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**COUNTY COUNCIL**  
COUNTY OF MAUI  
200 S. HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
[www.MauiCounty.us](http://www.MauiCounty.us)

March 25, 2025

Ms. Lori Tsuhako, Director  
Department of Human Concerns  
County of Maui  
Wailuku, Hawai'i 96793

Dear Ms. Tsuhako:

SUBJECT: **BILL 111 (2024), ESTABLISHING PROCEDURES FOR  
THE REMOVAL AND STORAGE OF PERSONAL  
PROPERTY IN PUBLIC PLACES AND A RIGHT TO  
SHELTER** (WASSP-13)

At the Council's Water Authority, Social Services, and Parks Committee meeting of March 24, 2025, the Committee discussed the attached report, entitled "Recommendations to Address Homelessness in Maui County," prepared by EConorthwest.

May I please request your response to the following:

1. Please provide the following copies:
  - a. Request for Proposal 22-23/P-67 for the report, entitled "A Homeless Strategic Plan."
  - b. Signed agreement with EConorthwest.
2. Did the report completed under RFP 22-23/P-67 fulfill the Department's requested scope of work? Why or why not?
3. To improve "all aspects of the homelessness support system," the report recommends "effective coordination and collaboration between organizations that interact with unhoused and housing insecure people in Maui County." Will the Department take the lead

Ms. Lori Tsuhako  
March 25, 2025  
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in increasing coordination and collaboration between these organizations? Please explain.

May I further request you transmit your response to [wassp.committee@mauicounty.us](mailto:wassp.committee@mauicounty.us) by **April 16, 2025**. To ensure efficient processing, please include the Committee item number in the subject line.

Should you have any questions, please contact me or the Committee staff (Clarissa MacDonald at ext. 7135, or Criselda Paranada at ext. 7668).

Sincerely,



SHANE M. SINENCI, Chair  
Water Authority, Social Services, and  
Parks Committee

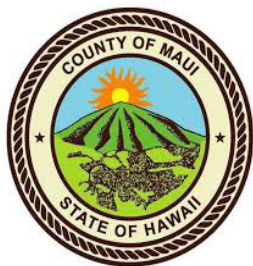
wassp:ltr:013ahc01:clm

Attachment

cc: Mayor Richard T. Bissen, Jr.  
Deputy Director of Human Concerns  
Victoria J. Takayesu, Corporation Counsel  
Mimi Desjardins, First Deputy Corporation Counsel

# Recommendations to Address Homelessness in Maui County

► Prepared for the County of Maui Department of Human Concerns  
Prepared by EConorthwest in Collaboration with Koné Consulting and Munekiyo Hiraga



**ECONorthwest**

**koné**   
consulting



**MUNEKIYO HIRAGA**

# Acknowledgments

**ECONorthwest** prepared this report with support of our partners, **Koné Consulting** and **Munekiyo Hiraga**. The project team acknowledges with gratitude the numerous individuals and organizations that made this work possible. We thank the dozens of ***people with lived experience of homelessness in Maui County*** who spoke to us and shared their insight and experiences. We are appreciative of the service providers who supported our team with outreach and hosted focus groups at their facilities, especially ***Family Life Center, Ka Hale A Ke Ola, and Project Vision***. We would also like to recognize and express gratitude for the involvement of Maui County staff, service providers, and residents.

That assistance notwithstanding, ECONorthwest is responsible for the content of this report. ECONorthwest staff contributing to this report included Cadence Petros, Sam Tedford, Taylor Burton, Madeline Miller, John Tapogna, Parmis Taraghi, and Mackenzie Visser.

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ECONorthwest

503-222-6060

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# Land Acknowledgement

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We acknowledge with respect that Hawai'i is the traditional and ancestral homelands of people who are identified as Native Hawaiians today. We acknowledge that the United States government and citizens of the United States illegally overthrew the Hawaiian monarchy and forced Queen Lili'uokalani to yield the Hawaiian Kingdom to the United States government under duress. We acknowledge that the United States government suppressed the inherent sovereignty of the Native Hawaiian people, stole land from Native Hawaiian people, and continues to illegally occupy Hawai'i.

We recognize with gratitude that all people within Maui County are nourished and sustained by the land and waterways that have been stewarded by Native Hawaiians for millennia. We recognize the intrinsic connection between the health and well-being of Native Hawaiians and the land and waterways of the Hawaiian Islands. We recognize the importance of preserving and protecting Native Hawaiian cultural identity, including spiritual and traditional beliefs, customs, practices, language, and social institutions for future generations.

We reflect on these truths to ground our understanding of the root causes of homelessness in Maui County. We understand systemic inequities that affect Native Hawaiians, such as colonization, trauma, and environmental change, contribute to the state of homelessness in Maui County today. We understand that Native Hawaiians are uniquely and disproportionately affected by the issue of homelessness as well as other economic, environmental, health, and social challenges in Maui County. We understand that to address homelessness in Maui County, we must also strive to right and balance our relations with Native Hawaiians.



# 1. Introduction

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## Purpose

**The purpose of this report is to identify strategies and actions that could reduce and prevent homelessness and strengthen the physical health, mental health, and social supports for unsheltered residents in Maui County.** This report shares findings from engagement with communities with lived experience of homelessness and housing insecurity, a review of evidence-based solutions, an evaluation of the current Maui County homelessness support system, and a set of recommendations to achieve more equitable outcomes.

## Background Context

The County of Maui originally commissioned this project in late 2022 through an open and competitive Request for Proposals process. EConorthwest, Koné Consulting, and Munekiyo Hiraga (herein referred to as “the project team”) jointly submitted a proposal. The County of Maui selected and contracted the project team in mid-2023. The impacts of the West Maui fire in August 2023 halted project work and shifted the scope of the project when it resumed in mid-2024. The scope of the project changed in two key ways:

- » Expanded to include more direct engagement with people with lived experience of homelessness, especially those who were impacted by the West Maui fires, and service providers; and
- » Eliminated an analysis of current funding sources and uses.

## Process and Methods

### Listening to Those Closest to the Problem

A central component of this project was in-depth and meaningful engagement with the people most impacted by homelessness and housing instability in Maui County. The project team engaged with two core groups: people with lived experience of homelessness and service providers within Maui County’s homelessness support system

### PEOPLE WHO HAVE LIVED EXPERIENCE OF HOMELESSNESS

The project team used a focus group format and the Institute for Cultural Affairs’ Technology of Participation (ToP)<sup>1</sup> method to engage with people with lived experience. ToP methods support genuine participation, which leads to long term commitment and quality

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<sup>1</sup> Learn more about Technology of Participation facilitation methods on the website: <https://www.top-training.net/w/privateevent/>



outcomes, and more effective teamwork. ToP methods recognize and honor contributions from all group members, identify commonalities and pool contributions into useful patterns - all while welcoming diversity and minimizing conflict. Focus group formats foster a conversation that is equally driven by participants as it is by facilitators. This allowed people with lived experience to bring attention to topics that matter to them and present different perspectives for understanding homelessness in Maui County.

In addition to using the highly inclusive ToP method, the project team also used a Trauma-Informed, Socially Just Research Framework<sup>2</sup> to inform best practices for data collection from people with lived experience of trauma. The framework was used to:

- ◆ Assess the proximity to and power over socioeconomically disadvantaged communities through community engagement
- ◆ Uphold an ethical responsibility to prioritize social justice orientation in our work
- ◆ Seek to understand trauma and adversity experienced by partners and the project team
- ◆ Make an active commitment to alleviate trauma and harm experienced by partners and the project team
- ◆ Center identities to resist re-traumatization and promote transformative interactions
- ◆ Incorporate and embed anti-racist and decolonizing methodologies and approaches, in partnership with people with lived experience

In addition to following these guidelines, the project team also provided \$75 as compensation for each focus group participant.

During the initial site visit in June, the project team conducted six 90-minute focus groups. Each focus group followed a similar format: 1) introductions and group agreements, 2) discussion of how people become unhoused and where unhoused people find help, and 3) a group exercise focused on potential solutions. In the group exercise, focus group participants worked individually and then as a group to create a set of responses to this prompt:

*Imagine it's 10 years from now and you've been asked to come back and reflect on how things have gotten better for unhoused people in Maui County. What happened to make Maui's response to homelessness and housing insecurity better?*

During the second site visit in October, the project team conducted three focus groups. Each focus group was 90-minutes and followed a similar format: 1) reviewing posters about preliminary findings and potential recommendations, and 2) discussing changes to the draft recommendations and identify priorities. The group activity prompt was:

*Over the next year, what short-term, high-priority, innovative actions should be taken to address the gaps and shortcomings in Maui County's housing options and homelessness services?*

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<sup>2</sup> Learn more about the Trauma-Informed, Socially Just Research Framework in the [2021 Research Brief](#)





The lived experience focus groups are summarized in the table below.

| FOCUS GROUP                | HOST                     | PARTICIPANTS  | TOTAL     |
|----------------------------|--------------------------|---|-----------|
| <b>1</b><br>(June 2024)    | Ka Hale<br>A Ke Ola      | People currently experiencing homelessness and staying in a shelter, including families with children, older adults, and people with disabilities   | 7         |
| <b>2</b><br>(June 2024)    | Ka Hale<br>A Ke Ola      | West Maui fire survivors who were housed before the fire, including people who have experienced homelessness, Native Hawaiians, and low income people   | 13        |
| <b>3</b><br>(June 2024)    | Project<br>Vision        | People currently experiencing homelessness and staying in a shelter, including West Maui fire survivors, older adults, and people with disabilities and severe health conditions  | 15        |
| <b>4</b><br>(June 2024)    | Family<br>Life<br>Center | People currently experiencing homelessness and staying in a shelter and people who have experienced homelessness who became stably housed, including families with children, people with criminal legal system involvement, and people recovering from SUDs | 3         |
| <b>5</b><br>(June 2024)    | Family<br>Life<br>Center | People who have experienced homelessness who became stably housed, including West Maui fire survivors, older adults, Native Hawaiians, and people with severe health conditions   | 3         |
| <b>6</b><br>(June 2024)    | Share<br>Your<br>Mana    | People who have experienced homelessness, including families with children, Native Hawaiians, and older adults  | 4         |
| <b>7</b><br>(October 2024) | Ka Hale<br>A Ke Ola      | West Maui fire survivors who were housed before the fire, including people who have experienced homelessness, Native Hawaiians, and low income people   | 9         |
| <b>8</b><br>(October 2024) | Project<br>Vision        | People currently experiencing homelessness and staying in a shelter, including West Maui fire survivors, older adults, and people with disabilities and severe health conditions  | 14        |
| <b>9</b><br>(October 2024) | Share<br>Your<br>Mana    | People who have experienced homelessness, including people who are currently unsheltered and older adults   | 11        |
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## SERVICE PROVIDERS AND COMMUNITY LEADERS

The project team engaged with service providers through in-person workshops and a combination of in-person and virtual interviews and meetings over the course of the project. Engagement with service providers was used to identify strengths and gaps in the homelessness support system and develop potential solutions for improvement.

The project team held in-person workshops and interviews with community leaders and service providers on Lānaʻi, Molokai, and Maui. The ToP workshop method was used to engage with providers. The workshop approach was effective for the project team as well as for information exchange and relationship building amongst participants. The project team highly recommends the County continue to use participatory, inclusive engagement approaches focusing on the people most impacted by the issue when engaging the



community about homelessness. The project team observed participants helping each other solve problems in real-time through dialogue. Service providers requested more similarly structured workshops and opportunities for further coordination and collaboration.

The service provider workshops are summarized in the table below.

| WORKSHOP                   | LOCATION | PARTICIPATING ORGANIZATIONS  | TOTAL     |
|----------------------------|----------|--|-----------|
| <b>1</b><br>(June 2024)    | Lānaʻi   | <ul style="list-style-type: none"> <li>Maui County Council</li> <li>Lānaʻi Community Hospital</li> <li>State of Hawaiʻi Department of Health</li> </ul>  | 4         |
| <b>2</b><br>(June 2024)    | Maui     | <ul style="list-style-type: none"> <li>Women Helping Women</li> <li>Family Life Center</li> <li>Project Vision Hawaiʻi</li> <li>State of Hawaiʻi Department of Education</li> <li>Legal Aid Society of Hawaiʻi</li> </ul>  | 11        |
| <b>3</b><br>(June 2024)    | Molokai  | <ul style="list-style-type: none"> <li>County of Maui Commission on Healing Solutions for Homelessness</li> <li>County of Maui Fire Department</li> <li>County of Maui Parks and Recreation Department</li> <li>County of Maui Police Department</li> <li>State of Hawaiʻi Office of Hawaiian Affairs</li> <li>Family Life Center</li> <li>State of Hawaiʻi Department of Health</li> </ul>  | 9         |
| <b>4</b><br>(October 2024) | Maui     | <ul style="list-style-type: none"> <li>Salvation Army</li> <li>Holomua Outreach</li> <li>Family Life Center</li> <li>State of Hawaiʻi Department of Health</li> <li>Maui Rapid Response</li> <li>State of Hawaiʻi Department of Education</li> <li>Ka Hale A Ke Ola</li> <li>Share Your Mana</li> <li>County of Maui Department of Human Concerns</li> <li>County of Maui Office of the Mayor</li> </ul>   | 22        |
| <b>5</b><br>(October 2024) | Molokai  | <ul style="list-style-type: none"> <li>Maui County Council</li> <li>County of Maui Commission on Healing Solutions for Homelessness</li> <li>County of Maui Police Department</li> <li>Family Life Center</li> <li>State of Hawaiʻi House of Representatives</li> <li>State of Hawaiʻi Department of Health</li> <li>Kaunakakai Baptist Church</li> <li>Molokai Child Abuse Prevention Pathways</li> <li>Maui Family Support Services</li> </ul> | 10        |
|                            |          |  | <b>56</b> |



## Learning from Evidence-Based Solutions

Using relevant, validated, and repeatable research and analysis to support decision-making is the basis of evidence-based solutions. Using evidence-based practices may require disrupting patterns of “doing what we’ve always done, because we’ve always done it that way,” because they require us to question our assumptions and seek out new information about how to solve a problem. Implementing evidence-based practices still requires practitioner expertise and close collaboration with people who are directly impacted by an issue to ensure a given practice is applicable and aligned with the specific needs of a community or client.

This report draws on best, promising, and innovative practices from published literature, case studies, and lived experiences of those closest to the issue. This blend of evidence strengthens the recommendations herein to ensure they align with Federal guidance, learn from emerging practices from other communities, and are grounded in the local context of Maui.

## Moving Toward Consensus

This report is community and data-informed, but it has not been developed through consensus from key stakeholders. A consensus-based approach would involve an organized group of stakeholders coming together to create a strategic plan that all participants actively support. This process requires stakeholders to have a common goal, a commitment to consensus, trust and openness, sufficient time, and active participation.<sup>3</sup> Maui county’s homelessness support system is not in a state that would allow for a consensus-based strategic planning process. The recommendations for coordination and collaboration in this report and the process used to develop them are intended to function as a bridge to support stakeholders in Maui county in moving toward shared goals and trust so that consensus is possible in the future.

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<sup>3</sup> Adapted from Seeds for Change “[Consensus Decision Making: a short guide](#)”



## Language and Layout

Language often fails to capture the complexity and diversity of the human experience. While language about our experiences and the social identities that we carry can be a tool of oppression and division, it can also be a tool for advocacy, awareness, and communication. We acknowledge the great range of variation in how people self-identify, and we use the following imperfect terms for consistency and clarity of meaning throughout the report:

- ◆ **Homelessness:** We use this term to refer broadly to the phenomenon of people losing or being unable to attain consistent access to safe and stable housing. Definitions of homelessness vary in different legal, funding, and social contexts. While the concept of a home, where one feels belonging and connection to place and community, is not limited to housing, we use this imperfect term throughout the report due to its recognizability and prevalence within the communities we engaged with.
- ◆ **Unhoused:** When referring to people who are currently experiencing homelessness, we use the term unhoused people. We recognize that many people who are unhoused in Maui, still consider Maui home. The term unhoused attempts to honor the nuances of individual concepts of home. For many, not having a house may not be the same thing as not having a *home*, especially for Native Hawaiians who have traditional and ancestral connections to the land and waterways of Hawai'i. People with lived experiences of homelessness may also find and form community that creates a sense of belonging.
- ◆ **Housing Insecurity:** People who are housing insecure experience precarity and instability in their current housing situation. This includes a range of experiences from spending more than a third of your income on housing costs (housing cost burden), facing displacement pressures, doubling up or overcrowding a housing unit to share housing costs, living in substandard housing conditions due to a lack of options, living in housing without a formal lease or arrangement, and more. People who are housing insecure typically face the greatest risk of becoming unhoused.



## 2. Current State of Homelessness in Maui County

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### Homelessness Causes and Contributors

#### Root Causes for Homelessness and Housing Insecurity

Empirical research shows that the prevalence of homelessness in a community is largely determined by two key factors:

- ◆ **Housing availability and cost** is a strong predictor of homelessness. Studies show that cost and availability of rental housing has a high and statistically significant correlation with rates of homelessness in different regions across the U.S.<sup>4</sup> Other factors tested, including mental illness, addiction, poverty, weather, and availability of public assistance, do not explain variations in the prevalence of homelessness.
- ◆ **Income inequality** is another significant explanation for homelessness. A study of 239 communities in the U.S. found that there is a clear link between local income inequality and homelessness.<sup>5</sup> This study also acknowledges that the relationships between income inequality, renter cost burden, home values, and homelessness are closely intertwined.

Both factors are complex, adaptive problems with multiple systems affecting them. Economic factors, regulatory environment, and systemic racism play a major role in shaping outcomes in housing and income. In Hawai'i, tourism has a strong impact on both housing availability and income inequality.

While there are many other contributors to homelessness, these two factors more consistently account for differences between rates of homelessness in different communities. When other variables are held constant, **personal reasons and other individual circumstances do not measurably influence rates of homelessness**.

#### Social Inequities and System Failures Determine *Who* Becomes Unhoused

While housing shortages and income inequality can predict the *extent* of homelessness in a community, *who* specifically becomes unhoused is related to longstanding social inequities, failures within other systems, and personal circumstances.

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<sup>4</sup> Colburn, Gregg and Clayton Aldern. Homelessness is a Housing Problem. 2022. University of California Press.

<sup>5</sup> Byrne, Thomas, Benjamin Henwood, and Anthony Orlando. 2021. "A Rising Tide Drowns Unstable Boats: How Inequality Creates Homelessness". Annals of the American Academy of Political and Social Science. 692: 28-44.



- ◆ **Social inequities lead to disproportionate outcomes in homelessness.** When housing is scarce, people with more barriers to access – like poverty, criminal convictions, mental illness, substance use disorders – are more likely to be shut out of the housing market and become unhoused. Income inequality disproportionately affects low-income people and people of color.
- ◆ **Gaps and failures in the foster care system, health care systems, and the criminal legal system contribute to homelessness.**<sup>6</sup> Inadequate transitions from these systems, where individuals exit with no plan or support for finding a job or housing, often result in those people becoming unhoused. For example, discharge from a hospital is a critical moment that affects the likelihood that someone will become or remain unhoused and has a strong influence on health outcomes for that person. These system failures do not *cause* homelessness but act as a key touchpoint for it.
- ◆ **People with direct leases for their housing** (i.e. their name is on a formal lease contract) **more often report losing housing due to economic reasons like loss of income.** Economic reasons frequently intersect with social and health crises like a family member’s health crisis leading to the loss of a job. People who are not directly on a lease for their housing (i.e. family members living together, partners, informal roommates) more often report losing housing due to social reasons like conflict with a family member.<sup>7</sup>
- ◆ **Housing cost is the primary barrier that prevents people from re-entering permanent housing on their own.** After cost, barriers like lacking necessary documentation, discrimination, eviction history, credit history, physical or behavioral health conditions, and considerations like having enough space for children prevent people from becoming housed after the initial loss of housing.<sup>8</sup>

## HOUSING AND MUSICAL CHAIRS

The difference between root causes of homelessness and individual circumstances that affect who becomes unhoused can be illustrated by the game musical chairs. In this game, people walk in a circle around a set of chairs as music plays. There is always one less chair available than the total number of players. When the music stops, everyone must scramble to find a spot to sit – leaving one person without a chair. That person loses, and the game continues by removing one more chair from the game.

Now, say one of the players recently sprained an ankle and is using crutches to move around. They may be less mobile and move slower than usual. This injury and mobility impairment would put them at a disadvantage in the game. **Individual circumstances influence *who* loses, but the root cause of losing is the removal of a chair.** (adapted from Colburn and Aldern, 2022)

<sup>6</sup> Thornton, Gavin, James Koshiba, and Joyce Lee-Ibarra. 2017. Touchpoints of Homelessness: Institutional Discharge as a Window of Opportunity for Hawai’i’s Homeless. Hawaii Appleseed Center for Law and Economic Justice. <https://humanservices.hawaii.gov/wp-content/uploads/2018/02/Touchpoints-of-Homelessness-Report-Final.pdf>

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.



## Disrupting Common Misconceptions about Homelessness

Public perception of homelessness is heavily influenced by a small extent of visible homelessness. People who have experienced homelessness do not all look or act the same way. Their experiences and stories are as unique and personal as any other person's.

| MYTH   | FACT  |
|--|---|
| ✗ <i>People are homeless because they don't want to work.</i>    | » Statistical testing of rates of <b>unemployment does not substantiate or explain variation in rates of homelessness.</b> <sup>9</sup> |
| ✗ <i>People are homeless because they are addicted to drugs.</i> | » Statistical testing of rates of <b>drug use does not substantiate or explain variation in rates of homelessness.</b> <sup>10</sup>    |
| ✗ <i>People who are homeless want to live on the streets.</i>    | » Data shows that <b>most unhoused people in Maui are living in shelters.</b> <sup>11</sup>   |
| ✗ <i>People come from the mainland to be homeless in Maui.</i>   | » Data shows <b>less than 2% of people served in the HMIS moved to Maui within the past year.</b> <sup>12</sup>                         |

More fact and fiction clarifications are available from the U.S. Interagency Council on Homelessness (USICH).<sup>13</sup>

### A TALE OF TWO CITIES

Research about what causes homelessness typically compares data about multiple communities to look at factors that universally influence rates of homelessness. For example, in one such study, they compared Huntington, West Virginia, and Los Angeles, California. Los Angeles has a high rate of homelessness, and Huntington has a low one. However, Huntington leads the nation in rates of drug addiction and overdoses. This study found that despite having high rates of drug addiction and overdoses, the availability of low cost housing means that people in Huntington remain housed at higher rates than people in L.A. Therefore, we know that drug addiction and overdoses are not predictors of homelessness, while housing availability and affordability are.

Source: Bierman, Noah. "West Virginia has the nation's worst drug problem, but much less homelessness than L.A.". 2023. LA Times. (Accessed on May 9, 2023 <https://www.latimes.com/homeless->

<sup>9</sup> Colburn, Gregg and Clayton Aldern. Homelessness is a Housing Problem. 2022. University of California Press.

<sup>10</sup> Ibid.

<sup>11</sup> The 2024 Point-in-Time count found that 56% of unhoused people in Maui County on a given night are sheltered. Nationally, only 1 out of every 10 unsheltered people is chronically unsheltered.

<sup>12</sup> The 2024 Point-in-Time count found that less than 2% of unhoused people in Maui County on a given night moved to Hawaii within the last year.

<sup>13</sup> United States Interagency Council on Homelessness, Data and Trends, [Homelessness Fact vs Fiction](#)



## Different People Have Different Needs

People who are unhoused and housing insecure in Maui County are not all the same. The solutions and supports that work for some may not work for others. Effective solutions recognize the differences in experiences and needs of Maui County's diverse population.

- ♦ **West Maui Fire Survivors** have experienced trauma and immense loss. The 2023 fires in West Maui devastated thousands of people and dramatically changed the landscape for housing in the whole county. Some survivors were stably housed before the fire while others were unhoused or housing insecure. Many survivors are unhoused or housing insecure today.
- ♦ **People with Low Incomes** are at higher risk of being unhoused or housing insecure. The cost of housing and other living expenses has increased substantially in recent years while incomes have remained stagnant. People with lower incomes have less of a buffer when unexpected changes happen like medical emergencies or natural disasters.
- ♦ **Youth** who experience family conflict and significant trauma are at high risk of homelessness.<sup>14</sup> Young people who have been involved in the child welfare, foster care, and juvenile justice systems are also more likely to become homeless.
- ♦ **Older Adults** who live on very low incomes are at higher risk of becoming unhoused.<sup>15</sup> They may have health conditions that impair their mobility or affect their ability to work.
- ♦ **People with Physical Health Concerns or Disabilities** may need specific accessibility accommodations or require medical treatment. Many people become unhoused when a health condition becomes disabling. Homelessness itself can exacerbate chronic medical conditions.
- ♦ **People with Mental Illness or Neurodivergence** may have functional impairments that substantially interfere with or limit major life activities.<sup>16</sup> They may need specific accessibility accommodations or require medical treatment.
- ♦ **People with Substance Use Disorders** may have significant impairments in their ability to work, interact in healthy ways with their family and neighbors, and fulfill major life functions. They are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions.

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<sup>14</sup> National Alliance to End Homelessness. 2023. "Youth and Young Adults"

<https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

<sup>15</sup> National Alliance to End Homelessness. 2022. "Older Adults."

<https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/older-adults/>

<sup>16</sup> Substance Abuse and Mental Health Services Administration. 2019. "Mental Health and Substance Use Disorders" <https://www.samhsa.gov/find-help/disorders>.





- ◆ People with **Criminal Legal System Involvement** may experience discrimination in housing and employment. Without stability and transitional support, it can be much harder to avoid future criminal legal system involvement.
- ◆ **Survivors of Domestic or Intimate Partner Violence** may struggle to find housing and other supports after leaving an abusive relationship. Safety is a top priority for survivors.
- ◆ **Communities on Lānaʻi and Molokai** face unique issues and have their own cultural contexts. Healthcare access, transportation, and housing availability are extremely challenging on these islands. High rates of non-resident land ownership drive inequities and affect the feasibility of many solutions.





- **The number of unhoused people counted in the annual Point-in-Time count has decreased year-over-year for the past three years, but the number of people who have been served by the homelessness support system has increased.**
- **Native Hawaiians are disproportionately represented within the unhoused population in Maui County.**
- **Nearly 1 in 4 people who were served by the homelessness support system in Maui County were under the age of 18.**

## Scale of Homelessness

### Total Number of People Experiencing Homelessness in Maui County

Maui County uses two methods for counting the number of people who are experiencing homelessness: point-in-time count and HMIS touchpoints.

- ◆ The **Point-in-Time (PIT) Count** represents a snapshot of homelessness on a single night in January each year. The PIT estimate follows a standard process prescribed by the United States Housing and Urban Development Department (HUD). PIT counts tend to underestimate the true number of people experiencing homelessness.<sup>17, 18</sup>
- ◆ The **HMIS touchpoints** approach is a summary of the number of people who were reached or served by specific parts of the homelessness support system in one year. In Maui County, these estimates include unduplicated counts of outreach, emergency shelter, transitional housing, and rapid re-housing data in the Homeless Information Management System (HMIS). This method, while more inclusive than the PIT count, does not include touchpoints with any homelessness support system service providers who do not report up to the HMIS or with individuals who are not documented within the HMIS.

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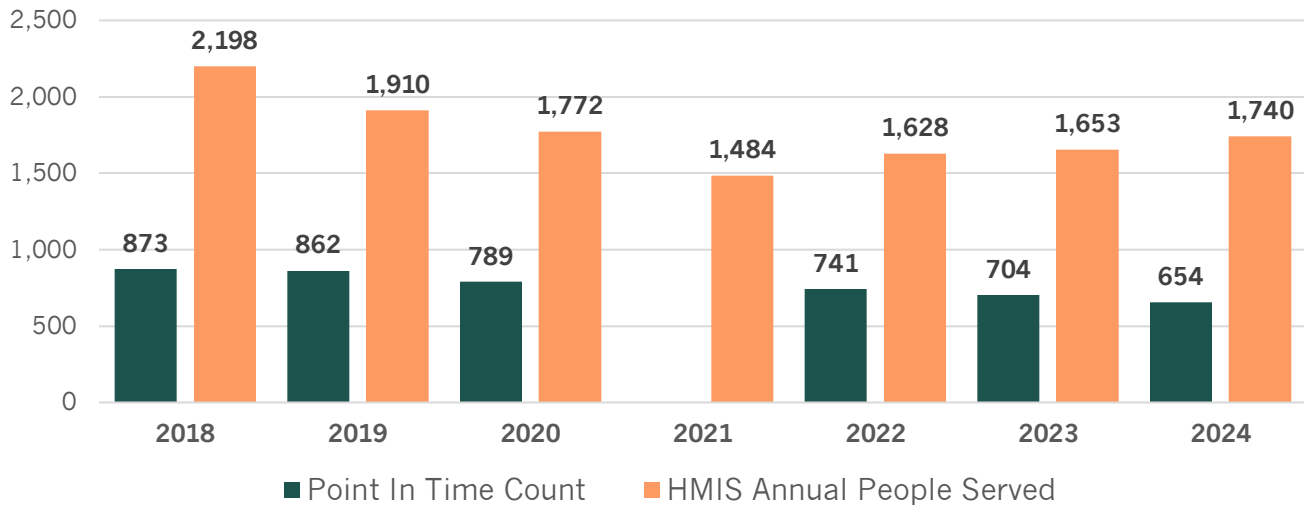
<sup>17</sup> Tsai, Jack, and Jemma Alarcón. 2022. "The Annual Homeless Point-In-Time Count: Limitations and Two Different Solutions." *American Journal of Public Health* 112 (4): 633–37. <https://doi.org/10.2105/ajph.2021.306640>

<sup>18</sup> Schneider, Monika, Daniel Brisson, and Donald Burnes. 2016. "Do We Really Know How Many Are Homeless?: An Analysis of the Point-In-Time Homelessness Count." *Families in Society: The Journal of Contemporary Social Services* 97 (4): 321–29. <https://doi.org/10.1606/1044-3894.2016.97.39>.



## People Experiencing Homelessness in Maui County, 2018-2024

Source: Bridging the Gap Homeless Point-in-Time Count and Metrics that Matter Dashboard



Note: No Point-in-Time Count was conducted in 2021. PIT data from 2024 in the chart above do not include West Maui fire survivors who were staying in disaster response shelters.

**The estimated number of people who experience homelessness in Maui County in a year has risen year-over-year since 2021 but has remained lower than the peak in 2018.** HMIS touchpoints are consistently 2 to 2.6 times higher than the annual PIT count. PIT estimates have declined year-over-year since 2018, though no PIT count was conducted in 2021 due to disruptions caused by the COVID-19 pandemic.

In addition to the standard annual PIT count, the 2024 PIT count collected data about people who became unhoused as a result of the West Maui fires in August 2023 and who were staying in specific disaster response shelters. These populations were counted separately from other unhoused populations to maintain comparability of data year-over-year. **In total, on January 22, 2024, there were 5,899 unhoused people counted in Maui County.**

### Emergency Shelters on Maui for West Maui Fire Survivors, 2024

Source: Bridging the Gap, Homeless Point-in-Time Count January 22, 2024

| EMERGENCY NON-CONGREGATE SHELTER FOR FIRE SURVIVORS |       |
|---|-------|
| Total Shelters                                      | 30    |
| Total Households                                    | 2,328 |
| Total People  | 5,245 |

## Who is Unhoused in Maui County

Data from the annual PIT count and the HMIS touchpoints can be disaggregated by characteristics of the people who are unhoused. Through this disaggregation we can identify populations that are overrepresented in the unhoused population in Maui County. PIT data shows that **Native Hawaiians and Pacific Islanders are disproportionately represented in the unhoused population in Maui County.** The most recent Census data show that Native Hawaiians and Pacific Islanders, including people who identify as more than one race, made



up 28.7% of the Maui County total population.<sup>19</sup> However, the most recent PIT data indicated at least 37% of the unhoused population was Native Hawaiian and Pacific Islander. The number of unhoused people who are Native Hawaiian and Pacific Islander and identify as more than one race are likely included in the multi-racial data category as well.

Disaggregated data also tell us about the unhoused population overall. While they are less disproportionately represented compared to their share of the total population,<sup>20</sup> HMIS touchpoints indicate that roughly **1 in 4 unhoused people in Maui County is a youth (person under the age of 18)**. Children under the age of five are overrepresented in the unhoused population in Maui County.<sup>21</sup> Older adults (people over ages 62 and older) account for approximately 13% of the people who are unhoused in Maui County.<sup>22</sup>

For the first time in more than five years, the PIT count indicated there were more sheltered than unsheltered unhoused people in Maui County. PIT data also show declines in chronic homelessness, substance use disorders, and mental health disabilities since recent highs in 2022.

### Disaggregated Maui County Point in Time Count, 2022-2024

Source: Bridging the Gap, Homeless Point-in-Time Counts

|   | Point in Time Count |      |      |
|---|---------------------|------|------|
|   | 2022                | 2023 | 2024 |
| Sheltered                                 | 41%                 | 45%  | 56%  |
| Unsheltered                               | 59%                 | 55%  | 44%  |
| Chronic Homelessness                      | 43%                 | 32%  | 30%  |
| Substance Use Disorder                    | 34%                 | 28%  | 25%  |
| Mental Health Disability                  | 40%                 | 35%  | 32%  |
| Children (under 18)                       | 22%                 | 21%  | 17%  |
| Older Adults (62+)                        | 12%                 | 14%  | 14%  |
| Female                                    | 42%                 | 43%  | 41%  |
| Male                                      | 57%                 | 56%  | 58%  |
| Gender Nonconforming                      | 0.1%                | 0.1% | 0.3% |
| Native Hawaiian or Other Pacific Islander | 30%                 | 32%  | 37%  |
| White                                     | 28%                 | 32%  | 28%  |
| Multi-Racial                              | 31%                 | 25%  | 24%  |

<sup>19</sup> 2023 American Community Survey 1-Year Estimates indicate that 9.8% of the total population in Maui County identifies as Native Hawaiian or Pacific Islander alone but 28.7% identify as Native Hawaiian and Pacific Islander alone or in combination with one or more other races.

<sup>20</sup> 2023 American Community Survey 1-Year Estimates indicate that 20.6% of the total population in Maui County was under the age of 18.

<sup>21</sup> The population under the age of 5 in Maui County is consistently about 5% according to American Community Survey Estimates but accounts for 9% of the unhoused population counted in the HMIS.

<sup>22</sup> 2023 American Community Survey 1-Year Estimates indicate the 25.4% of the total population in Maui County was 62 years and older in age.



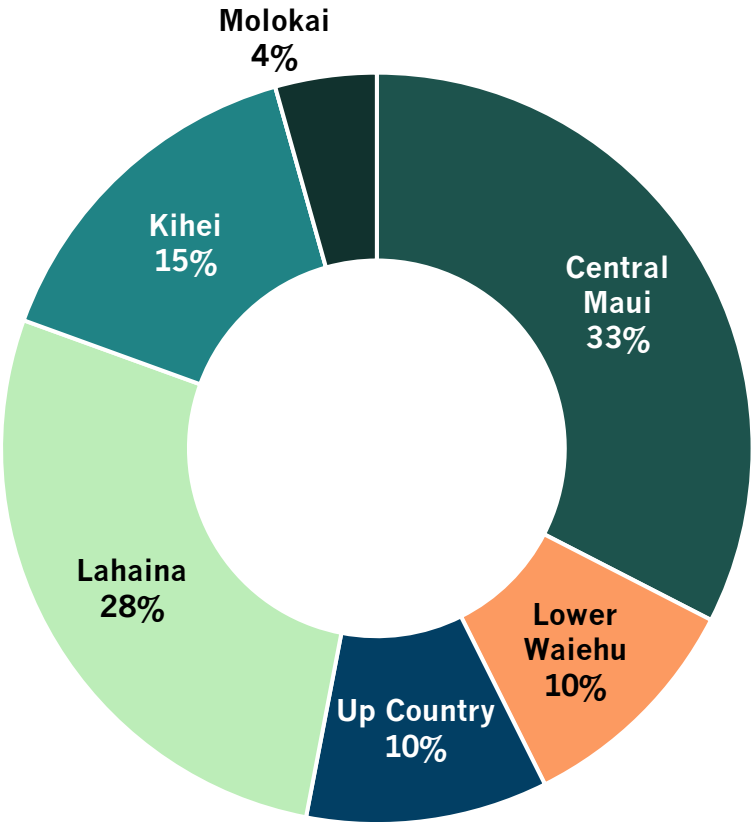
Disaggregated HMIS Touchpoints in Maui County, 2022-2024

Source: Bridging the Gap, [Metrics that Matter Dashboard](#)<sup>23</sup>

|                                      | HMIS Touchpoints |      |      |
|--------------------------------------|------------------|------|------|
|                                      | 2022             | 2023 | 2024 |
| Families with Children               | 17%              | 24%  | 19%  |
| Single mother families with children | 11%              | 17%  | 13%  |
| Children under 5                     | 9%               | 11%  | 9%   |
| Youth and children (under 18)        | 22%              | 28%  | 23%  |
| Older Adults (62+)                   | 13%              | 11%  | 13%  |
| Lived in Hawai'i Less than 1 Year    | 2%               | 2%   | 1%   |
| Lived in Hawai'i More than 20 Years  | 44%              | 41%  | 43%  |

Geographic Distribution of Unsheltered Homelessness in Maui County, 2024

Source: Bridging the Gap, Homeless Point-in-Time Count January 22, 2024

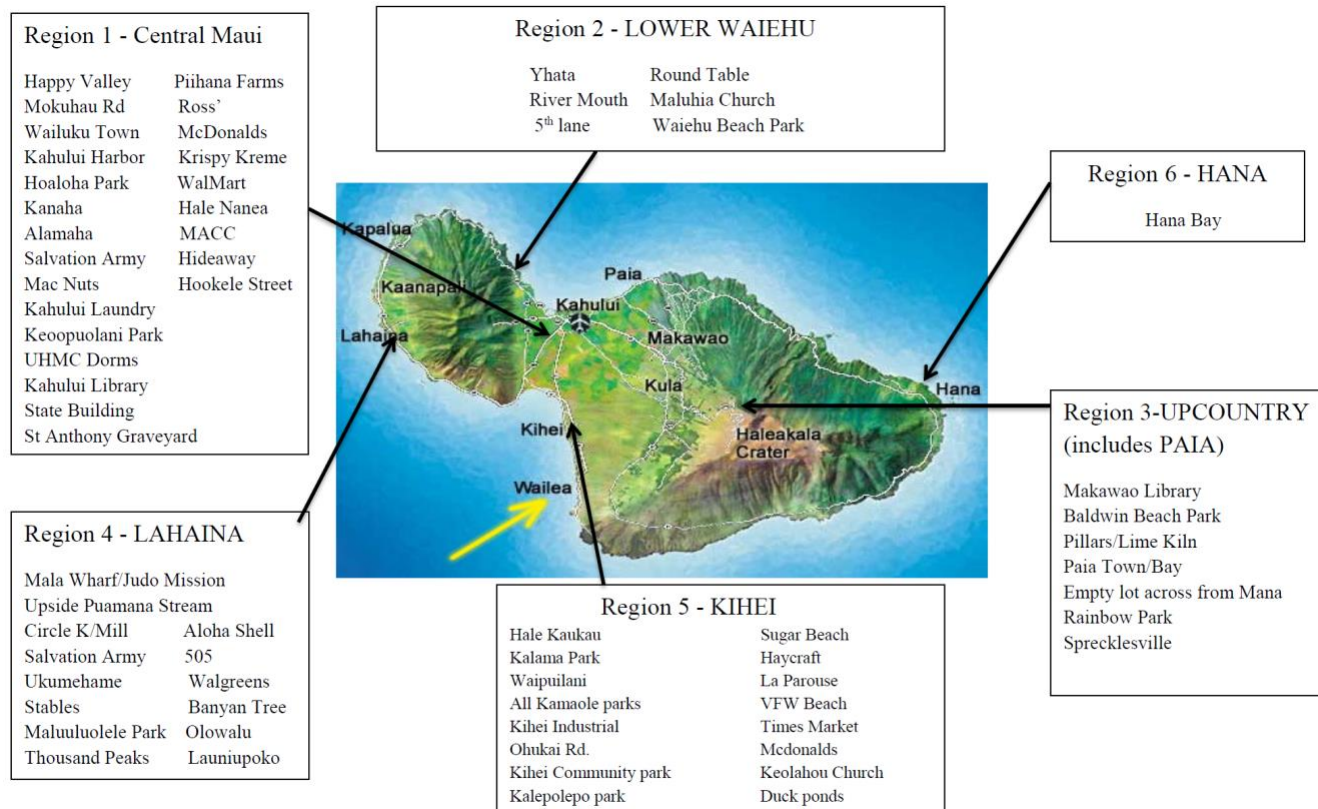


<sup>23</sup> Data were accessed on December 4, 2024, and may not include final year-end estimates for 2024.



## Maui PIT Count Regions

Source: Bridging the Gap, Homeless Point-in-Time Count, January 22, 2024



# 3. Maui County Homelessness Support System Assessment

## Ideal State

Through evidence-based practices, we can understand how an ideal homelessness support system would operate. In an ideal system, crises would be few and far between due to robust prevention and resilience supports. And when crises do happen, there is a rapid and holistic response to the person experiencing a crisis followed seamlessly by efforts to stabilize the individual based on their specific crisis.

The image below summarizes the ideal state of a homelessness support system.

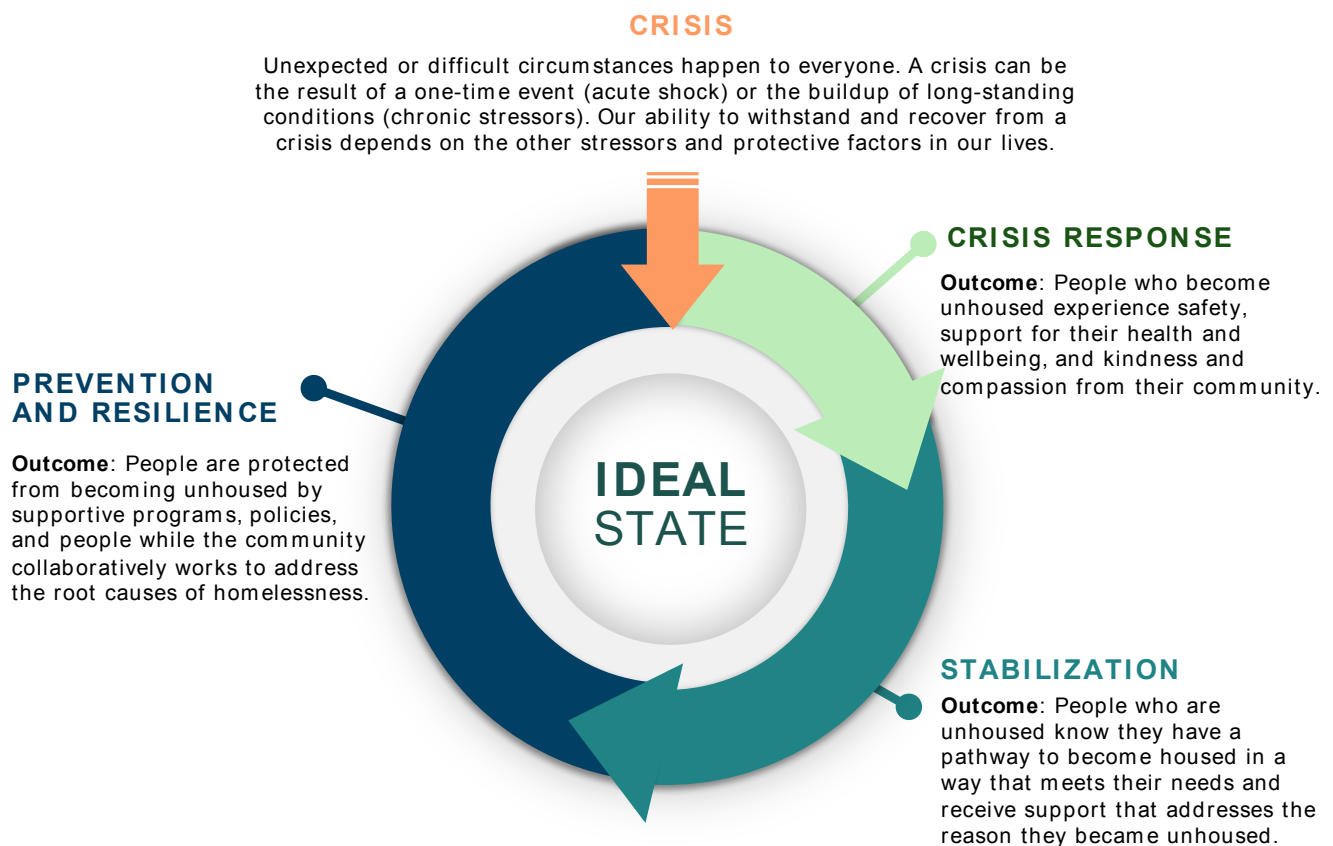


Image source: EConorthwest



Unexpected or difficult circumstances happen to everyone. A crisis can be the result of a one-time event (acute shock) or the buildup of long-standing conditions (chronic stressors). Our ability to withstand and recover from a crisis depends on the other stressors and protective factors in our lives. Efforts to build resilience through strengthening protective factors and preventing shocks and stressors will reduce the crises that result in homelessness.

| <u>Example Shocks</u> | <u>Example Stressors</u>    | <u>Example Protective Factors</u>                 |
|-----------------------|-----------------------------|---|
| » Losing a job        | » Poverty                   | » Living wages, wealth and savings, financial aid |
| » Eviction            | » Housing Cost Burden       | » Legal protections for tenants                   |
| » Wildfire            | » Chronic Health Conditions | » Climate resilient infrastructure                |
| » Medical emergency   | » Substance Use Disorder    | » Social cohesion                                 |
| » Overdose            |                             | » Harm reduction                                  |

## COORDINATION AND COLLABORATION BEST PRACTICES

Effective coordination and collaboration among all actors within the homelessness support system ensures there are no gaps for people in crisis to fall through. People in crisis experience smooth transitions between different service providers with minimal traumatization or unnecessarily duplicative assessments, paperwork, and explanations.

- ♦ **People-Centered Design:** Systems that are “people-focused” instead of “project-focused” yield better results for people who are most in need of assistance.<sup>24</sup>
- ♦ **Trauma-Informed and Socially Just Service Provision** makes an active commitment to alleviate trauma and harm. Similarly, person-centered approaches prioritize respectful care that is responsive to an individual’s needs. This includes being transparent when collecting data by informing people experiencing homelessness of their rights, who will have access to the data, honest information on available services or resources, and setting expectations on next steps and how the data will be used.<sup>25</sup> Centering both trauma-informed and person-centered approaches can help reduce harm during crisis response measures and data collection efforts.<sup>26</sup>
- ♦ **Empathic Service Provision:** Empathy allows us to understand the experiences, emotions, and motivations of the person or community we are working with.<sup>27</sup>

<sup>24</sup> HUD, [Continuum of Care Guidelines](#) and [Person-Centered CoC Training](#)

<sup>25</sup> HUD COVID-19 Homeless System Response, [Transactional to Transformational: Person-Centered Data Collection](#) Guidance

<sup>26</sup> Voith, Laura, Tyrone Hamler, Meredith Francis, Hyunjeun Lee, and Amy Korsch-Williams. 2020. “Using a Trauma-Informed, Socially Just Research Framework with Marginalized Populations: Practices and Barriers to Implementation.” *Social Work Research* 44 (3). <https://doi.org/10.1093/swr/svaa013>.

<sup>27</sup> National Equity Project, [Liberatory Design Process Guidelines](#)





- ♦ **Culturally and Linguistically Appropriate Service Provision:** Respecting a whole person and responding to their specific needs and preferences supports Culturally and Linguistically Appropriate Services and can reduce health disparities and achieve health equity.<sup>28</sup>
- ♦ A **Coordinated Entry System** ensures that a person experiencing homelessness or housing insecurity only goes through the intake process one time, is referred to the services that make sense for them regardless of who funds the service, and experiences seamless transitions between different service providers. While all HUD Continuum of Care (CoC) funding recipients are required to be in the coordinated entry system, HUD guidance recommends that *all* service providers that are part of a homelessness support system should be included.<sup>29</sup>

### Inclusive Coordinated Entry Systems

The organizations that receive HUD Continuum of Care grants are not always inclusive of the full range of formal and informal homelessness support system service providers in a community. However, Continuum of Care distinctions do not need to impede coordination and collaboration among homelessness support system service providers. A Coordinated Entry process that utilizes uniform screening and assessment standards, prioritization and program matching, and connections to relevant services does not need to be limited to Continuum of Care grant recipients.

For example, in Snohomish County, Washington, an organization called the Partnership to End Homelessness serves as the lead agency for the Everett/Snohomish County Continuum of Care (WA-504) while also including many service providers and community organizations that do not receive Continuum of Care grant funding.<sup>30</sup> The Partnership to End Homelessness board includes a diverse range of individuals and organizations representing lived experience, healthcare, housing, education, transportation, Tribal government, and specific priority populations. The Partnership to End Homelessness's Coordinated Entry process applies to and includes all these organizations.<sup>31</sup>

<sup>28</sup> U.S. Department of Health & Human Services. 2020. "Culturally and Linguistically Appropriate Services." Think Cultural Health. 2020. <https://thinkculturalhealth.hhs.gov/clas>.

<sup>29</sup> HUD Continuum of Care Program Toolkit, [Coordinated Entry Samples Catalogue](#)

<sup>30</sup> Partnership to End Homelessness, [Continuum of Care Board](#)

<sup>31</sup> Partnership to End Homelessness, [Coordinated Entry Policies and Procedures](#)



## CRISIS RESPONSE BEST PRACTICES

In an ideal state, people who become unhoused experience safety, support for their health and wellbeing, and kindness and compassion from their community.

- ♦ **Low barrier** approaches are associated with improved outcomes for unhoused people when deployed in a way that creates shelter environments that are safe and inclusive.<sup>32,33</sup> Low barrier shelters remove barriers to shelter such as rules and conditions that either bar people outright from entry or create conditions that dissuade them from entering.<sup>34</sup>
- ♦ **Emergency medical treatment and mental health support:** People who are unhoused are at elevated risk for experiencing trauma, mental disorders, and severe medical conditions.<sup>35</sup>
- ♦ **Harm reduction** is a key pillar in the US Department of Health and Human Services Overdose Prevention Strategy and is part of a comprehensive approach to addressing substance use disorders (SUDs) through prevention, treatment, and recovery.<sup>36</sup>
- ♦ **Homeless Courts** are a way to address fines, fees, and case dismissal without exacerbating barriers to housing, employment, and other vital resources that the criminal legal system can create.<sup>37</sup>
- ♦ Creating **safe place to rest** through a realistic range of options such as **sanctioned encampments** and **safe parking** improves outcomes for unhoused people. Safe parking programs have been implemented in multiple cities as part of efforts to address vehicular homelessness. Safe parking programs offer clients a safe and designated place to park and sleep in their vehicles at night, along with access to resources that vary across programs.<sup>38, 39, 40, 41</sup>
- ♦ **Diversion:** Diversion services for families and individuals facing a housing crisis (experiencing homelessness or at risk of homelessness) help reduce in-flows in to the homelessness crisis response system.<sup>42</sup>

<sup>32</sup> US Substance Abuse and Mental Health Services Administration, [Low Barrier Models of Care for Substance Use Disorders](#)

<sup>33</sup> US Interagency Council on Homelessness, [Resource Roundup: Providing Access to Low Barrier Shelter](#)

<sup>34</sup> Skinner, Suzanne and Rankin, Sara, "Shut Out: How Barriers Often Prevent Meaningful Access to Emergency Shelter" (2016). Homeless Rights Advocacy Project. 6. <https://digitalcommons.law.seattleu.edu/hrap/6>

<sup>35</sup> US Substance Abuse and Mental Health Services Administration, [Behavioral Health Services for People Who Are Homeless](#)

<sup>36</sup> US Department of Health and Human Services, [Overdose Prevention Strategy](#)

<sup>37</sup> American Bar Association, [Homeless Courts](#)

<sup>38</sup> Lewis, Leslie R, Mirle Rabinowitz Bussell, and Stacey Livingstone. 2024. "An Analysis of Safe Parking Programs: Identifying Program Features and Outcomes of an Emerging Homelessness Intervention." Housing Policy Debate, March 1–28. <https://doi.org/10.1080/10511482.2024.2313511>.

<sup>39</sup> Kalofonos, Ippolytos, Matthew McCoy, Lisa Altman, Lillian Gelberg, Alison B Hamilton, and Sonya Gabrielian. 2023. "A Sanctioned Encampment as a Strategy for Increasing Homeless Veterans' Access to Housing and Healthcare during the COVID-19 Pandemic." Journal of General Internal Medicine 38 (June). <https://doi.org/10.1007/s11606-023-08124-4>.

<sup>40</sup> City of Seattle. 2017. "Permitted Encampment Evaluation." <https://www.seattle.gov/documents/departments/humanservices/aboutus/final%202017%20permitted%20encampment%20evaluation.pdf>.

<sup>41</sup> Cohen, Rebecca, Will Yetvin, and Jill Khadduri. 2019. "Understanding Encampments of People Experiencing Homelessness and Community Responses." <https://www.huduser.gov/portal/sites/default/files/pdf/Understanding-Encampments.pdf>.

<sup>42</sup> National Alliance to End Homelessness, [Diversion Toolkit and Training Materials](#)



## LOW BARRIER SHELTERS

Shelter rules and conditions are often well-intentioned efforts to ensure guests safety; however, they can also at times unintentionally prevent or dissuade unhoused people from accessing them. Low barrier shelters intentionally remove or mitigate these restrictions to better serve unhoused people.

Many shelter rules exclude large swaths of the unhoused community by placing unrealistic expectations on their conduct, imposing restrictions on identity, splitting up loved ones, or simply creating inconveniences. Examples of common barrier rules include entry and exit rules and procedures, substance use rules, bans on possessions and pets, and restrictions on sex and gender identity.

Conditions within shelters also create barriers to entry. Unhoused individuals turn to shelters for protection from the dangers of life on the street: violence, harassment, and threats to health and wellbeing. However, overcrowded, unsafe, and unsanitary shelters offer only marginal improvements to these conditions. Many guests may prefer to live on the streets if living in a shelter means exposing oneself to the risk of disease, theft, or violence. Common barriers of this type include crime, violence, harassment, sanitary conditions, and discrimination.<sup>43</sup>

Service providers may feel tension between loosening shelter rules and improving shelter conditions. Rules around conduct, sobriety, and entry often aim to address conditions related to safety and sanitary conditions. However, shelters can implement best practices around substance use, entry, possessions, and personal conduct that can address both the conditions and rules that create barriers to entry.<sup>44</sup>

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<sup>43</sup> Skinner, Suzanne and Rankin, Sara, "Shut Out: How Barriers Often Prevent Meaningful Access to Emergency Shelter" (2016). Homeless Rights Advocacy Project. 6.  
<https://digitalcommons.law.seattleu.edu/hrap/6>

<sup>44</sup> HUD, [Emerging Practices to Enhance Safety at Congregate Shelters](#)



## Low Barrier Shelter Best Practices

### Streamlining Intake

- Do not require identification or personal references to enter. Do not require police confirmation/report for entry to domestic violence shelters.
- Use trauma-informed practices during intake: allow for breaks, provide transparency about questions, check-in on guests' emotional state, present safety plan.
- Provide real-time capacity estimates online so that guests know which shelters can or cannot take them.
- Allow for entry and exit at irregular times (i.e.: outside 9-5) to allow more flexibility to potential guests.

### Sex and Gender Identity

- Create family and mixed gender shelters or sleeping areas to avoid splitting up families and couples.
- Avoid bias in shelter rules, such as requiring gender-conforming clothing, names/pronouns, banning certain hairstyles.
- Place guests in shelters / areas that align with their gender identity, place non-binary / gender non-conforming guests in the shelter / area they say best aligns with their gender identity.
- Train shelter staff on how to best serve LGBTQIA+ guests in a manner that respects their identity and challenges.

### Substance Use

- Do not require sobriety for entry but do bar guests who are belligerent or violent.
- Do not search guests for illegal substances upon entry. Do not confiscate illegal substances when they are found.
- Create designated zones for substance use so that guests with SUDs may use during their stay without disturbing other guests.
- Present SUD treatment as an option but do not require it.

### Personal Safety

- Communicate rules clearly upon entry, enforce rules equally and consistently, present escalating consequences for repeated rule violations.
- Create and communicate a clear process for guests to communicate safety concerns regarding both other guests and staff members.
- Establish and communicate a clear policy regarding weapons and dangerous items. Allow safe storage of items during stay or disposal of illegal weapons with law enforcement.
- Find alternatives to banning guests and establish a re-entry procedure for suspended guests. Collect data on which guests are asked to leave to ensure rules are being enforced equally.
- Build a sense of ownership among guests: allow guests to provide feedback on rules and to air grievances through anonymous reporting, listening sessions, and town-hall meetings.



## STABILIZATION BEST PRACTICES

In an ideal state, people who are unhoused know they have a pathway to become housed in a way that meets their needs and receive support that addresses the reason they became unhoused.

- ◆ **Permanent Supportive Housing** reduces homelessness more effectively than transitional housing, rapid re-housing, and housing choice vouchers alone. Robust supportive services are vital to ensuring that chronically unhoused people remain housed and healthy.<sup>45</sup>
- ◆ **Housing First Model:** Housing First is an evidence-based approach to addressing homelessness that prioritizes placing unhoused individuals in permanent supportive housing as a first-line treatment. Individuals need not enter a sobriety program, mental health treatment program, or fulfill a work or work-search requirement to receive permanent supportive housing under this model. Housing First stands in contrast to the traditional approach, known colloquially as Treatment First, in which unhoused individuals receive progressive levels of housing assistance (temporary shelter, transitional housing, permanent housing) often on the condition of receiving treatment for behavioral health and substance use disorders. Proponents of Treatment First believe that root causes (such as substance use disorders) must be resolved to create housing stability, whereas the Housing First proponents argue that stable housing is a precondition for addressing the root causes of homelessness. Data from over three decades of implementation show that Housing First is an effective means of increasing housing stability among chronically unhoused individuals. Housing First yields better consistent outcomes compared to Treatment First. A long-term commitment to Housing First investments is necessary for its success.<sup>46</sup>
- ◆ Improving **social service delivery** to reduce barriers to access income support programs such Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and unemployment can be an important step toward stability.

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<sup>45</sup> US Interagency Council on Homelessness, [Implementing Housing First in Permanent Supportive Housing](#)

<sup>46</sup> US Housing and Urban Development Department, [Housing First: A Review of the Evidence](#)



## HOUSING FIRST MODEL

**MYTH:** Housing First only helps people get housing but does not address the issues that led them to homelessness—and could again.

**FACT: The Housing First approach recognizes that housing is the immediate solution to homelessness—but not the only solution.** Housing First offers support (such as substance use treatment, legal aid, or job training) at the same time as housing and continues to offer support long after people are housed to prevent them from losing their home again. One element that sets Housing First apart from some other approaches is that it does not force people to accept support. Forced mental health or substance use treatment, for instance, is proven to be largely ineffective and to have unintended, harmful, even deadly consequences.<sup>47</sup>

**MYTH:** Housing First is expensive and ineffective.

**FACT:** Decades of research prove how effective and cost-effective Housing First can be. **Studies show that 9 out of 10 people remain housed a year after receiving Housing First assistance, and that housing can be three times cheaper than criminalization.** According to a recent study, Housing First pays for itself within 1.5 years and can reduce homelessness and government reliance.<sup>48</sup>

Data from over three decades of implementation show that Housing First is an effective means of increasing housing stability among chronically unhoused individuals. Three randomized control trials of Housing First in the US found that the approach resulted in a faster exit from homelessness and increased housing stability in the long term compared to Treatment First.<sup>49</sup> A separate randomized control trial in Canada found similar impacts: Housing First participants spent 73% of their time in stable housing compared with 32% of those in Treatment First over two years.<sup>50</sup>

Housing First is effective at increasing housing stability for subpopulations within the unhoused community. Domestic violence survivors experience several benefits from the housing first approach, including increased housing stability and reduced physical, emotional, and economic abuse. HIV/AIDS positive individuals see benefits as well: those placed in stable housing had a 2.5 times lower viral load than those not placed in stable housing. Less data exists on the impact of Housing First on unhoused veterans, however one VA-led study found that Housing First reduced time to housing placement and increased housing retention. While Housing First has been found to be effective for individuals experiencing substance use and behavioral health disorders, there is minimal evidence suggesting that the approach either improves or worsens these conditions.

Though Housing First is effective, policymakers must keep key considerations in mind to successfully implement this approach effectively. First, expectations around cost-savings must be tempered, and state and local governments must be willing to increase spending

<sup>47</sup> US Interagency Council on Homelessness, [Fact vs Fiction](#)

<sup>48</sup> Ibid.

<sup>49</sup> Tsai, Jack. 2020. "Is the Housing First Model Effective? Different Evidence for Different Outcomes." *American Journal of Public Health* 110 (9): 1376–77. <https://doi.org/10.2105/ajph.2020.305835>.

<sup>50</sup> Ibid



to ensure Housing First's success. Many advocates argue that Housing First produces net savings by reducing emergency services utilization and reducing unhoused individuals' long-term reliance on public services. However, **a long-term commitment to Housing First spending is necessary for its success.**

**Housing First approaches must be coupled with robust supportive services to ensure that chronically unhoused participants remain housed and healthy.** These services include substance use and behavioral health disorder treatment, medical care, home health aides for elderly and disabled individuals, and social services such as legal aid, child care, assistance with government benefits, and assistance applying to jobs.<sup>51</sup> The consequences of neglecting these services can be dire.<sup>52</sup> Wraparound services protect participants from destabilizing disruptions, such as medical and behavioral health emergencies, and build long-term foundations for stability including employment and community connection.

The state of Utah is a case study for the effectiveness of Housing First approaches, which implemented the nation's first statewide program. In Utah's program, chronically unhoused individuals with a disability (such as a substance use or behavioral health disorder) are given permanent supportive housing with no preconditions beyond a small rent payment (either 30% of monthly income or \$50, whichever is greater). Between 2005 and 2015, this program reduced chronic homelessness by 91% from 2000 cases statewide to under 200. Program administrators attribute its success to interagency cooperation, direct outreach to unhoused individuals, and political advocacy from individual champions and larger organizations.<sup>53</sup>

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<sup>51</sup> Bailey, Anna, Peggy Bailey, and Erik Gartland. 2024. "Policymakers Can Solve Homelessness by Scaling up Proven Solutions: Rental Assistance and Supportive Services | Center on Budget and Policy Priorities." Center on Budget and Policy Priorities. June 12, 2024. <https://www.cbpp.org/research/housing/policymakers-can-solve-homelessness-by-scaling-up-proven-solutions-rental>.

<sup>52</sup> Sapien, Joaquin. 2018. "NY Moved Hundreds of Mentally Ill Patients from Troubled Group Homes to Independent Apartments, with Perilous — Sometimes Deadly — Consequences." ProPublica. December 6, 2018. <https://features.propublica.org/supported-housing/new-york-mentally-ill-housing-group-homes/>.

<sup>53</sup> National Public Radio, "[Utah Reduced Chronic Homelessness By 91 Percent; Here's How](#)"





## PREVENTION AND RESILIENCE BEST PRACTICES

In an ideal state, people are protected from becoming unhoused by supportive programs, policies, and people while the community collaboratively works to address the root causes of homelessness.

- ◆ Homelessness prevention should target gaps and issues at multiple levels, including structural outcomes, system failures, proactive interventions, and housing stability.<sup>54</sup>
- ◆ Housing cost reductions alone are not sufficient to prevent homelessness. Policies that reduce local income inequality are also an important component of homelessness prevention.<sup>55</sup> Guaranteed income, or Universal Basic Income, is an emerging practice to address income inequality and alleviate poverty. Numerous UBI programs have been piloted in the US.<sup>56, 57, 58, 59</sup>
- ◆ Gaps in transitions from foster care, health, and carceral systems contribute to homelessness.<sup>60</sup>
- ◆ **Affordable Housing Production:** Increasing funding for affordable housing investments is crucial. It is also important to note that increasing production of affordable housing alone will take time and is not a one-size-fits-all solution; it should be paired with immediate solutions such as increasing shelter capacity, mental-health services, and other related programs.
- ◆ **Tenant protections:** Tenant protections are critically important tools for protecting tenants against rising rental costs, discriminatory eviction practices, and other threats to housing stability which often disproportionately impacts the lowest-income and most marginalized renters.

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<sup>54</sup> Oudshoorn, Abe, Erin Dej, Colleen Parsons, and Stephen Gaetz. 2020. "Evolving an Evidence-Based Model for Homelessness Prevention." *Health & Social Care in the Community* 28 (5): 1754–63. <https://doi.org/10.1111/hsc.13000>.

<sup>55</sup> Byrne, Thomas, Benjamin Henwood, and Anthony Orlando. 2021. "A Rising Tide Drowns Unstable Boats: How Inequality Creates Homelessness". *Annals of the American Academy of Political and Social Science*. 692: 28–44.

<sup>56</sup> Stanford Lab, [Universal Basic Income Overview](#)

<sup>57</sup> Stanford Basic Income Lab. "The Guaranteed Income Pilots Dashboard?" Updated March 29, 2024. <https://basicincome.stanford.edu/about/what-is-ubi/>.

<sup>58</sup> Jones, Damon, and Ioana Marinescu. 2022. "The Labor Market Impacts of Universal and Permanent Cash Transfers: Evidence from the Alaska Permanent Fund." *American Economic Journal: Economic Policy* 14 (2): 315–40. <https://doi.org/10.1257/pol.20190299>.

<sup>59</sup> Treisman, Rachel. "California Program Giving \$500 No-Strings-Attached Stipends Pays Off, Study Finds." NPR. March 4, 2021. Accessed June 8, 2024. <https://www.npr.org/2021/03/04/973653719/california-program-giving-500-no-strings-attached-stipends-pays-off-study-finds>.

<sup>60</sup> Thornton, Gavin, James Koshiba, and Joyce Lee-Ibarra. 2017. *Touchpoints of Homelessness: Institutional Discharge as a Window of Opportunity for Hawai'i's Homeless*. Hawaii Appleseed Center for Law and Economic Justice. <https://humanservices.hawaii.gov/wp-content/uploads/2018/02/Touchpoints-of-Homelessness-Report-Final.pdf>





## HOME SHARING PROGRAMS

Many jurisdictions have developed creative solutions to affordable housing. One solution that has been implemented in San Mateo County is a home sharing program for individuals facing homelessness or housing instability. With its unique Home Sharing, Self Sufficiency and Property Development programs, HIP Housing has been providing creative affordable housing solutions for people in San Mateo County for over 40 years. HIP Housing's self-funding operating model maximizes existing housing stock and ensures that every dollar donated goes directly into programs that positively impact people's lives.<sup>61</sup>

The Home Sharing Program matches a Home Provider with a Home Seeker. There are two types of home sharing arrangements in HIP's program. The Home Provider can either be matched with someone who pays rent, or someone who pays a reduced rent in exchange for helping with household duties. All clients are interviewed and screened to ensure neither party has a prior history of violent or sex crimes, ID theft, or parole. While the program can reduce housing supply pressure, program administrators have found that Home Providers are most comfortable renting to only one or two individuals, suggesting that this program would not be well suited for cost burdened families with children.

## TENANT PROTECTIONS

States and localities across the country have implemented hundreds of new tenant protections in the form of state laws and policy measures.<sup>62</sup> NLIHC's State and Local Innovation project released four toolkits in August 2024, which highlight key tenant protections that can be passed to strengthen renters' rights at the state and local levels. Part of [NLIHC's State and Local Tenant Protection Series: A Primer on Renters' Rights](#), the toolkits cover four powerful tenant protection policies: just cause eviction standards, rent stabilization policies, laws that strengthen habitability standards and code enforcement procedures, and laws that limit excessive rental fees.

- ♦ [Rent stabilization policies](#) limit the amount and/or frequency of rent increases to prevent excessive rent hikes that can price tenants out of their housing.
- ♦ [“Just cause” eviction standards](#) define the reasons for which landlords can evict tenants or refuse to renew a lease when the tenant is not at fault or found to be in violation of any law.
- ♦ [Rental fee limits](#) regulate the types of fees or fee amounts that landlords or property owners can charge renters over the course of a lease term and seek to increase transparency in the rental market.
- ♦ [Code enforcement procedures and habitability standards](#) aim to ensure the safety and quality of rental housing units. The toolkits are meant to provide foundational information about the core components of these important policy interventions, provide recommendations and best practices, and help spark dialogue about the importance of tenant protections.

<sup>61</sup> San Mateo County Human Investment Project, [HIP Housing](#)

<sup>62</sup> National Low Income Housing Coalition, [2023 State of Tenant Protections](#)



A few best practices have emerged around rent stabilization laws. First, to create transparency in the rental market, many states have included mandates that require landlords and property owners to provide tenants with written notice of rent changes. Requirements to provide adequate advance notice not only help ensure that tenants are aware of the changes and provide the opportunity to either appeal a proposed rental increase or sufficient time to seek out other housing opportunities.

The State of Oregon passed Senate Bill 608 in 2019, which outlines a detailed notice requirement system for tenants based on the length of a tenant's lease term. For week-to-week leases, a landlord must provide seven days' notice prior to any increase. For all other tenancies, a landlord must provide 90 days' written notice of the increase.<sup>63</sup> Some municipalities have extended the notice requirements even further. In Seattle, Washington, landlords can only increase housing costs when the rental agreement is month-to-month or up for renewal. Housing costs include rent, parking, storage, and other periodic fees associated with the rental unit. As of November 9, 2021, all housing cost increase notices must provide a minimum of 180 days' advance written notice.<sup>64</sup>

"Just cause" eviction standards aim to prevent evictions of tenants who are not at fault by defining the legal grounds on which a landlord can evict tenants or refuse to renew a lease. Notice requirements are a critical component of just cause laws. In most states and localities that have passed just cause eviction laws, landlords and property owners are required to provide either a written explanation of their intent to file an eviction or notice of a lease violation. It is crucial that just cause laws include explicit safeguards for marginalized and at-risk populations that could be at greater risk of housing instability and homelessness. For example, tenant advocates recommend that just cause protections explicitly cover victims of domestic violence, households impacted by natural disasters, and individuals with disabilities.

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<sup>63</sup> State of Oregon, [Senate Bill 608](#)

<sup>64</sup> City of Seattle, [Rent Increase Notice](#)



## Current State

There are many active organizations and individuals within the homelessness support system in Maui County. These organizations provide numerous services for Maui's unhoused population and people who are housing insecure. A full list of homelessness support organizations funded by the County of Maui Department of Human Concerns in Fiscal Year 2025 is available in the Appendix.

The image below summarizes the gaps and barriers in the current Maui County homelessness support system.

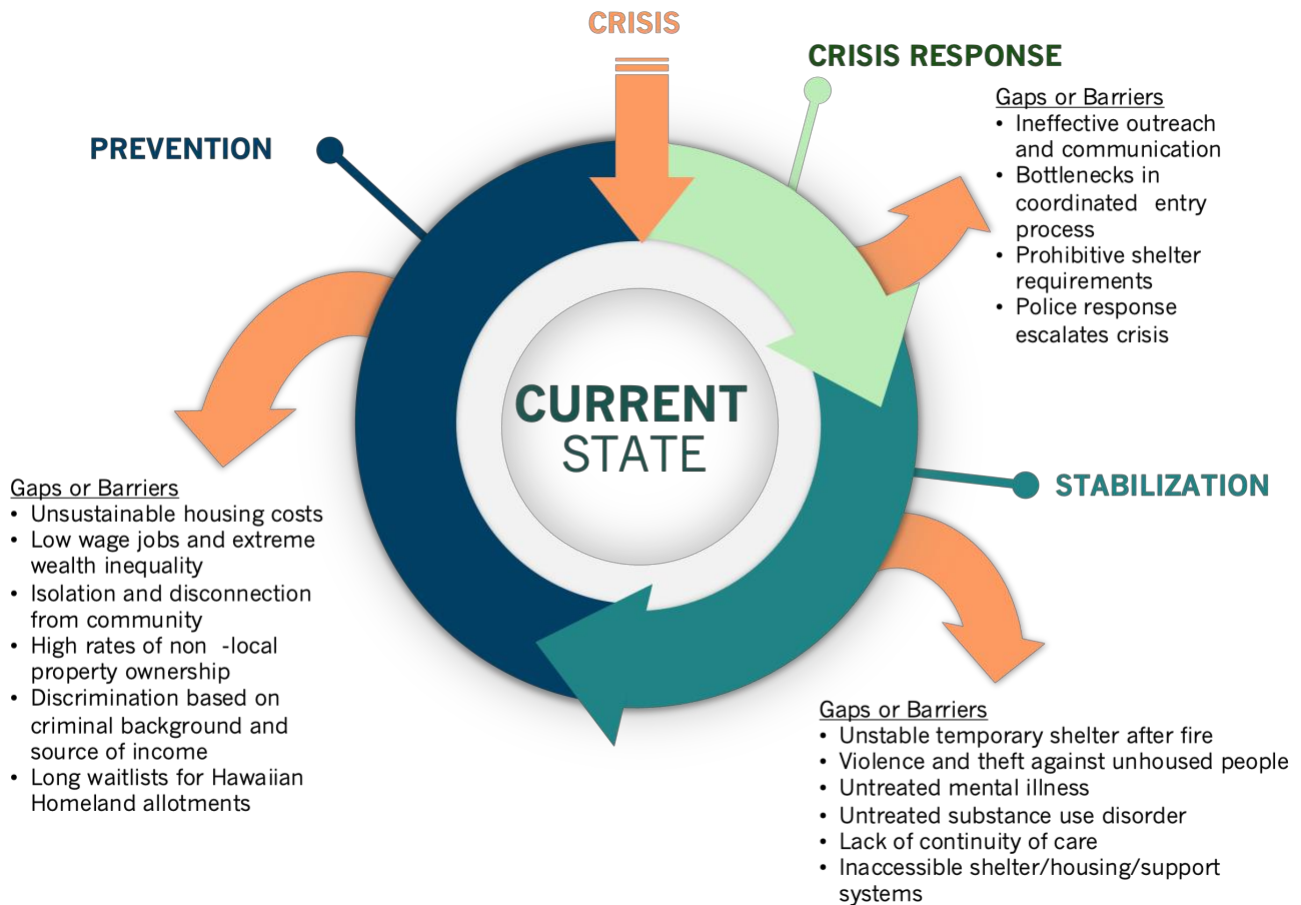


Image source: ECONorthwest



The image below summarizes the active nodes and organizations within the Maui County homelessness support system. This image includes many of the current actors within the Maui County Homelessness Support System, but it is not comprehensive.

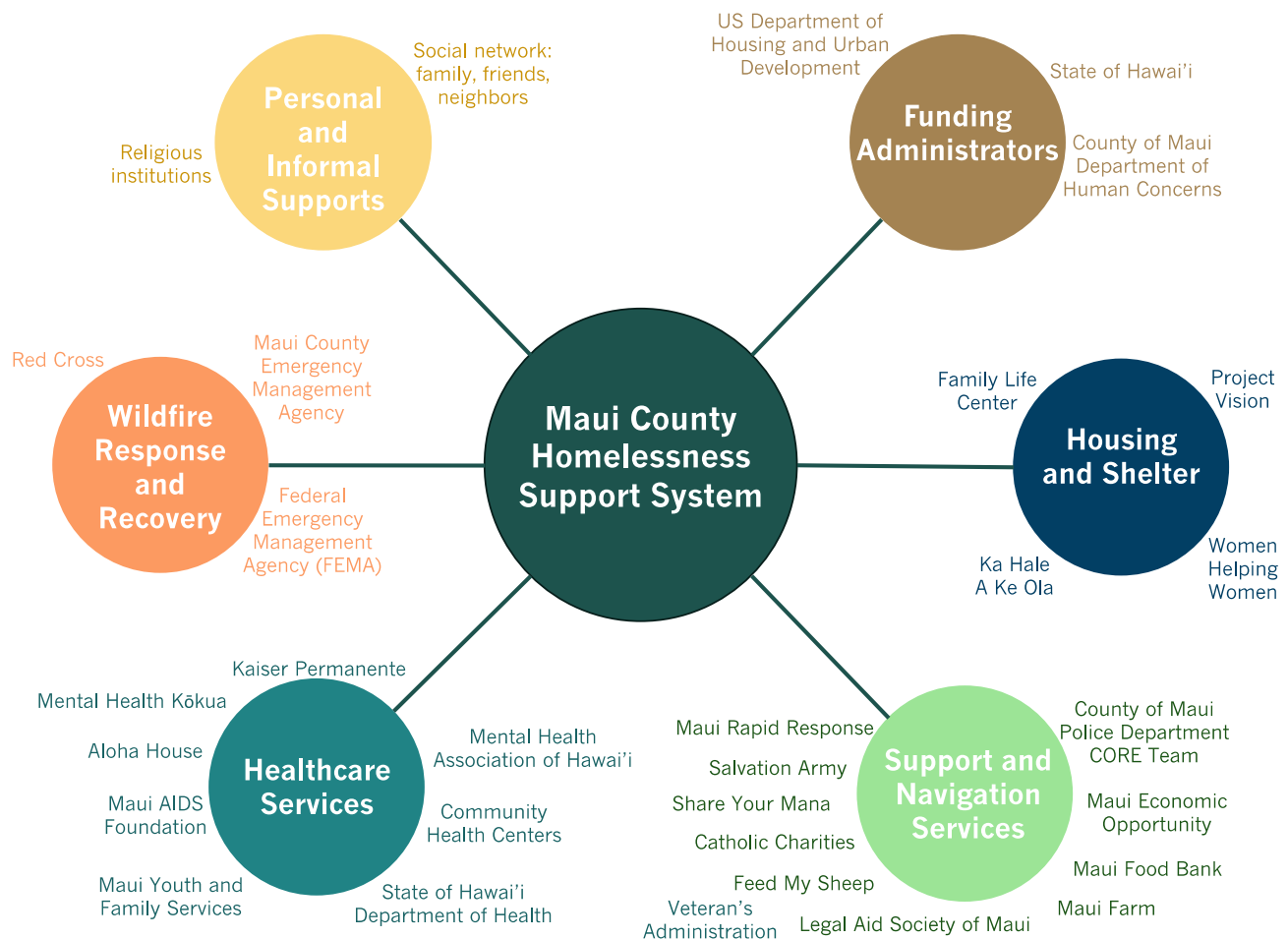


Image Source: ECONorthwest



## CURRENT STATE OF COORDINATION AND COLLABORATION

### Core Issues

- » Distrust, Discord, and Division Among Service Providers Results in Competition Over Collaboration
- » Differences in Terminology and Perspectives Feeds Misunderstanding
- » Silos Between Agencies Negatively Impact People in Need
- » Frequently Changing Political Agendas Stall Progress

### Lived Experience<sup>65</sup>

- » “As service providers, we have different roles and responsibilities, but we have the same clients.”
- » “No one is following through. It touches too many hands.”
- » “There’s a disconnect between the State and County versus us as a community.”
- » “We need people who have been on the streets, going through what we go through, helping people get on their feet.”

## CURRENT STATE OF CRISIS RESPONSE

### Core Issues

- » Inconsistent Camping Policies Create Uncertainty for Unhoused Populations and Confusion for Law Enforcement
- » Criminalization of Homelessness Creates Additional Barriers to Housing
- » Access to Food, Water, and Hygiene Facilities is Inconsistent
- » Emergency Response Systems are Strained
- » Gaps in Coordinated Entry and Transitions Between Service Providers

### Lived Experience<sup>66</sup>

- » “I just needed a place to hang out where I wasn’t getting harassed by police and people weren’t stealing my stuff.”
- » “It’s hard for me to navigate the dorm. You don’t have privacy. There’s a lot of noise.”
- » “Salvation Army. Feed My Sheep. They mean you can get food every day of the week without stealing it.”

<sup>65</sup> Quotations from unhoused people and service providers in Maui from June and October 2024 engagement.

<sup>66</sup> Quotations from unhoused people in Maui from June 2024 engagement.



## CURRENT STATE OF STABILIZATION

### Core Issues

- » Insufficient Permanent Supportive Housing Availability
- » Lack of Cohesion Between State and County Emergency Housing Provision
- » Underutilized Housing and Shelter Assets
- » Economic Disparities Widen Access to Healthcare Disparities
- » Staffing Shortages in Mental Healthcare Professions
- » Access to Comprehensive Supportive Services

### Lived Experience<sup>67</sup>

- » “We need tiny homes. It doesn’t need to be separate rooms or anything. Little hale, roof over my head, water, a little garden.”
- » “It’s going to take a bunch of times. A year or two in [treatment], then they’ll come out thinking different.”
- » “With the help of SNAP and all these programs I did... they helped me step up above and beyond.”
- » “If you have housing, then you have to have services to support mental health and substance abuse because they won’t be able to stay in housing without it.”

## CURRENT STATE OF PREVENTION AND RESILIENCE

### Core Issues

- » Affordable Housing Deficit
- » High Cost of Living
- » Extreme Wealth Inequality
- » Housing and Social Discrimination
- » Gaps in Healthcare, Child Welfare, and Carceral Systems
- » Systemic Racism and Native Hawaiian Displacement and Dispossession

### Lived Experience<sup>68</sup>

- » “No sense of community. Parents need to work 2-3 jobs just to put a roof over their head. People can’t keep up.”
- » “The prison used to have job corps. Now, they let you right out the door, and you’re on your own. I overdosed the day I came out.”
- » “I was working but I couldn’t get enough money for rent. All of my stuff was getting stolen. It was harder and harder to go to work.”
- » “There’s affordable housing they’ve built, but even there the income limits are high. All of the people who have been unhoused - verified homeless - they can’t get in because the rent is too high.”

<sup>67</sup> Quotations from unhoused people and service providers in Maui from June 2024 engagement.

<sup>68</sup> Quotations from unhoused people and service providers in Maui from June 2024 engagement.



## CURRENT STATE ON LANA'I



### **CORE ISSUES**

- » Consolidation of Land Ownership, Employment, and Housing Creates Vulnerabilities and Reduces Resilience
- » Remote Location and Import-Reliance Contributes to High Costs of Living
- » Limited Shelter and Respite Space Escalate Conflict and Reduce Safety
- » Lack of Adequate Healthcare Services Exacerbates Preventable and Treatable Health Conditions
- » Language and Cultural Barriers Affect Outreach Effectiveness
- » Older Adults Struggle to Age in Place



### **LIVED EXPERIENCE**

What we heard from residents and service providers on Lāna'i in June 2024:

- » “On Lāna'i, there are hidden houseless.”
- » “There's a cultural taboo in talking about housing insecurity. If outreach is going to be done, then they should be Lāna'i folks who can reach households.”
- » “People try to get an appointment at the clinic, but there's no space to see them so they end up at the E.R.”
- » “There's a lack of safe space for people to heal.”
- » “We've lost ground. When the union was stronger, residents could buy homes.”



### **RESEARCH**

- » [2016 Lāna'i Community Plan](#)
  - Approximately 98% of the island is owned by a single entity.
  - Overreliance on a single industry reduces economic resilience and limits opportunity.
- » *Byrne, Thomas, Benjamin Henwood, and Anthony Orlando. 2021. “A Rising Tide Drowns Unstable Boats: How Inequality Creates Homelessness”. [Annals of the American Academy of Political and Social Science](#). 692: 28-44.*
  - Income inequality is a highly significant contributor to homelessness.
- » [2022 Access to Care in Hawai'i Report](#)
  - Access to services and resources is difficult for residents. 70% of the healthcare residents need requires a trip off island, which is arduous and expensive.



## CURRENT STATE ON MOLOKAI



### **CORE ISSUES**

- » Lack of Adequate Healthcare Services Exacerbates Preventable and Treatable Health Conditions
- » Older Adults Struggle to Age in Place
- » Molokai's Unique Context and Challenges are Often Overlooked in Maui-Centric County Politics
- » Youth and Children with Criminal Legal System Involvement Don't Have Adequate or Culturally-Appropriate Services On Island
- » Insufficient multigenerational and community-owned housing



### **LIVED EXPERIENCE**

What we heard from residents and service providers on Molokai in June 2024:

- » "There are a lot of people who don't have enough income to sustain themselves who double up in homes or put up a tent in someone else's yard."
- » "People aren't aging in place. People are dying in place."
- » "Emergency services are used as transportation."
- » "Many people want to live communally. There needs to be more ways to support multi-generational living."



### **RESEARCH**

- » [2018 Molokai Island Community Plan](#)
  - Molokai has the highest percentage of Native Hawaiians in the Hawaiian Islands after Ni'ihau.
  - Many residents practice a subsistence-based lifestyle. Sharing resources among large extended families is common.
  - The majority of land is consolidated in the hands of few landowners, namely Molokai Ranch and Pu'uohoku Ranch.
  - There is limited variety of housing types on the island.
- » [2022 Access to Care in Hawai'i Report](#)
  - Access to healthcare services and resources is difficult for residents. 70% of the healthcare residents need requires a trip off island, which is arduous and expensive.





## CURRENT STATE FOR WEST MAUI FIRE SURVIVORS



### **CORE ISSUES**

- » Confusion and Misinformation about Disaster Response, Relief, and Recovery Contribute to Frustration and Distrust
- » Loss of Housing Stock and Physical and Capacity Challenges for Rebuilding Exacerbate Unaffordability
- » Strained and Inconsistent Temporary Housing Support Results in Homelessness for Some
- » Real and Perceived Fraud Prevents Survivors from Receiving Assistance
- » Unintended Consequences from FEMA Housing Assistance May Exacerbate Affordability Crisis
- » Exploitative Land Acquisition and Price Gouging Tactics Harm Survivors
- » Lack of Trauma-Informed Care Prevents Healing
- » Loss of Cultural Sites Compounds Grief
- » Unmitigated Fire Risks Pose Ongoing Threats to Climate and Community Resilience



### **LIVED EXPERIENCE**

Through engagement with people who became unhoused as a result of the 2024 West Maui fire, we heard:

- » “The problem is there’s no one watching out for us.”
- » “They make it really hard to jump through all these hoops.”
- » “There’s not enough housing.”
- » “It’s costing us more now to get by than it was before.”
- » “There are no mental health services. We need help.”



### **RESEARCH**

- » [Hawai‘i State Department of Health 2023 “Maui Wildfires Public Health Rapid Needs Assessment”](#)
  - At least 2,200 structures were destroyed and 7,200 people displaced.
  - 64% of households reported experiencing barriers when signing up to receive disaster assistance.
  - Only 6% of households identified the government as their most trusted source of information related to the fires.
  - Survivors report PTSD, depression, and anxiety post-fire, necessitating longer-term healthcare needs.



## 4. Strategies and Actions to Address Homelessness

The recommended strategies and actions to address homelessness in Maui County are grounded in both the lived experiences of people who are most impacted by homelessness and evidence-based solutions from research. These recommendations address different aspects of the homelessness support system.



Recommendations for three specific subpopulations are addressed individually. These populations may also benefit from the strategies and actions in other sections, but their distinct needs are addressed directly:

- ◆ Communities on Lānaʻi
- ◆ Communities on Molokai
- ◆ West Maui Fire Survivors

Further research, analysis, and arrangements will be needed to advance these recommendations. Some actions may require development of new partnerships while others seek to strengthen existing partnerships between organizations. Some actions may require new funding streams while others can be implemented by redistributing or modifying current funding allocations. **Next steps for implementation of these strategies include identifying the appropriate lead and supporting agencies, clarifying and refining action steps, and securing funding and any other resources needed.**

# IMPROVING COORDINATION AND COLLABORATION

Changing How You Work Together



Effective coordination and collaboration between organizations that interact with unhoused and housing insecure people in Maui County will improve all aspects of the homelessness support system.

## PROACTIVE MANAGEMENT & FACILITATION OF SERVICE PROVISION NETWORK

### NEAR-TERM ACTIONS, ONGOING NEED

County Government

- ♦ Ensure meaningful coordination of a broad network of service providers and government administrators who touch the homelessness support system to catalyze change and advance collective impact.<sup>69, 70</sup>
- ♦ The County could serve as a convener of the service provider network and fund a third-party facilitator with the appropriate skillset to fill this role. A backbone organization should facilitate consistent communication, training and knowledge sharing, and opportunities for coordination across different types of service providers. This type of leadership requires an influential champion, adequate financial resources and administrative capacity, and a sense of urgency for change.

## COLLECTIVE IMPACT AND NETWORKED APPROACH TO SERVICE PROVISION

A collective impact model requires:

- » **A common agenda** shaped by collectively defining the problem and creating a shared vision to solve it
- » **Shared measurement** based on an agreement among all partners to track and share progress in the same way, which allows for continuous learning, improvement, and accountability
- » **Mutually reinforcing activities** leveraging partners' many different activities to maximize the end result
- » **Continuous communication** that is meaningful, open, and consistent is needed across the many players to build trust, assure mutual objectives, and create common motivation
- » **Backbone Support** where one or more organizations with staff and a specific set of skills serves as the backbone for the entire initiative and coordinate participating organizations

<sup>69</sup> Kania et al. (2022). "Centering Equity in Collective Impact." Stanford Social Innovation Review.

[https://ssir.org/articles/entry/centering\\_equity\\_in\\_collective\\_impact](https://ssir.org/articles/entry/centering_equity_in_collective_impact)

<sup>70</sup> Reid, Amy, Michelle Abraczinskas, Victoria Scott, Morgen Stanzler, Gareth Parry, Jonathan Scaccia, Abe Wandersman, and Rohit Ramaswamy. 2019. "Using Collaborative Coalition Processes to Advance Community Health, Well-Being, and Equity: A Multiple-Case Study Analysis from a National Community Transformation Initiative." *Health Education & Behavior* 46 (1\_suppl): 100S109S.

<https://doi.org/10.1177/1090198119838833>.



## INVEST IN CAPACITY BUILDING AND MINIMIZE ADMINISTRATIVE BARRIERS TO FUNDING

### NEAR-TERM ACTIONS, ONGOING NEED

County Government

- ♦ Create opportunities for new or less experienced service providers to scale up and grow to support a robust and resilient network of diverse service providers.
- ♦ Capacity building may require investments and resources for technical assistance, data infrastructure, and leadership development to prepare an organization or individual for increasing levels of responsibilities and requirements.
- ♦ The County could assess and revise its grant processes and requirements to better support community-based organizations that have more barriers to accessing funding. County requirements such as requiring 75% of grant totals to be provided on a reimbursement basis should be revised where possible to minimize burdens for small and cash poor organizations.

## INVEST IN SERVICE PROVIDER STAFFING AND TRAINING

### NEAR-TERM ACTIONS, ONGOING NEED

State and County Governments, Service Providers

- ♦ Regularly increase funding for service providers to ensure staff earn a living wage.
- ♦ Implement and support trainings on trauma-informed care, culturally and linguistically appropriate service provision, people-centered service design, data privacy and patient confidentiality, and more based on service provider and community needs.
- ♦ Support high-quality and sustainable service provision by funding mental health care and training for service providers.

## SUPPORT LEADERSHIP AND COLLABORATION WITH PEOPLE WITH LIVED EXPERIENCE

### NEAR-TERM ACTIONS, ONGOING NEED

State and County Governments, Service Providers,  
People with Lived Experience

- ♦ Elevate and value the insight and expertise of people with lived experience of homelessness to ensure people who have experienced homelessness can be part of the solution.
- ♦ Train and hire people with lived experience with homelessness to provide peer support and other services within the homelessness response system. Support opportunities for peer-to-peer mentoring and navigation between people who have lived experiences with homelessness.



## DEVELOP MUTUAL UNDERSTANDING AND SHARED LANGUAGE

### NEAR-TERM ACTIONS, ONGOING NEED

State and County Governments, Service Providers

- ◆ People working together should operate from a shared understanding of key definitions, approaches, and considerations. Open and honest conversations among service providers with a commitment to empathy and finding common ground can support better working relationships.
- ◆ Funders, administrators, and service providers should clearly understand key concepts and leading approaches to homelessness service provision. We recommend starting by clarifying meaning of Continuum of Care, Housing First, Trauma-Informed, Low Barrier, and Equity among the Maui County service provider network. Facilitated workshops and interactive trainings can help to dispel myths about these concepts and create a firm understanding of Federal regulations and best practice guidance for them.

## USE CULTURALLY AND LINGUISTICALLY APPROPRIATE COMMUNICATIONS AND OUTREACH METHODS

### NEAR-TERM ACTIONS, ONGOING NEED

State and County Governments, Service Providers

- ◆ Provide service in a way that is respectful of and responsive to the beliefs, practices, and needs of diverse communities can help close gaps in life outcomes. These standards remind us that dignity and quality of care are rights of all and not the privileges of a few. A culturally and linguistically appropriate approach requires leadership, appropriate workforce, and continuous improvement.



# IMPROVING CRISIS RESPONSE

*Improving the health, safety, and social outcomes of people who are unhoused*



Crisis response activities should effectively triage people in crisis to minimize and mitigate negative outcomes. This requires reaching people in need in a timely and effective way. It also requires adequate infrastructure to hold people over until long-term stabilization measures are possible.

## CREATE MORE SAFE PLACES TO REST

### NEAR-TERM

County Government

- ◆ Sanctioned encampment spaces can minimize adverse outcomes for people experiencing homelessness. Sanctioned encampments can be designed and managed in a variety of ways from intensive public agency management to self-governance with public and private assistance.
- ◆ Safe parking programs offer transitional assistance for people who are using a vehicle as their primary place of shelter.
- ◆ The provision of secure storage of personal property for unhoused people is essential for mitigating frequent transitions and reducing theft.

## PROVIDE DIVERSE SHELTER OPTIONS

### NEAR-TERM

State and County Governments, Service Providers

- ◆ Emergency shelter can be a life-saving part of crisis response. When effectively implemented, shelters can serve as a springboard for recovery and longer-term stability.
- ◆ Provide a range of shelter options that can meet the diverse needs of people experiencing homelessness is vital to supporting their journey to stability.
- ◆ Unhoused and housing insecure people in Maui need options for non-congregate shelter, low barrier shelter, accommodations for a variety of physical and mental disabilities, family-accommodating spaces, pet-friendly shelters, culturally-centered spaces, and medical respite beds.



## ESTABLISH NAVIGATION CENTER SERVICES

### NEAR-TERM

County Government, Service Providers

- ♦ A Navigation Center can create a central location for meeting basic needs such as access to water, hygiene facilities, laundry, and meals. Maximize co-location by also offering for on-site case management with housing-focused support, employment and benefit assistance, and health-focused services like street medicine, addiction and mental health treatment, and veterinary care.
- ♦ Unhoused people on Maui need programs and support to help them replace lost or stolen identification. A Navigation Center could also serve as an address where people could receive mail and notifications, which could eliminate barriers to accessing opportunities that require a permanent address.

## CREATE A MORE INCLUSIVE COORDINATED ENTRY SYSTEM

### NEAR-TERM

State Government, Bridging the Gap Continuum of Care

- ♦ Coordinated entry can be the framework that transforms a Continuum of Care from a group of projects making individual decisions into a fully integrated system.
- ♦ HUD recommends coordinated entry include all local service providers, not just Federal funding recipients.
- ♦ Allow more service providers to verify homeless status of individuals and increase awareness of self-verification options to improve access to services.

## PROMOTE SAFE AND APPROPRIATE DIVERSIONS AND CRISIS INTERVENTION

### NEAR-TERM

State and County Emergency Responders, Service Providers

- ♦ Diversion services help people find safe and appropriate housing alternatives to entering shelter through problem-solving conversations, identifying community supports, and offering lighter touch solutions.
- ♦ Diversion services can be cost-effective, help connect people to existing services and assets and bring a person-centered approach to crisis management.
- ♦ The County and service providers can augment and strengthen crisis intervention teams and conflict de-escalation practices.



## EXPAND HARM REDUCTION PRACTICES

### NEAR-TERM

State and County Emergency Responders,  
Service Providers

- ♦ Harm reduction requires engaging directly with people who use drugs to prevent overdose and infection disease transmission and offer low barrier options for accessing health care services and pathways to additional services.
- ♦ Ensure service providers and emergency responders have access to opioid-reversal medication to respond to drug overdoses and safe needle disposal to prevent the spread of infectious diseases.
- ♦ With the closure of the Project Vision Pu'uuhonua o Nēnē low barrier shelter, additional service providers and shelters should adopt harm reduction practices. Training and knowledge sharing between and among service providers with harm reduction expertise and experience can support overall system capacity for harm reduction.





# IMPROVING STABILIZATION

*Increase outflows from homelessness through pathways to housing and supportive services*



Stabilization supports a person's transition out of crisis and into a more stable and healthy state. Effective stabilization is responsive to an individual's unique circumstances that led to crisis. Stabilization can require sustained and consistent support over a long period of time to avoid relapse, recidivism, or returns to homelessness.

## INVEST IN PERMANENT SUPPORTIVE HOUSING

### LONG-TERM

HUD, State and County Governments

- ◆ Permanent Supportive Housing (PSH) is an intervention for people who need housing assistance and supportive services to live with stability and independence in their communities.
- ◆ Substantial additional investments into PSH are needed to meet the needs of the unhoused community in Maui County.

## CONTINUE TO INVEST IN TINY HOMES

### NEAR-TERM

State and County Governments

- ◆ Tiny homes are a valuable and underproduced housing type that play a role in the spectrum of housing needs. Improved coordination between Maui County and the State of Hawai'i can maximize the effectiveness of Kauhale and fill a gap in the housing options available to people with dire housing needs.
- ◆ Tiny home villages can offer multiple benefits for residents beyond housing, such as community building programming and opportunities for subsistence agriculture through community gardening.

## IMPROVE CONSISTENCY AND COORDINATION OF SUPPORTIVE SERVICES

### NEAR-TERM

State and County Governments,  
Service Providers

- ◆ Promote a patient and consistent approach to offering mental health and substance use disorder treatment that encourages people to seek help and is ready and waiting for them.
- ◆ Improve coordination among health care, housing, and social service providers to provide wraparound services that address people's individual needs.



## EXPAND COMMUNITY HEALTH SERVICES

### NEAR-TERM

State and County Governments,  
Healthcare Institutions

- ♦ Create more patient advocates and navigators inside health centers to create capacity and build bridges to vulnerable populations.
- ♦ Expand and support coverage for culturally specific healing practices.

## IMPROVE TRANSPORTATION SERVICES AND MOBILE SERVICE PROVISION

### NEAR-TERM

State and County Governments,  
Service Providers

- ♦ Strengthen public transportation network with frequent service and free and low-cost fares for local residents.
- ♦ Improve mobile healthcare services that go to rural and underserved communities or provide transportation support from those communities to healthcare services.
- ♦ Expand options for mobile outreach and service navigation in rural and underserved communities (Up Country, Hana, Lānaʻi, and Molokai).
- ♦ Improve affordability and frequency of inter-island transportation services.

## MAXIMIZE UTILIZATION OF EXISTING HOUSING, SHELTER, AND LAND ASSETS

### NEAR-TERM

State and County Governments,  
Service Providers

- ♦ Improve coordination across providers to better manage shelter demand and availability. Address vacancies in shelters through service provider coordination and accountability. Identify modular shelters and tiny home assets that were procured for disaster response that can be repurposed and reused for homelessness shelters.
- ♦ Make accessibility improvements at existing shelter spaces to reduce barriers to entry and utilization.
- ♦ Explore opportunities to utilize underutilized public land and assets for housing and shelter, even if it is under time-limited conditions.

## ADDRESS HEALTHCARE STAFFING SHORTAGES

### LONG-TERM

State Government, Healthcare  
Institutions

- ♦ Recruit and train more Community Health Workers to provide guidance through health care and social service systems.
- ♦ Support workforce development, recruitment, and retention policies for professions in mental and physical health care.



# IMPROVING PREVENTION AND RESILIENCE

*Reducing inflows into homelessness by addressing root causes*



Homelessness prevention requires working upstream to address the conditions that push people into homelessness. Prevention and resilience work can focus on both reducing the pressures that cause people to become unhoused and strengthening the safety nets that prevent people from becoming unhoused when they experience a crisis.

## INVEST IN DIVERSE HOUSING PRODUCTION

### LONG-TERM

State and County Governments

- ◆ Increase the number of affordable housing units through an array of housing types that meet the diverse needs of the people who are most affected by homelessness and housing insecurity. Implement the recommendations from the Maui County Comprehensive Affordable Housing Plan.
- ◆ Revise development codes to support more alternative, low-cost housing options. Incentivize and invest in multi-unit, middle housing, and innovative housing types to encourage private development of housing types that meet the needs of Maui's residents.
- ◆ Disincentivize or regulate housing types that contribute to the housing crisis, such as short-term rentals.
- ◆ Explore inclusionary zoning policies and developer incentives to create affordable housing for low income households.

## EXPAND EVICTION PREVENTION PROGRAMS, TENANT PROTECTIONS, AND HOUSING ASSISTANCE

### NEAR-TERM

State and County Governments

- ◆ Build on temporary tenant protections imposed in response to the West Maui fires and explore sustainable, permanent legal protections for tenants.
- ◆ Expand eviction prevention programs that include legal protections and counsel for tenants, financial assistance, and education and organizing support, including
  - Legal protections against “no fault” evictions, discrimination based on source of income, unreasonable lookback periods for criminal background checks, restrictive tenant screening criteria, and retaliation against tenant organizing,
  - Utility and rent arrears crisis funds and emergency rental supplements, and
  - Landlord-tenant mediation.
- ◆ Supplement federally funded Housing Choice Vouchers with locally funded housing vouchers.
- ◆ Explore rent stabilization policies, local and Native Hawaiian preference policies, and community opportunity to purchase policies.



## INVEST IN COMMUNITY OWNERSHIP AND REMATRIATION

### LONG-TERM

State and County Governments

- ◆ Support capacity building and growth of community ownership models that provide alternatives to profit-motivated real estate development.
- ◆ Rematriation of land can be part of addressing structural racism in Maui County and a shift toward greater Indigenous sovereignty and stewardship.

### COMMUNITY OWNERSHIP MODELS

Community ownership includes several different ways that groups of people collectively control and manage property. Community ownership models are alternatives to profit-motivated approaches to investment, real estate development, and operations and instead often center community health and wellbeing, affordability, prosperity, and community power.

- » **Community Land Trusts (CLTs):** Nonprofit organizations own and operate land and lease parcels to homeowners on a long-term, renewable basis. Homes on the land are owned by an individual household but must be sold at restricted prices to keep homes affordable over time.
- » **Community-Owned Limited Equity Cooperatives:** A homeownership model in which residents purchase a share in a development (rather than an individual unit) and commit to resell their share at a price determined by formula.
- » **Resident-Owned Cooperative:** A democratic, member-run cooperative organization that owns property.

## PRIORITIZE POVERTY REDUCTION AND EQUITABLE WEALTH-BUILDING

### LONG-TERM

State and County Governments

- ◆ Set living wages that are based on the local cost of living and reduce the effective tax rate for low-income households.
- ◆ Explore a term-limited Universal Basic Income (UBI) initiative to provide unrestricted cash payments to a cohort of people experiencing housing insecurity. Use robust monitoring and evaluation protocols to support a growing body of research to demonstrate the effectiveness and sustainability of UBI in improving economic security.
- ◆ Strengthen worker protections to support collective organizing to improve working conditions and compensation.



## EXPAND RE-ENTRY AND TRANSITION SERVICES

### NEAR-TERM

State and County Governments,  
Service Providers

- ◆ Provide more comprehensive pre-release assistance from jails and prisons and allow social service providers to work with incarcerated individuals before they are released.
- ◆ Expand availability and coordination of medical respite beds within the county.
- ◆ Support permanency planning for all foster youth and incorporate youth voices in decisions that affect their future.

## CULTIVATE BELONGING

### LONG-TERM

State and County Governments, Service  
Providers, Native Hawaiian Cultural Practitioners

- ◆ Addressing disparities in homelessness requires the uprooting of systemic racism in our communities. Dominant culture norms create isolation, individual blame for systemic inequities, power hoarding, and paternalism. Native Hawaiian ancestral knowledge can support more nourishing and connected ways of being.
- ◆ A sense of belonging, connection to others, and feeling supported by a larger community contributes significantly to wellbeing and resilience in the face of shocks and stressors.
- ◆ Invest in culturally-responsive placemaking and community building.

## PURSUE RACIAL EQUITY ACTION PLANNING

### NEAR-TERM

State and County Governments, Service  
Providers, Native Hawaiian Cultural Practitioners

- ◆ Follow the guidance of Native Hawaiian cultural practitioners and national organizations, such as the Government Alliance on Race & Equity or Race Forward, to develop a collaborative equity action plan and team.
- ◆ Make use of guidance from the Government Alliance on Race and Equity Resources
  - [Racial Equity Action Plans](#)
  - [Racial Equity Toolkit](#)
  - [Racial Equity: Getting to Results](#)



# ADDRESSING HOMELESSNESS AND HOUSING INSECURITY ON LĀNA'I

Lāna'i faces unique challenges due to its remote location and highly concentrated property ownership and employment opportunities. Some recommendations that apply more broadly to Maui County are still relevant to Lāna'i, especially:

- ♦ Coordination and Collaboration: Use culturally and linguistically appropriate communications and outreach methods
- ♦ Stabilization: Improve transportation services and mobile service provision

## IMPROVE ACCESS TO HEALTHCARE

### LONG-TERM

State and County Governments,  
Healthcare Institutions

- ♦ Explore opportunities for mobile services while working to expand local hospital and clinic capacity.
- ♦ Create on-island resources and options for Substance Use Disorder (SUD) treatment and mental and behavioral health treatment.

## CREATE A SAFE, FLEXIBLE RESPITE SPACE

### NEAR-TERM

State and County Governments

- ♦ Create private, low-barrier respite spaces on Lāna'i that can help stabilize community members in crisis, de-escalate conflict, or reduce harm.
- ♦ Coordinate care and resources for longer-term stays that require more than one week.

## EXPAND EMERGENCY SHELTER CAPACITY

### LONG-TERM

County Governments

- ♦ Work to expand existing emergency shelter capacity or create opportunities for new service providers to operate a shelter on Lāna'i.
- ♦ Create a range of shelter options to support different needs and circumstances.



## IMPROVE COORDINATION AND DELIVERY OF SOCIAL SERVICES

### LONG-TERM

Federal, State, and County Social Service Providers

- ♦ Improve service delivery model to respond to the unique community context on Lānaʻi, including cultural and linguistic nuances and community-led outreach.
- ♦ Explore options to refine income-based eligibility calculations to account for skewed income data caused by extreme income inequality.

## INCREASE HOUSING AVAILABILITY, DIVERSITY, AND AFFORDABILITY

### LONG-TERM

County Government

- ♦ Incentivize and fund the development of a range of housing types, including small-scale multi-unit housing and tiny home villages.
- ♦ Restrict and disincentivize the development of the most expensive housing types.

## SUPPORT COMMUNITY OWNERSHIP OF LAND AND HOUSING

### LONG-TERM

County Government

- ♦ Support capacity building, technical assistance, and gap financing for a Community Land Trust on Lānaʻi.
- ♦ Support community-based organizations and leadership, prioritizing Lānaʻi Native Hawaiians
- ♦ Explore options to redistribute consolidated land into public and community ownerships
  - Invest in public land acquisition to support affordable housing development.
  - Support Community Opportunities to Purchase provisions / Right of First Refusal
  - Impose limitation on corporate ownership of housing



# ADDRESSING HOMELESSNESS AND HOUSING INSECURITY ON MOLOKAI

Molokai faces unique challenges due to its remote location. Some recommendations that apply more broadly to Maui County are still relevant to Molokai, especially:

- ♦ Coordination and Collaboration: Invest in capacity building and minimize administrative barriers to funding
- ♦ Stabilization: Improve transportation services and mobile service provision

## FUND CULTURALLY-RESPONSIVE SERVICE PROVISION FOR UNSHELTERED MOLOKAI RESIDENTS

### LONG-TERM

County Government

- ♦ Support capacity building for Molokai community-based organizations and improve community involvement in program design
- ♦ Provide shelter and supportive services for unhoused residents on Molokai in a culturally responsive way

## INCREASE AVAILABILITY OF MULTIGENERATIONAL HOUSING

### LONG-TERM

County Government

- ♦ Incentivize and fund the development of a range of lower cost housing options, including small-scale multi-unit housing, tiny home villages, ADUs, and multi-bedroom units.
- ♦ Restrict and disincentivize the development of the most expensive housing types.
- ♦ Invest in public land acquisition to support affordable housing development.

## SUPPORT COMMUNITY OWNERSHIPS OF HOUSING

### LONG-TERM

County Government

- ♦ Support capacity building, technical assistance, and gap financing for community ownership of housing on Molokai, such as community land trusts and cooperatives
- ♦ Support Native Hawaiian organizations and leadership.
- ♦ Explore options for Native Hawaiian preference policies





## IMPROVE ACCESS TO HEALTHCARE

### LONG-TERM

State and County Governments,  
Healthcare Institutions

- ♦ Explore opportunities for mobile services while working to expand local hospital and clinic capacity.
- ♦ Create on-island resources and options for Substance Use Disorder treatment and mental and behavioral health treatment.

## IMPROVE COORDINATION AND DELIVERY OF SOCIAL SERVICES

### NEAR-TERM

Federal, State, and County Social Service  
Providers

- ♦ Improve service delivery model to respond to the unique community context on Molokai, including cultural and linguistic nuances and community-led outreach.

## STRENGTHEN NATIVE HAWAIIAN LAND STEWARDSHIP, CULTURAL PRACTICES, AND EDUCATION

### LONG-TERM

State Government, Native Hawaiian  
Cultural Practitioners

- ♦ Support formal and informal education models that promote place-based Native Hawaiian cultural practices and stewardship.
- ♦ Encourage and protect subsistence-based economies to promote resilience and self-sufficiency.



# ADDRESSING HOMELESSNESS AND HOUSING INSECURITY RELATED TO THE 2023 WEST MAUI FIRES

West Maui fire survivors face unique challenges due to Lahaina rebuilding efforts and the impacts from experiencing a highly traumatic event. Some recommendations that apply more broadly to Maui County are still relevant to fire survivors, especially:

- ◆ Invest in Service Provider Staffing and Training
- ◆ Invest in Diverse Housing Production,
- ◆ Expand Eviction Prevention Programs, Tenant Protection Policies, and Housing Assistance
- ◆ Invest in Community Ownership and Rematriation
- ◆ Prioritize Poverty Reduction and Equitable Wealth Building

## EXPAND MENTAL HEALTH SUPPORTS

### NEAR-TERM

Federal, State, and County Governments and relief organizations

- ◆ Survivors need both formal and informal mental health supports, including access to qualified mental health professionals, peer support services, and community-led spaces and activities to promote healing and connection.
- ◆ Service providers working with survivors need expertise in trauma-informed care to prevent re-traumatization.

## PROTECT SURVIVORS FROM FRAUD AND EXPLOITATION

### NEAR-TERM

Federal, State, and County Governments

- ◆ Improve accountability and transparency in disaster relief and recovery funding allocation and eligibility.
- ◆ Develop an independent grievance and appeal resolution process for survivors who are navigating disaster relief assistance.
- ◆ Explore moratorium on the sale of damaged or destroyed property on Maui.



## PRIORITIZE A JUST AND RESILIENT RECOVERY

### LONG-TERM

State and County Governments

- ◆ Incentivize and fund multi-unit and middle housing development that supports affordable, multigenerational, and sustainable living.
- ◆ Implement local preference and right to return policies for rental housing.
- ◆ Promote climate resilient building and infrastructure design and land use patterns.
- ◆ Work toward land rematriation and expanded Native Hawaiian stewardship of land and natural resources.

## IMPROVE DISASTER RELIEF NAVIGATION AND DURATION

### NEAR-TERM

Federal, State, and County Governments  
and Relief Organizations

- ◆ Provide technical assistance to survivors to navigate disaster relief processes.
- ◆ Work collaboratively with trusted voices to share information and help navigate the process. Leverage existing community leaders' cultural awareness and connections to improve messaging, system navigation, and rebuild trust.
- ◆ Improve coordination and collaboration between service providers and improve people-centered design within intake and application processes.
- ◆ Ensure disaster relief is available until recovery efforts are substantially complete.
- ◆ Plan for a cohesive transition when disaster relief assistance expires to avoid disruptions and gaps in support.

## DEVELOP A MORE INCLUSIVE EMERGENCY MANAGEMENT SYSTEM

### LONG-TERM

Federal, State, and County Emergency  
Management Agencies

- ◆ Implement best practices in disaster preparedness, planning, and response that improve inclusion and collaboration with people experiencing homelessness.
- ◆ Plan for service continuity through disaster response planning.
- ◆ Build capacity to provide health care to unhoused populations during disasters.



# 5. Conclusion

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Through a community-driven and data-informed process, the project team developed a set of strategies and actions to improve the homelessness support system in Maui County. Key concepts and priority actions for the Maui County homelessness support system include:

- ♦ **Crisis response, stabilization, and prevention are all interconnected and vital components of an effective homelessness support system.** The network of service providers in Maui County should coordinate and collaborate to provide services and resources for people experiencing homelessness from immediate crisis response to stabilization and prevention.
- ♦ **An equitable homelessness support system includes a spectrum of solutions that are designed to meet the unique needs of priority populations.** Qualitative data from people with lived experience of homelessness and disaggregated quantitative data from the HMIS and other sources can be used to identify service gaps and barriers. These data can create a more nuanced understanding of the common and distinct needs of different people who experience homelessness in Maui County. People with lived experience of homelessness should be collaborators in crafting solutions and improvements to the homelessness support system.
- ♦ **Prioritize coordination and collaboration improvements.** Improvements to coordination and collaboration among service providers in Maui County should be prioritized in the near-term to maximize the effectiveness of current level of effort and resources. These kinds of improvements will strengthen the foundation of the homelessness support system, which the other recommended strategies and actions can build on.

This report is not a detailed implementation plan. Prioritization and exploration of the recommended strategies and actions should be completed by the leaders, service providers, and people with lived experience of homelessness in Maui County to develop a step-by-step implementation plan.



# 6. Appendix

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## A. Service Providers Funded by Maui County Department of Human Concerns



## A. Service Providers Funded by the Maui County Department of Human Concerns

Source: County of Maui, Fiscal Year 2025 Council Adopted Budget

| Food, Shelter, and Safety Grants<br>(formerly Community Partnership grants) |  | Activities   | Description   | \$1,309,800 |
|---|--|--|---|-------------|
| <b>Aloha House</b>  |  | Enhanced Coordination Care Program                           | Enhanced Coordination Care Program: To reduce homelessness among unsheltered individuals on Maui with substance use disorder and/or mental health diagnosis by coordinating services with homeless service providers to ensure that homeless individuals have access to needed substance abuse treatment and do not fall out of the homeless continuum.   |             |
| <b>Malama Na Makua a Keiki</b>  |  | Substance Use Disorder Treatment for Women                   | Substance Use Disorder Treatment for Women: To prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by providing effective, accessible evidence-based treatment services designed to empower women, pregnant and parenting women, and their children to make health-enhancing choices regarding the use of alcohol and other drugs. |             |
| <b>Maui AIDS Foundation</b>   |  | HIV/HCV/STI Testing and Treatment Core Services              | HIV/HCV/STI Testing and Treatment Core Services: To minimize or eliminate HIV, HCV, and STI through testing, education and linkage to medical care for Maui County community.   |             |
| <b>Mediation Services of Maui</b>   |  | Mediation Services Conflict Resolution Service and Education | Mediation Services Conflict Resolution Service and Education: To support our community by providing and teaching effective, appropriate dispute resolution to Maui County residents of all ages.  |             |
| <b>Parents and Children Together</b>  |  | Maui Family Peace Center                                     | Maui Family Peace Center: To bring peace to Maui County's families by offering safety, support, and empowerment to victims/survivors and their children exposed to domestic violence, and accountability to adult and youth offenders.  |             |
| <b>Roman Catholic Church of the State of Hawaii</b>                         |  | Hale Kau Kau   | Hale Kau Kau: To feed the hungry and homebound in South Maui with compassion and aloha.   |             |



| Substance Abuse Prevention and Treatment |  | Activities   | Description   | \$1,434,957 |
|--|--|--|---|-------------|
| <b>Aloha House</b>                       |  | - Residential Substance Abuse Treatment<br>- Medically Monitored Detoxification Services | Residential Substance Abuse Treatment: To prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by providing effective, accessible evidence-based treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.<br>Medically Monitored Detoxification Services: To safely withdraw people from substances on which they are physically dependent which then facilitates assisting them to enter treatment to further recovery from substance dependence. |             |
| <b>Maui Economic Opportunity</b>         |  | Reintegration Program  | Reintegration Program: To provide incarcerated individuals services that use proven reentry strategies with employment, housing, and support systems that stabilize the individual and lead to successful transition back into the Maui Community.  |             |
| <b>Ka Hale Pomaika'i</b>                 |  | Molokai Substance Use Disorder Treatment, Recovery, and Support                          | Molokai Substance Use Disorder Treatment, Recovery, and Support: The purpose and goal of this program is to improve the quality of life for person on Moloka'i who struggle with addiction, hunger and/or homelessness through services which include food production and distribution, sober shelter, and the comprehensive continuum of recovery support services which embrace values that instill a sense of cultural pride and resilience.   |             |
| <b>Maui Family Support Services</b>      |  | Substance Abuse Treatment for Adolescents  | Substance Abuse Treatment for Adolescents: To prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by providing effective, accessible evidence-based treatment services designed to empower adolescents, youth and their families to make health-enhancing choices regarding the use of alcohol and other drugs.  |             |
| <b>Paia Youth Council</b>                |  | Youth Alcohol Education and Awareness  | Implementing outdoor, adventure-based experiential activities while relying on Hawaiian culture and traditional values to help youth develop positive self-concepts, effective social skills, community service ethic, internal locus of control, and increased decision-making and problem-solving skills needed to avoid peer pressure and substance abuse.   |             |



|                           |   |  |
|---------------------------|---|--|
| <b>[flexible funding]</b> | substance abuse treatment and prevention programs | Funding available to the Department to address needs in substance abuse treatment and prevention programs that arise during the course of the fiscal year. |
|---------------------------|---|--|

| Health, Human Services, and Education      | Activities  | Description  | \$7,578,745 |
|--|---|--|-------------|
| Feed My Sheep                              | Healthy Diet for the Poor   | Healthy Diet for the Poor: Provides improved access to nutritious food to households in poverty or at risk of poverty with the goal of improved health and a reduction in preventable disease in the community of Maui.  |             |
| Habitat for Humanity Maui                  | Safety Repairs for Low Income Individuals with Disabilities and/or Older Adults | Safety Repairs for Low Income Individuals with Disabilities and/or Older Adults: Provides one-time home improvement and repairs for qualifying disabled and low income older adults to allow them to live at home safely.  |             |
| Hale Mahoalu Personal Care Program         | Personal Care Program   | Personal Care Program: Provides in-home personal care services to frail elderly, disabled, and chronically ill adults (18 years of age and older), including cognitive and/or emotional problems, which impair the individual's ability to perform activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs).   |             |
| Hale Makua Health Services                 | Physician Services  | Physician Services: To provide physician services to individuals who do not have a physician to admit and attend to them while receiving nursing home services at Hale Makua.  |             |
| Family Life Center                         | Case Management, Outreach, and Molokai Homes Assistance                         | Case Management: To provide case management services to households enrolled in supportive housing programs and households that access emergency shelter services. Outreach: To conduct outreach to homeless individuals and connect them to appropriate services. Molokai Homeless Assistance: To provide housing assistance and rental supports for those who are homeless or at-risk of homelessness in Molokai. |             |
| Ka Hale A Ke Ola Homeless Resource Centers | Central Operations and Step Up Program  | Central Operations and Step Up Program: To provide access to emergency and supportive housing services to homeless individuals and households with the goal of obtaining permanent housing. To promote good tenant and good neighbor skills and responsibilities which make participants more attractive to prospective landlords.   |             |





|                                      |  |  |
|--------------------------------------|--|--|
| <b>Legal Aid Society of Hawaii</b>   | Holistic Legal Services for Maui County's Most Vulnerable                      | Holistic Legal Services for Maui County's Most Vulnerable: Provides civil legal services to the County's most vulnerable population with a holistic approach focusing on income maintenance, maintaining shelter, insuring personal safety, and stabilizing personal and family relationships.   |
| <b>Project Vision</b>                | Hele for Health & Homeless Outreach  | Hele for Health & Homeless Outreach: To increase access to care with street-level outreach, bringing health-care, drinking water, case management, harm reduction services, and benefits navigation with the purpose of encouraging jobs, treatment, and housing for those living without homes.   |
| <b>Hui Laulima O Hana</b>            | Hana Dialysis Home Program   | Hana Dialysis Home Program: To support and improve the culturally rich quality of life in East Maui communities by providing dialysis treatment and health care services to individuals suffering from renal failure.  |
| <b>Hui Malama</b>                    | Breaking Barriers  | Breaking Barriers: supports at-risk youth to successfully transition to adulthood through overcoming barriers to a successful educational pathway.   |
| <b>Lanai Community Health Center</b> | Integrated Behavioral Health Program   | Integrated Behavioral Health Program: Provides integrated comprehensive behavioral health services to the entire community, including routine screening of LCHC medical patients for depression, anxiety, trauma exposure and substance use in order to better identify and refer patients in need of behavioral health services and to provide early preventive and treatment services.   |
| <b>Lanai Kinaole</b>                 | Lanai Kinaole Home Team  | Lanai Kinaole Home Team: Provides healthcare and in-home supportive services on Lana'i to homebound and medically fragile individuals or those who may require skilled nursing services.   |
| <b>Maui Food Bank</b>                | Hunger Relief  | Hunger Relief: Collects and distributes nutritious food, with the help of community partners, to a large number of low and moderate-income persons from all ethnicities in the Maui County to maintain healthy diets and ensure they will not go hungry.   |
| <b>Maui Economic Opportunity</b>     | Planning and Coordination, Council Coordinator, Suicide Prevention for Molokai | Planning and Coordination Council Coordinator: To provide services and activities for seniors to improve their physical and emotional health, and increase their social networks and civic engagement. Senior clubs utilize the Senior Coordinator to assist in providing opportunities for seniors to gather to reap the benefits of knowledge, companionship, and better health.<br>Suicide Prevention for Molokai: Provides education, advocacy, intervention, and family support related to suicide prevention on Molokai. |



|  |  |  |
|--|--|--|
| <b>The Maui Farm</b>                           | Family Strengthening Program, Stipend Program                                      | Family Strengthening Program: To provide women and children with safe, transitional housing and supportive life skills training through farm-based education in order for them to become self-sufficient and obtain permanent housing. Stipend Program: Provides stipends to families enabling them to work at The Maui Farm site and engage in more program services and be closer to family.   |
| <b>Mental Health Association in Hawaii</b>     | Mental Health Education, Prevention, and Support Program                           | Mental Health Education, Prevention, and Support Program: To provide youth and adults in the County of Maui with quality mental health resilience, suicide prevention, and wellness trainings. To connect help-seeking individuals to appropriate community resources for the support they need. To decrease the stigma and shame associated with mental health and illness to reduce barriers through community and media outreach.   |
| <b>Mental Health Kokua</b>                     | Outreach for Mental Health Empowerment and Psychosocial Rehabilitation, Safe Haven | Homeless Outreach for Mental Health Empowerment and Psychosocial Rehabilitation: To engage and reduce the number of homeless adults with mental illness on Maui by conducting in person services and engagement with police, emergency and/or shelter services.<br>Safe Haven: To provide a 24-hour supervised 7-bed program for homeless adults with mental illness who may have untreated psychiatric or psychotic symptoms and would otherwise be a burden to local businesses, police and emergency rooms. |
| <b>Molokai Child Abuse Prevention Pathways</b> | Prevention of Sexual Violence  | Prevention of Sexual Violence: To prevent child sexual violence before it occurs by delivering quality, evidence-based, and culturally responsive primary prevention education workshops for students at all public schools on Molokai as well as workshops for adults at schools, churches and community organizations. MCAPP will also co-host Molokai's annual Keiki and Teen Fest.   |
| <b>The Salvation Army</b>                      | Homeless Outreach Program  | Homeless Outreach Program: To provide critical social services to Maui's unsheltered homeless leading towards greater stability, self-sufficiency, and stable housing.   |
| <b>Maui Family Support Services</b>            | Child Care Subsidy   | Child Care Subsidy: Provides childcare subsidy funds to "gap group" families. Also provides resources and parenting information for quality early childhood care.  |
| <b>Women Helping Women</b>                     | Emergency Shelter, Hotline, and Support Programs                                   | Emergency Shelter, Hotline, and Support Programs: Provides emergency shelter and support programs for victims of domestic violence including a 24-hour domestic violence hotline, assistance in preparation of temporary restraining orders, advocacy, court accompaniment to TRO hearings, and education/support groups.  |
| <b>[flexible funding]</b>                      | houseless programs   | Funding available to the Department to address needs in houseless programs that arise during the course of the fiscal year.  |



| Grant Administration  | Activities                               | Description  | \$100,000 |
|-----------------------|--|--|-----------|
| <b>Lokahi Pacific</b> | Fiscal Sponsor Administration Assistance | To assure continuation of Lokahi Pacific's ability to service the start-up and other non-profit agencies, who do not have back-office support, in providing the various services and program through grants. |           |



## WASSP Committee

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**From:** WASSP Committee  
**Sent:** Tuesday, March 25, 2025 3:36 PM  
**To:** Lori Tsuhako  
**Cc:** 'Jessica C.'; kimberly.ferguson@co.maui.hi.us; 'Michelle Santos'; 'Zeke Kalua'; WASSP Committee  
**Subject:** Bill 111 (2024), Establishing Procedures for the Removal and Storage of Personal Property in Public Places and a Right to Shelter (WASSP-13)  
**Attachments:** 013ahc01 Signed.pdf

**Ms. Tsuhako:** Please refer to the attached letter from WASSP Committee Chair Sinenci, dated March 25, 2025. **Please respond by April 16, 2025.**

**Mayor's Office:** Please forward the attached letter to Mayor Bissen for his information.

**Ms. Crouse:** FYI

## WASSP Committee

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**From:** WASSP Committee  
**Sent:** Tuesday, March 25, 2025 3:43 PM  
**To:** Victoria Takayesu-Hamilton; 'Mimi Desjardins'  
**Cc:** Tabitha.Martins@co.maui.hi.us; 'Lisa.Kahuhu@co.maui.hi.us'  
**Subject:** Bill 111 (2024), Establishing Procedures for the Removal and Storage of Personal Property in Public Places and a Right to Shelter (WASSP-13)  
**Attachments:** 013ahc01 Signed.pdf

**Ms. Takayesu and Ms. Desjardins:** FYI