated to improve effectiveness and efficiency of service provision.

- **Goal 2: Increase Access to Stable and Affordable Housing**

This includes the production and preservation of affordable housing, as well as the specific creation and preservation of permanent supportive housing options. This goal aims to improve access to government-funded affordable housing, including public housing and the Section 8 Housing Choice Voucher Program.

- **Goal 3: Increase Economic Stability and Self-sufficiency**

This includes increasing meaningful and sustainable employment for people experiencing homelessness, and improving access to appropriate mainstream programs and services that reduce financial vulnerability.

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

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

The full text of the Ten-Year Plan is found at the [DHS website](#).

### **C. Hawai'i State Framework to Address Homelessness**

In August 2016, building upon the strong foundation of the Ten-Year Plan and other previous plans, the HICH adopted a formal Hawai'i State Framework to Address Homelessness ("State Framework") to move Hawai'i forward in a way that is *pono* (Hawaiian for good, upright, righteous, correct, or proper). The State Framework was developed based on input received from federal, state, and local governments, service providers and other representatives from the



An example of retooling the homeless crisis response system is the Coordinated Statewide Homeless Initiative (CSHI) partnership with Aloha United Way (AUW). The CSHI strengthened AUW's 2-1-1 system and prevented or ended homelessness for over 3,000 individuals. At a meeting in July 2016, Governor David Ige meets with AUW and DHS leadership to discuss CSHI efforts. Photo: J. Ford

private sector.

The State Framework embraces 'Ohana Nui, a multigenerational approach that invests early and concurrently in children and families to improve health, education, employment and other outcomes to improve well-being. DHS in partnership with the Department of Health (DOH), leads the 'Ohana Nui effort to improve the delivery of government services from an individual to a multigenerational approach.

The State Framework strategically presses on three levers to address homelessness:



Service providers, funders, and other stakeholders provided comments and feedback on the proposed Stated Framework at a listening session held in June 2016. Photo: J. Ford

- **Affordable Housing** – Hawai'i must build more affordable housing and maximize the use of existing inventory.
- **Health and Human Services** – Hawai'i will implement best practice approaches for services that are evidence-based and move homeless persons quickly into permanent housing, including close monitoring of the results of these services.
- **Public Safety** – Hawai'i will coordinate public safety efforts alongside homeless outreach, so that homeless persons are not simply asked to vacate a specific area; rather they are approached with respect and given personalized options to quickly connect to appropriate services and housing.

The State Framework establishes that by 2020 the homeless response system will complete the transition to a Housing First system that connects people experiencing homelessness with the opportunity to move quickly into permanent housing. The State Framework establishes the benchmark of reaching "functional zero" – the point where Hawai'i has sufficient housing for the number of homeless people statewide, and has appropriate services to transition the homeless population to permanent housing, regardless of level of need. Functional zero is not a measure of ending homelessness, but instead means that Hawai'i has the full capacity and resources needed to connect people to shelter or permanent housing.

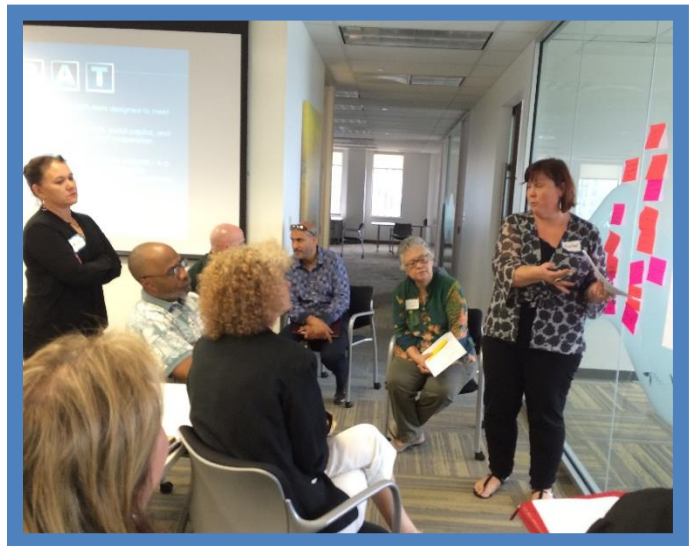
An executive summary of the State Framework can be found on the [Office of the Governor](#) website.

## D. Implementation of the Ten-Year Plan and State Framework

In 2016, HICH staff and its membership moved forward with implementation of the Ten-Year Plan and State Framework with the following key achievements:

- **Goal 1: Retool the Homeless Crisis Response System**

- **New RFPs reflect a Housing-focused approach** – In response to changes in federal policy and directives included in Act 124 (SLH 2016), DHS-HPO issued new Requests for Proposals for homeless services (e.g. Housing Placement, SHEG, Shelter, and Outreach, etc.) that focused on housing, and included specific performance benchmarks for permanent housing placement and reduced length of stay in shelter.
- **Expanded Rapid Rehousing and Prevention Resources** – The Coordinated Statewide Homeless Initiative (CSHI) with Aloha United Way (AUW) prevented or ended homelessness for over-1,000 households (3,471 people), and exceeded initial performance targets by over 15%. By utilizing a “master contract” with AUW, CSHI brought immediate relief to at-risk and homeless households in every county.
- **Changed the paradigm of homeless shelter** – The City and County of Honolulu opened the Hale Mauiola housing navigation center at Sand Island, and the State funded the Family Assessment Center (FAC) in Kaka’ako. These new programs emphasize rapid placement to housing. The FAC moved its first family into housing in 21 days, and Hale Mauiola linked over 100 chronically homeless persons to housing, including 2 individuals who became homeowners.
- **Alignment of multiple funding efforts** – The Coordinator established a funders' collaborative consisting of representatives from the State, City and County of Honolulu, Partners In Care (PIC), Bridging The Gap (BTG), Hawai’i Community Foundation, and AUW. The group is working to align federal, state, local and philanthropic funding efforts, and to increase communication and collaboration.



Throughout 2016, HICH staff and members participated in a series of systems mapping and technical assistance sessions aimed at strengthening the homeless service system and identifying opportunities for innovation. Photo: J. Ford

- **Goal 2: Increase Access to Stable and Affordable Housing**

- **Increased overall housing production** - The housing supply in Kaka’ako increased by 2,260 units (44% affordable, with more units planned).
- **Reduced turnaround time for public housing renovations** – Public housing units are being renovated in record time, using a multi-skilled team approach. In some

cases, what used to take 200 days now takes only 7 days. The result is vacant public housing units quickly become available for occupancy.

- **Expanded housing inventory and resources for Native Hawaiian families** – This year 284 lots were prepared for house construction by the Department of Hawaiian Home Lands (DHHL).



Landlord summits were convened throughout the state. The summits provided an opportunity for interested landlords to connect with social service providers to learn more about programs such as Housing First and the Housing Placement Program for homeless families. Photo: B. Matson

- **Partnered with local landlords to maximize inventory** – Landlord summits were convened on several islands to expand the number of landlords, property managers, and rental supply of homes. The State, Counties of Honolulu, Hawai'i, and Maui, PIC and BTG teamed up with the Hawai'i Association of Realtors to expand the inventory of rentals available to the homeless population.

- **Opened Section 8 wait list for the first time in a decade** – The Hawai'i Public Housing Authority (HPHA) opened the Section 8 wait list, and awarded 120 vouchers to homeless individuals and families. In addition, HPHA established a

Special Rent Supplement program that served nearly 100 additional homeless families.

- **Goal 3: Increase Economic Stability and Self-Sufficiency**
  - **Connect homeless families to the Supplemental Nutrition Assistance Program (SNAP) and critical lifeline services** - CSHI connected homeless families and individuals to SNAP benefits and free lifeline telephone services. Additionally, CSHI provided 3,005 referrals to 1,184 callers through AUW's 2-1-1 homeless help line.
  - **Address the needs of children and families early and concurrently** – DHS and DOH are developing the state's 'Ohana Nui multi-generational approach to streamline and improve the delivery government services to individuals and families.
- **Goal 4: Improve Health and Stability**
  - **Strengthened intersection between healthcare and housing** – DHS received technical assistance from the Center for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP), Community Partnership track, to use Medicaid benefits for support services to assist homeless persons in maintaining tenancy following housing placement. The IAP included participation by HICH members from DHS, DOH, HPHA, and the Coordinator's office.

- **Piloted new models for Permanent Supportive Housing (PSH)** – The State and City and County of Honolulu partnered to place chronically homeless persons from the Hawai'i Pathways Project (HPP) into housing at various city-owned properties. In this model, the state provides funding for supportive services and case management, while the City provides funding for housing units and housing vouchers. Governor David Ige's emergency proclamations to address homelessness allowed County governments to accelerate the development of permanent housing projects that will specifically benefit homeless persons and brought at least 392 additional units online over the past year.



The State and the City and County of Honolulu are partnering to pilot new models of Permanent Supportive Housing. In September 2016, Chair Morishige joined Honolulu Mayor Kirk Caldwell at a public announcement of the City's new Kuwili Street housing project in Iwilei. Photo: J. Ford

- **Addressed discharge planning and transition of inmates exiting from incarceration** – The Department of Public Safety (PSD) established a formal Re-Entry Coordination Office (RCO), and revitalized PSD's comprehensive re-entry plan. The plan includes streamlining access to services for offenders by partnering with DHS, and working with the Department of Transportation (DOT) and counties to streamline the process for offenders to obtain state identification.
- **Aligned efforts to address the needs of homeless youth** – PIC submitted an application for federal funding for a Youth Homeless Demonstration Program. The application aligned efforts between state and county agencies and non-profit providers. Participating HICH members were DHS, Department of Education (DOE), and PIC. Even if the application is not selected for funding, it provides a blueprint for stakeholders to address youth homelessness in a coordinated manner.

#### **IV. 2016 Activities of the Hawai'i Interagency Council on Homelessness (HICH)**

##### **A. Regular Meeting Schedule**

The HICH convened four times in calendar year 2016. Meetings were held on the following dates: July 11, 2016; August 29, 2016; October 17, 2016; and December 12, 2016. Quorum was established at all four meetings. Agendas and minutes for HICH meetings are available online on the [DHS website](#).

##### **B. Presentations to the HICH**

The HICH provides a unique opportunity to connect with local and national experts addressing homelessness, and to share information and resources with HICH members and the public. Meetings convened in 2016 included presentations by the following organizations and individuals:

- **Hawai'i Leadership Forum** – Project Design Coach Aubrey Yee and Systems and Complexity Associate Sam Dorios presented on systems;
- **United States Interagency Council on Homelessness (USICH)** – Regional Coordinator Ms. Katy Miller presented on the national activities and framework related to homelessness;
- **Hawai'i DOH, Alcohol and Drug Abuse Division (ADAD)** – Deputy Director Lynn Fallin and ADAD Division Chief Edward Mersereau presented on the status of the Hawai'i Pathways Project (HPP);
- **Corporation for Supportive Housing (CSH) and DHS MQD** – CSH Senior Program Manager Ms. Sue Augustus and MQD Administrator Judy Mohr Peterson presented on the Innovation Accelerator Program;
- **HomeBase and OrgCode Consulting, Inc.** – Ms. Piper Ehlen from HomeBase and Mr. Iain DeJong from OrgCode presented on the Coordinated Entry System (CES) and the intersection with the State Framework to Address Homelessness;
- **HomeAid Hawai'i** – Executive Director Ms. Nani Medeiros presented on private sector efforts to address homelessness; and
- **Partners in Care (PIC) and Bridging the Gap (BTG)** – PIC Director Ms. Jennifer Stasch and BTG representative Ms. Maude Cumming presented on the 2016 Continuum of Care program competition and priorities. Additionally, Ms. Stasch and BTG representative Ms. Brandee Menino presented on the plans for the 2017 PIT.

##### **C. Actions of the HICH**

The HICH has the authority to make recommendations regarding policy and programming to address homelessness. In 2016, the HICH voted and took action on the following items:

- **Adopted the State Framework to Address Homelessness** – The State Framework was formally adopted at the August 29, 2016 regular meeting. The motion passed with 20 members voting in the affirmative, and one member abstaining;
- **Established a PIG to review HICH structure and make recommendations** – At the August 29, 2016 meeting, pursuant to section 92-2.5, HRS, HICH established a permitted interaction group (PIG) to investigate specific matters relating to the official business of the council. The PIG members are: the Chair and representatives from DHS, PIC, BTG, County of Maui, the Senate, and a member of the House of Representatives;
- **Established a PIG to review and develop a sustainability plan for the Hawai'i Pathways Project** – Another PIG was established at the August 29, 2016 regular meeting. The PIG consists of the Chair and representatives from DHS, DOH, PIC, BTG, and the City and County of Honolulu;
- **Adopted a resolution requesting the Hawai'i State Legislature, City and County Councils, and the Continua of Care (CoCs) to utilize the Hawai'i State Framework to Address Homelessness to guide the formulation of policies and programming to address homelessness** – This resolution was formally adopted at the October 17, 2016 regular meeting. The resolution was subsequently transmitted to the Hawai'i State Legislature, City and County Councils, and the CoCs; and
- **Established a PIG to review and provide support for the 2017 statewide homeless PIT** – A third PIG was formally established at the December 12, 2016 regular meeting. The PIG consists of the Chair and representatives from DHS, PIC, and the BTG.



HICH meetings include the opportunity for the public to provide feedback on the council's actions and other issues related to homelessness. A member of the public provides testimony above at the July 2016 meeting of the council. Photo: J. Ford

## V. Conclusion

The HICH and the community has made tremendous progress implementing the Ten-Year Plan and moving the three levers of the State Framework. The homeless response system has embraced the broader philosophy Housing First. Key indicators of progress include: high retention rates in the Housing First programs, consistent use of the VI-SPDAT for coordinated access to services, performance based contracting, and significantly, a decreasing growth rate of the homeless population. Beyond numbers, the new paradigm has changed lives by moving individuals and families experiencing homelessness into housing.

Homelessness in Hawai'i remains the foremost challenge that requires a complete system approach, a significant commitment of time, resources, and a high level of resiliency by all involved. For more information on state efforts to address homelessness, please contact the Governor's Coordinator on Homelessness at (808) 586-0193 or [gov.homelessness@Hawai'i.gov](mailto:gov.homelessness@Hawai'i.gov).



## KEY TERMS AND DEFINITIONS

**Affordable Housing**—In general, housing is considered “affordable” when the cost is less than 30% of a household’s income. When housing costs exceed this amount, a household is considered to be housing-cost burdened. With an estimated 57.5% of renters paying more than one-third of their income to rent, Hawai’i has the second highest number of cost-burdened renters in the nation.<sup>5</sup> The households who face the most severe lack of affordable housing are the extremely low income, who earn less than 30% Area Median Income (AMI), or less than \$28,750 per year for a household of four in Honolulu.

**Chronically Homeless**—A person who is chronically homeless is a homeless person with a disability who has been homeless continuously for at least 12 months, or has been homeless on at least four separate occasions over the past three years. The combined length of time in those four or more occasions must be twelve months or more, as specified in the Final Rule on the definition of “chronically homeless” issued by HUD in December 2015.<sup>6</sup> 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 persons. In Hawai’i there are two CoCs – Partners in Care for the island of 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. The federal funding for homeless services are sometimes also referred to as “CoC funds.” In addition to applying for funding, the CoC is also tasked with administering the annual PIT Count of the homeless population and the annual Housing Inventory Count. These counts provide an overview of the state of homelessness in a CoC.

**Coordinated Entry System**—Coordinated entry is a process to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. A coordinated entry system helps communities to prioritize housing and homeless assistance based on a homeless person’s vulnerability and the severity of their needs, so that people who need assistance the most can receive it in a timely manner. Federal law requires that CoCs establish a coordinated entry system.

**Emergency Shelter**—An emergency shelter generally is a facility with overnight sleeping accommodations that provides short-term, temporary shelter for homeless persons and does not require occupants to sign a lease or occupancy agreement. Emergency shelters differ from

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<sup>5</sup> Corporation for Enterprise Development. *Assets & Opportunity Score Card, Housing Cost Burden – Renters*. Available at: <http://scorecard.assetsandopportunity.org/latest/measure/housing-cost-burden-renters>. Accessed April 25, 2016.

<sup>6</sup> Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically homeless.” 80 Fed. Reg. 75791. (December 4, 2015).

transitional housings (also known as transitional housing) that typically allows a maximum stay of up to 24 months.

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

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

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

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

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

**Housing Inventory Count (HIC)**—The HIC is a PIT inventory of programs within a CoC that provide beds and units dedicated to serve persons who are homeless. The HIC includes beds for emergency shelter and transitional housing, as well as permanent housing beds.

**Maintenance of Effort (MOE)**—The provision of federal funds usually includes provisions that require a state to expend state revenue at a specified level that meet the purpose of the federal funds. Each federal program (TANF, Medicaid, Child care, etc.) has its own MOE requirements. Thus, the expenditure of state funds is the measurement used to assess a state's success in meeting the MOE requirements. The failure to meet the MOE requirements may result in a reduction of federal funds. For example, failure to meet the specified MOE for TANF may result in a reduction of the TANF Block Grant.

**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 not only impact housing status, but also result in cost savings to various public service systems, including health care. The state and city Housing First programs that target chronically homeless persons are both examples of a PSH program.

**Point-In-Time (PIT) Count**—A PIT Count is an unduplicated count on a single night of the people in a community who are experiencing homelessness, and includes both the sheltered and unsheltered populations. HUD requires that communities receiving federal 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 (RR)**—RR 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 RR 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 RR are housing identification, rent and move-in assistance, and case management.

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

**Shallow Rental Subsidy**—Shallow rental subsidy or shallow subsidy refers to financial assistance for housing costs that cover only a fixed portion of the rent for a period of time, as opposed to the full cost of the entire rent on an ongoing basis. The RR program and the special rent supplement program are two different examples of a shallow rental subsidy.

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

**Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)**—The VI-SPDAT is a common tool used to assess the level of need for homeless persons seeking housing

assistance. There are different versions of the VI-SPDAT for use with individuals, families with minor children, and for youth. The tool is used to triage homeless persons into three levels of need—permanent supportive housing, RR, and diversion. The CoC in Hawai'i —both on O'ahu and the neighbor islands have adopted the VI-SPDAT as a common assessment tool for the state's homeless service system.



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Hawaii State Commission on the Status of Women  
Annual Report submitted to the Governor and the Hawaii State Legislature  
pursuant to Section 347-3(8), Hawaii Revised Statutes

December 2016

The Hawaii State Commission on the Status of Women (HSCSW) was created in 1964 by the Executive Order of Governor John A. Burns. The work of the HSCSW is detailed in sections 367-1 and 367-3 (1) through (8), Hawaii Revised Statutes (HRS). This report details the HSCSW's events, programs, conferences and activities during state fiscal year (SFY) 2015-2016.

I. Events and Programs-Oahu

- Organizer and Sponsor, United States Secretary of Labor Thomas Perez roundtable with legislators and community groups, July 2015;
- Applied for one of six competitive grants from the United States Department of Labor Women's Bureau to for paid leave analysis, June 2016;
- Planned National Association of Commissions for Women (NACW) four day conference from July 2015 to June 2016 (actual conference took place in Honolulu during SFY 16-17), with over 30 local and national speakers;
- Participated in the Ms. Foundation Hawaii Learning Tour, featuring various national foundations;
- Met with Nadine Neufville, the Deputy Director of the United States Office on Violence Against Women, Hawaii Attorney General Douglas Chin, Director of Human Services Rachael Wong and their respective staff to discuss emerging issues in Hawaii;
- Sponsored two community screenings of "The Hunting Ground," a documentary about campus sexual assault;
- Participant, Public Policy Forum on "Closing the Gap in Gender Pay Equity" in Hawaii, YWCA of Oahu;
- Continued participation with Honolulu County Domestic Violence Task Force (through January 2016);

- Participated in Global Leadership program with visiting female students from Palo Alto, California;
- Sponsor and Organizer, "Paid Family Leave Advocacy Day" at the Capitol with Healthy Mothers, Healthy Babies Coalition of Hawaii; and
- Applied for and received one of six competitive grants from the United States Department of Labor, Women's Bureau to perform paid leave analysis.

II. Neighbor Island Programs, Events, and Activities-Kauai

Sponsor, Kauai County Committee on the Status of Women, Career Day (February 2016), and

Sponsor, Public Service Announcements on "Healthy Relationships" aired during March, June, and July 2016.

III. Neighbor Island Programs, Events, and Activities-Maui

Sponsor, Domestic Violence Awareness Month activities, and

Sponsor, Women's History Month activities.

IV. Neighbor Island Programs, Events, and Activities-Hawaii

Sponsor, Women's Empowerment Conference at UH-Hilo;

Sponsor, Radio Public Service Announcements on prenatal substance abuse;

Sponsor, Hawaii Island Pride Parade; and

Sponsor, Radio Public Service Announcements on healthy relationships.

V. Honolulu County Programs, Events, and Activities-Oahu

Co-Sponsor, Joint Externship for CEDAW Research with the Honolulu County Committee on the Status of Women; and

Sponsor, Honolulu County Committee on the Status of Women Public Service Announcement/Radio Advertisements on "Consent."

VI. Committees and Taskforces

- Victims of Crime Act (VOCA) Working Group;
- Perinatal Consortium;
- Justice Reinvestment Initiative-Victim Services Group;
- Hawaii Supreme Court Committee on Equality and Access to the Courts/sub committee on cultural competency;
- Hawaii Says No More Core Working Group;
- Paid Family Leave Working Group;
- Co-Chair, Hawaii Women's Coalition;

- Honolulu City and County Domestic Violence Response Task Force, Co-Chair;
- Honolulu County Committee on the Status of Women, Ex-Officio Member;
- Title IX Working Group;
- Co Chair, Act 222 (2015) Affirmative Consent Task Force;
- Women in Construction Working Group;
- Address Confidentiality Working Group; and
- Conference Planning Team, National Association of Commissions for Women (NACW).

VII. Community Advocacy and Provision of Testimony-for the Twenty-Eighth Hawaii State Legislature, 2016:

Through the Hawaii Women’s Coalition, the Commission helped in drafting, revising, and/or advocating for the following legislation:

HB 1701, Relating to Family Courts

HB 1782, Relating to Education

HB 1787, Relating to Education

HB 1895, Relating to Insurance

HB 1897, Relating to Insurance Coverage of Health Screening

HB 1898, Relating to Health

HB 1899, Relating to Licensure of Certified Professional Midwives

HB 1900, Relating to Address Confidentiality

HB 1901, Relating to Domestic Violence

HB 1902, Relating to Sex Trafficking

HB 1903, Relating to a Law Enforcement Standards Board

HB 1904, Relating to Police Commissions

HB 1905, Relating to Domestic Abuse Protective Orders

HB 1906, Relating to Domestic Violence

HB 1907, Relating to Sexual Assault

HB 1908, Relating to the Penal Code

HB 1909, Relating to Equal Pay

HB 1911, Relating to Employers

HB 1918, Relating to Tax Credits for Low Income Renters

HB 1920, Relating to Earned Income Tax Credit

- HB 2011, Relating to Sick Leave
- HB 2084, Relating to Insurance
- HB 2087, Relating to Taxation
- HB 2095, Relating to Chapter 846E, Hawaii Revised Statutes
- HB 2102, Relating to Training
- HB 2106, Relating to Law Enforcement
- HB 2120, Proposing an Amendment to Article I of the Constitution of the State of Hawaii to Establish Rights for Victims of Crimes
- HB 2126, Relating to Employment
- HB 2127, Relating to Labor
- HB 2129, Relating to Education
- HB 2133, Relating to Health
- HB 2282, Relating to Parental Rights
- HB 2669, Relating to Social Workers
- SB 2229, Relating to Paid Leave
- SB 2232, Relating to Education
- SB 2234, Relating to Child and Maternal Death Reviews
- SB 2235, Relating to Education
- SB 2247, Relating to Sentencing
- SB 2290, Relating to Sick Leave
- SB 2291, Relating to Training
- SB 2299, Relating to the State Earned Income Tax Credit
- SB 2300, Relating to Low Income Housing Renters Credit
- SB 2309, Relating to Sexual Assault
- SB 2310, Relating to Domestic Abuse Protective Orders
- SB 2311, Relating to Domestic Violence
- SB 2312, Relating to the Penal Code
- SB 2313, Relating to Equal Pay
- SB 2314, Relating to the Offense of Abuse of Family or Household Member
- SB 2315, Relating to Jury Duty
- SB 2316, Relating to Health
- SB 2317, Relating Health



SB 2318, Relating to Address Confidentiality

SB 2319, Relating to Insurance

SB 2321, Relating to Domestic Violence

SB 2322, Relating to Sex Trafficking

SB 2323, Relating to Insurance Coverage of Health Screenings

SB 2325, Relating to Law Enforcement Standards Board

SB 2326, Relating to Licensure of Certified Professional Midwives

SB 2489, Relating to Department of Defense

SB 2811, Relating to Parental Rights

SB 2953, Relating to Domestic Violence

SB 2961, Relating to Family Leave

#### VIII. National Advocacy and Legislation

- Worked with National Partnership for Women and Families, Institute for Women’s Policy Research, Family Values at Work to assist in advocacy for Paid Family and Medical Leave;
- Worked closely with Family Values @ Work to track family leave trends;
- Worked closely with the United States Department of Labor to educate lawmakers on paid family leave;
- Assisted in statewide advocacy for Paid Family and Medical Leave;
- Assisted in statewide education on pregnancy discrimination; and
- Assisted in statewide education on Title IX.

#### IX. Recommendations

##### Safeguarding Pay Equity and Economic Justice for Hawaii’s Working Families

The Commission recommends the passage of a stringent Equal Pay revision, to ensure that women have actual protection under the law and that employers are cognizant and educated of their responsibilities under state and federal law. Additionally, as part of a strategic plan for economic justice, the state should consider a further elevation of the minimum wage to that of a living wage. Low income women and women of color, many of whom are primary breadwinners for their family, continue to make up the majority of minimum wage jobs and continue to live in poverty. Raising the minimum wage has been identified as a means to close the gender wage gap. Closing the wage gap has been identified as a means to lift a large percentage of families out of poverty.

Continue Implementation and Enforcement of Title IX across the state

Through the Commission's work on the Act 222 (2015) Task Force, and our advocacy in the community to ensure safe schools for all students, it has become clear that Title IX compliance and implementation must be prioritized. In two short years, the University of Hawaii has made impressive gains in terms of Title IX and the Violence Against Women Act (VAWA) training, implementation, and policy revision. The Hawaii Department of Education (DOE) remains under investigation by the United States Department of Education, Office of Civil Rights (OCR), for violations of all protected classes. Victims of violence, assault, and harassment have continually called the Commission office for assistance and guidance in navigating their rights under these laws. The Commission recommends that the DOE strive to train all staff and students on Title IX rights, and more specifically, students right to an education free from harassment and gender discrimination.